Buckinghamshire County Council

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Agenda Cabinet

Date: Monday 22 July 2019

Time: 10.30 am

Venue: Mezzanine Rooms 1 & 2, County Hall, Aylesbury

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Agenda Item		Page No
1	**Apologies for Absence**	
2	**Declarations of Interest**	
3	**Minutes** Of the meeting of the Cabinet held on 8 July 2019.	**To Follow**
4	**Hot Topics**	

5 Question Time
This provides an opportunity for Members to ask questions to Cabinet Members

6 Forward Plan for Cabinet and Cabinet Members **5 - 20**
For Cabinet to consider the Forward Plan

7 Cabinet Member Decisions **21 - 22**
To note progress with Cabinet Member Decisions

8 Select Committee Work Programme & Inquiry Work Programme **23 - 30**
For Cabinet to consider the Select Committee Work Programme

9 Children Services Update **31 - 72**
Cabinet is asked to NOTE (a) the national, regional and local developments across Children's Services, and (b) the programme of work taking place to further improve Children's Services in Buckinghamshire.

10 Adult Services Update **73 - 84**
Cabinet is asked to NOTE:

I. The key national legislative changes relating to adult social care is facing and the uncertainty arising from delays of the Green Paper and
II. The latest developments in relation to the adult social care transformation programme.

11 Q1 Budget Monitoring Report **To Follow**

12 DPHAR (Director of Public Health Annual Report) 2019 **85 - 170**
To be presented by Ms T Ironmonger, Assistant Director of Public Health.

Cabinet is requested to NOTE and ENDORSE the Director of Public Health Annual Report.

13 Exclusion of the Press and Public
To resolve to exclude the press and public as the following item is exempt by virtue of Paragraph 3 of Part 1 of Schedule 12a of the Local Government Act 1972 because it contains information relating to the financial or business affairs of any particular person (including the authority holding that information)

14 DPHAR (Director of Public Health Annual Report) 2019 **171 - 174**
To consider confidential appendices.

15 Date of the Next Meeting
9 September 2019.

If you would like to attend a meeting, but need extra help to do so, for example because of a disability, please contact us as early as possible, so that we can try to put the right support in place.

For further information please contact: Rachel Bennett on 01296 382343

Members: **Martin Tett (Leader)**

Bill Chapple OBE	Cabinet Member for Planning & Environment
John Chilver	Cabinet Member for Resources
Anita Cranmer	Cabinet Member for Education & Skills
Lin Hazell	Cabinet Member for Health & Wellbeing
Mark Shaw	Deputy Leader & Cabinet Member for Transportation
Warren Whyte	Cabinet Member for Children's Services
Gareth Williams	Cabinet Member for Community Engagement & Public Health

CABINET/CABINET MEMBER FORWARD PLAN

Item	Description	Local Members	Member(s) / Contact Officer	Comments
Cabinet 22 July 2019				
Adult Services Update	To note the six month update		Cabinet Member for Health and Wellbeing / Gillian Quinton	First notified 11/1/19
Children Services Update	To note the six month update		Cabinet Member for Children's Services / Tolis Vouyioukas	First notified 11/1/19
DPHAR (Director of Public Health Annual Report) 2019	This year the Director of Public Health Annual Report takes a closer look at our relationship with alcohol in Buckinghamshire, as it is a crucial influence on the Health and Wellbeing of families and communities.		Gareth Williams / Jane O'Grady	First notified 13/6/19
Q1 19/20 Budget Monitoring Report	For Cabinet to NOTE the Q1 budget monitoring report.		Cabinet Member for Resources / Richard Ambrose	First notified 9/7/19
Cabinet 9 September 2019				
Household Recycling Centre (HRCs) service changes financial appraisal	Financial appraisal of the Household Recycling Centres service following changes implemented on 1st April 2019. This decision follows on an earlier one taken on 7th January 2019 - https://democracy.buckscc.gov.uk/ieDecisionDetails.aspx?ID=11180	All Electoral Divisions	Cabinet Member for Planning and Environment / Neil Gibson	First notified 4/7/19 May contain confidential appendices
Property Acquisition	If required		Cabinet Member for Resources / John Reed	First notified 11/10/18 Likely to include confidential appendices

Item	Description	Local Members	Member(s) / Contact Officer	Comments
Smarter Bucks Strategy	To note the six month update		Cabinet Member for Resources / Balvinder Heran	First notified 11/1/19
Thrift Farm	Future options for Thrift Farm	All Electoral Divisions	Cabinet Member for Health and Wellbeing / Jane Bowie	First notified 27/3/19
Cabinet 30 September 2019				
Q1 2019/20 Performance Report	Quarterly performance report for Cabinet		Leader of the Council / Sarah Ashmead	First notified 20/6/19
Residential Short Breaks (Respite) for Adults	Residential Short Breaks (Respite) for Adults		Cabinet Member for Health and Wellbeing / Adam Willison	First notified 27/2/19
Cabinet 28 October 2019 **Cabinet 11 November 2019**				
Q2 19/20 Budget Monitoring Report	Budget Monitoring report to 30 September 2019		Cabinet Member for Resources / Jane Parker	First notified 9/7/19
Cabinet 9 December 2019 **Cabinet 13 January 2020** **Cabinet 10 February 2020**				
Q3 19/20 Budget Monitoring Report	Budget Monitoring report to 31 December 2019		Cabinet Member for Resources / Jane Parker	First notified 9/7/19
Cabinet 9 March 2020				

Item	Description	Local Members	Member(s) / Contact Officer	Comments
July 2019 Cabinet Member Decisions				
Cabinet Member for Children's Services				
Financial arrangements for Adoption, Special Guardians and Care Arrangement Order Policy	Updating our policy on financial arrangements for those providing adoption, Special Guardianship or Care Arrangement Order		Cabinet Member for Children's Services / Nathan Whitley	First notified 17/4/19
Policy Position - National Transfer Scheme for Unaccompanied Asylum Seeking Children	Policy Position decision for the National Transfer Scheme for Unaccompanied Asylum Seeking Children		Cabinet Member for Children's Services / Marco Dias	First notified 15/5/19
Cabinet Member for Children's Services and Cabinet Member for Health and Wellbeing				
Integrated Commissioning Personalisation Business Case	A business Case discussing the potential recommissioning options for a number of contracts that are due to expire within the next 18 months.		Cabinet Member for Health and Wellbeing, Cabinet Member for Children's Services / John Everson, Lisa Truett	First notified 28/3/19 May contain confidential appendices
Cabinet Member for Children's Services and Cabinet Member for Resources				
Payment by Results (Troubled Families) Grant Approval 2018-2019 and future years	Payment by Results Grant Funding Approval for 2018-2019 and future years		Cabinet Member for Children's Services, Cabinet Member for Resources / Yukta Acharya	First notified 11/2/19

Item	Description	Local Members	Member(s) / Contact Officer	Comments
Cabinet Member for Community Engagement and Public Health				
Shared Model for Prevention for Buckinghamshire	A partnership initiative which aims to prevent ill health and promote wellbeing and independence for our residents across Buckinghamshire, by promoting and improving the co-ordination of prevention activity across partners.		Cabinet Member for Community Engagement and Public Health / Jane O'Grady	First notified 29/4/19
Cabinet Member for Health and Wellbeing				
Care Market Pressures	Annual response to care market pressures from providers		Cabinet Member for Health and Wellbeing / Jane Bowie	First notified 29/3/18
Commissioning Mental Health Section 117 and Continuing Health Care (CHC)	Update to Section 117 services and proposal to commission Continuing Health Care (CHC) services		Cabinet Member for Health and Wellbeing / Jane Bowie	First notified 25/6/19
Short Breaks Policy for Adults	Approval of finalised short breaks policy for ASC post consultation		Cabinet Member for Health and Wellbeing / Susie Yapp, Susie Yapp	First notified 21/12/18 May include confidential appendices

Item	Description	Local Members	Member(s) / Contact Officer	Comments
Cabinet Member for Planning and Environment				
Buckinghamshire County Council Culvert Policy	The Culvert Policy discourages the culverting of watercourses and encourages the opening up of existing culverts. The policy requires applicants to consider alternatives to culverting; only applications that provide evidence that there is no reasonably practicable alternative will be granted land drainage consent (under the Land Drainage Act 1991). Buckinghamshire County Council are opposed to the culverting of watercourses because of the associated increased risk of flooding, maintenance requirements, difficulty in pollution detection and various other environmental impacts.		Cabinet Member for Planning and Environment / Jessica Dippie	First notified 10/1/19
Planning Performance Agreements fee schedule and increase in charges for Pre-Application Advice in relation to Planning development management function	Planning Performance Agreements fee schedule and increase in charges for Pre-Application Advice in relation to development management and BCC's role as County Planning Authority		Cabinet Member for Planning and Environment / David Sutherland	First notified 21/9/18

Item	Description	Local Members	Member(s) / Contact Officer	Comments
Procurement of electricity & gas supplies for 2020-2022	The current gas and electricity supply contracts used by Buckinghamshire County Council (BCC) are due to expire on 30 September 2020 and require renewing. BCC currently purchases its gas and electricity through the LASER 'flexible procurement' framework which allows forward purchasing of energy when wholesale market prices are low. It is recommended that BCC renews the gas and electricity supply contract through the current LASER framework. However, a departure from the normal 4 year contract period is recommended to be replaced with a 2 year contract, with two further 1 year extension periods allowed (to a maximum of 4 years). This is to ensure the future Buckinghamshire Council is able to change contracting approaches mid-contract if necessary.		Cabinet Member for Planning and Environment / Martin Dickman	First notified 4/7/19
Rights of Way Enforcement Policy	To review and update the existing Rights of Way Enforcement Policy The document will outline the legislative powers available to the authority regarding enforcement, give details of what action our customers may expect the authority to take on illegalities found on the rights of way network.		Cabinet Member for Planning and Environment / David Sutherland	First notified 28/3/18
Rights of Way Improvement Plan 2	Key decision seeking approval of Rights of Way Improvement Plan 2		Cabinet Member for Planning and Environment / David Sutherland	First notified 10/1/19

Item	Description	Local Members	Member(s) / Contact Officer	Comments
Cabinet Member for Planning and Environment and Cabinet Member for Resources				
Denham Quarry Northern Extension – Summerleaze Limited	The agreed form of Lease appended to the 2010 Option Agreement allows for the continuation of working via the lateral, northern extension which is to be demised for a term of a further 8 years. This arrangement will serve to provide continuity of the revenues payable to the Council under the current tenancy for the same period. With reference to the previous decision of 15/03/2018 approval is sought from Cabinet Members on the decision reached between Summerleaze and BCC on how to regularise the situation	Denham	Cabinet Member for Planning and Environment, Cabinet Member for Resources / Marion Mayhew	First notified 16/10/18 May contain confidential appendices
Cabinet Member for Resources				
Budget Adjustments to the Approved Capital Programme	To approve amendments to the approved budgets within the Capital Programme		Cabinet Member for Resources / Sue Palmer	First notified 26/2/19
Old County Offices	Redevelopment proposal for Old County Offices for Cabinet Member approval	Aylesbury North	Cabinet Member for Resources / Graham Tunstall	First notified 20/6/19 May contain confidential appendices
Renewal of Estates and Asset Management Services	Renewal of Estates and Asset Management Services		Cabinet Member for Resources / Marion Mayhew	First notified 21/1/19 May contain confidential appendices
Transfer of Land at Spade Oak, Marlow	The transfer of land held by Buckinghamshire County Council as Trustee of the Thameside Preservation Trust to new Trustees. The land was purchased with monies raised by public subscription and is to be preserved for the benefit and recreation of the public.	Marlow	Cabinet Member for Resources / Jamie Hollis	First notified 6/4/17

Item	Description	Local Members	Member(s) / Contact Officer	Comments
Deputy Leader and Cabinet Member for Transportation				
A40 Oxford Road, Stokenchurch - Speed Limits	A40 Oxford Road, Stokenchurch - Following statutory consultation for a proposed 40 mph & 50 mph Speed Limit. Decision is required to go ahead to install these new speed limits.	Ridgeway West	Deputy Leader & Cabinet Member for Transportation / Shane Thomas	First notified 15/4/19
A4010/A4129 HS2 Safety Mitigation Schemes	Delivery of the HS2 Safety Mitigation scheme as agreed with the A4010 petitioning group along the A4010 and A4129 in Buckinghamshire following detailed design and consultation.	Ridgeway East; The Risboroughs; West Wycombe	Deputy Leader & Cabinet Member for Transportation / Joshua Tomlinson	First notified 12/12/18 May contain confidential appendices
A412 Uxbridge Road / Black Park Road junction	Consultation to implement changes to the existing road layout to reduce collisions by a 'No Right Turn' ban from Black Park Road, a 'No U turns' ban for southbound traffic on the A412, a reduction in the existing speed limit for northbound vehicles on A412 from 60mph to 50mph with a reduction to one lane through the Black Park Road junction.	Iver; Stoke Poges & Wexham	Deputy Leader & Cabinet Member for Transportation / Trevor Bonsor	First notified 28/11/17
Appointments to Outside Bodies 2019/20	To approve the list of outside bodies to which the County Council appoints representatives. They will be detailed in Appendix 1 to the report		Deputy Leader & Cabinet Member for Transportation / Claire Hawkes	First notified 6/11/18
Beaconsfield cycleway	Proposed shared cycleway. Upgraded of existing footway, between Grenfell Road and Ledborough Lane.	Beaconsfield	Deputy Leader & Cabinet Member for Transportation / Adrian Lane	First notified 28/2/17
Berryfields Proposed Waiting Restrictions	Berryfields Proposed Waiting Restrictions at Aylesbury Vale Academy School & The Berryfields Primary Academy School & The Green Ridge Primary Academy School.	Stone and Waddesdon	Deputy Leader & Cabinet Member for Transportation / Kirk Adams	First notified 22/3/18

Item	Description	Local Members	Member(s) / Contact Officer	Comments
Burnham Waiting Restrictions	Burnham waiting restrictions for Hitcham Road, Hag Hill Lane, Hag Hill Rise, Cavendish Close, Windsor Lane & Britwell Road - For Burnham Parish Council	Cliveden	Deputy Leader & Cabinet Member for Transportation / Shane Thomas	First notified 10/6/19
Client Transport - Software Commissioning Project	Decision required to agree to the commissioning/ procurement process of a new system to manage Client Transport.		Deputy Leader & Cabinet Member for Transportation / Michelle Hughes, Mark Hudson	First notified 26/6/19
George Street & Market Square, Aylesbury Traffic Movement Restriction	The report will cover making the current experimental traffic regulation order into a permanent traffic regulation order.	Aylesbury North	Deputy Leader & Cabinet Member for Transportation / Kirk Adams	First notified 13/12/18
Hag Hill Lane - Proposed 20 mph Speed Limit	Proposed 20 mph Speed Limit for Hag Hill Lane & Adjacent side roads, for Burnham Parish Council	Cliveden	Deputy Leader & Cabinet Member for Transportation / Shane Thomas	First notified 10/6/19
HS2 Road Safety Fund	Agreement of criteria for allocation of £3.95m Road Safety Fund		Deputy Leader & Cabinet Member for Transportation / Jackie Copcutt	First notified 14/6/19
Marlow Parking Restrictions Review	Statutory Consultation on proposed parking restrictions in Marlow at the request of Marlow Town Council.	Marlow	Deputy Leader & Cabinet Member for Transportation / Ricky Collymore	First notified 12/6/19
Proposed Zebra Crossing - The Broadway, Amersham	Planning application number CH/2016/1651/FA with Appeal reference APP/X0415/W/17/3167665 places a condition on the developer to provide a pedestrian crossing adjacent to the application site.	Penn Wood & Old Amersham	Deputy Leader & Cabinet Member for Transportation / Christine Urry	First notified 11/3/19

Item	Description	Local Members	Member(s) / Contact Officer	Comments
Proposed Waiting restrictions in High Street, Pound Lane, Station Road and The Causeway in Marlow Town Centre	Transport for Buckinghamshire was commissioned to install an uncontrolled pedestrian crossing point on the High Street and The Causeway in Marlow Town Centre. After the Road Safety Audit was undertaken, the suggested comments by the auditor to enable the crossing to be implemented safely was to undertake a waiting restriction review at these sites to comply with DfT departmental advice Note TA 12/81 Table 1 April 1995 which refers to the advised line of sight for the crossing. The project involves removing two parking bays on eastern side of The Causeway near the junction with Station Road and replace with No Waiting / No Loading at any time; Removing two parking bays on the western side of High Street, south of the junction with Pound Lane and replace with No Waiting / No Loading at any time. The proposals also include implementing No Loading at any time in addition to the existing No Waiting at any time on Pound Lane and Station Road in the vicinity of the roundabouts to further enforce the required sight lines. Statutory Consultation has been undertaken between 17th May 2019 and 7th June 2019 and a Key Decision Report has been prepared.	Marlow	Deputy Leader & Cabinet Member for Transportation / Vanessa Silva	First notified 20/6/19
Reclassification Order, Bellingdon Road and Townsend Road, Chesham	A short section of Bellingdon Road and Townsend Road in Chesham are classified as B Roads. It seems that this is a historic issue which was not correctly dealt with at the time the A416 St Marys Way was constructed. This order resolves this historic issue	Chesham	Deputy Leader & Cabinet Member for Transportation / Keith Carpenter	First notified 2/8/17
Rural Bus Subsidy Review	To review rural bus routes currently subsidised by BCC following MTFP budget reduction; to redesign services according to the level of use and the priorities of local users and communities.	All Electoral Divisions	Deputy Leader & Cabinet Member for Transportation / Paul Robson	First notified 14/3/19

Item	Description	Local Members	Member(s) / Contact Officer	Comments
Winter Service Policy	An overarching Policy setting out the County's approach to providing winter service in Buckinghamshire.	All Electoral Divisions	Deputy Leader & Cabinet Member for Transportation / Keith Carpenter	First notified 28/11/18
Deputy Leader and Cabinet Member for Transportation and Cabinet Member for Resources				
2018/19 Developer Funded Infrastructure Programme	Approval of Section 106 / Community Infrastructure Fund programme for the 2018/19 financial year.		Cabinet Member for Resources, Deputy Leader & Cabinet Member for Transportation / Jack Mayhew	First notified 24/5/18
Woodlands and Eastern Link Road South	Report to agree governance arrangements for the Woodlands development and Eastern Link Road South and agree interim funding until government funding decisions are made.	Aston Clinton & Bierton	Cabinet Member for Resources / Mark Preston	First notified 28/5/19 May contain confidential appendices
Deputy Leader and Cabinet Member for Transport, Cabinet Member for Resources, & Cabinet Member for Planning and Environment				
Request by HS2 Ltd for temporary possession of land owned by the council to construct temporary works: Buckinghamshire Golf Course/Denham Country Park to enable National Grid access to realign pylons in the Park	HS2 Ltd's Early Works Contractor, Fusion, has been tasked to design and deliver the enabling works to allow National Grid access to realign the ZC line power line which includes relocating a pylon to outside the Denham Country Park. Detailed design by Fusion has identified that the original land take within Act Limits is insufficient for the planned temporary works due to the constrained spatial arrangement. HS2 Ltd has approached BCC to temporarily occupy BCC land to facilitate this works.	Denham	Deputy Cabinet Member for Resources, Executive Director Resources, Cabinet Member for Planning and Environment / Laura Leech	First notified 21/6/19

Item	Description	Local Members	Member(s) / Contact Officer	Comments
Leader of the Council				
Request by HS2 Ltd for temporary possession of land owned by the council to construct temporary works: Bottom House Farm Lane (off the A413) to construct the ventilation shaft at Chalfont St Giles	Bottom House Farm Lane (off the A413) is the location for the access to the Chalfont St Giles ventilation shaft. Detailed design by HS2 Ltd's Early Works Contractor, Fusion, has identified that the original land take within Act Limits is insufficient for to create a safe and less disruptive impact for the tenant, his family and other residents along the lane. HS2 Ltd requires adjacent BCC land (the site of a current stable block highlighted in yellow in the attached plan) for the duration of the temporary works (approx. 8 years) in order to create a haul road largely separate from the public highway (Bottom House Farm Lane) to consequently avoid the heavy construction traffic going immediately past the front of the tenant's house and other residents at the top of this lane. HS2 Ltd has approached BCC to temporarily occupy BCC land to facilitate this works.	Chalfont St Giles	Leader of the Council / Laura Leech	First notified 21/6/19
Leader of the Council and Deputy Leader and Cabinet Member for Transportation				
South East Aylesbury Link Road and Eastern Link Road	Next Steps for named Aylesbury Link Road Schemes	Aston Clinton & Bierton; Aylesbury East; Aylesbury South East; Wendover, Halton & Stoke Mandeville	Leader of the Council, Deputy Leader & Cabinet Member for Transportation / Thomas Fitzpatrick	First notified 28/3/19 May include confidential appendices

Item	Description	Local Members	Member(s) / Contact Officer	Comments
Cabinet Member Decisions August 2019				
Cabinet Member for Education and Skills				
Iver Village Infant School: change of pre-school provision	The acting Headteacher and governing board are consulting on a proposal that from 1 September 2019, the current Early Years and Foundation stage provision is run until Section 27 regulations. This would mean that if the proposal is agreed there would still be high quality Early Years and Foundation stage provision, but that it would be run by a governor and staff committee, rather than the present arrangement, where the provision is run solely by the school. The governing body is consulting parents, the local community and widely on the proposed change. The cabinet member for education and skills will be making a final decision by August 2019	Iver	Cabinet Member for Education and Skills / Paula Campbell-Balcombe	First notified 25/3/19
Proposed expansion of Dagnall CE School	The LA and governing board are consulting on a proposal that the school expands its age range from September 2019. The school currently takes children from Reception through to Year 2. If the proposal is agreed children will stay at the school until the end of Year 6, before they move to secondary school. A public consultation has been held which showed a significant percentage in favour of the proposal. Funding and planning permission has been secured. A statutory notice has been published and there is now a 4 week representation period for people to comment on, support or object to the proposal. The final decision on the proposal will be taken by the Cabinet Member for Education and Skills.	Ivinghoe	Cabinet Member for Education and Skills / Paula Campbell-Balcombe	First notified 10/6/19

Item	Description	Local Members	Member(s) / Contact Officer	Comments
Deputy Leader and Cabinet Member for Transportation				
A40 London Road Corridor Improvements	Junction improvement works along the A40 London Road Corridor in High Wycombe in order ease congestion, reduce delays and improve journey time reliability.	Abbey; Ryemead & Micklefield; The Wooburns, Bourne End & Hedsor; Tylers Green & Loudwater	Deputy Leader & Cabinet Member for Transportation / Ian McGowan	First notified 12/6/19
Princes Risborough Parking Restrictions Review	Parking Restriction proposals put to Statutory Consultation commissioned by Princes Risborough Parking Group and Councillor Bill Bendyshe-Brown.	The Risboroughs	Deputy Leader & Cabinet Member for Transportation / Ricky Collymore	First notified 13/6/19
Richings Park Parking Restrictions Review	Transport for Buckinghamshire has been commissioned to address some safety and parking concerns along various roads in Richings Park, Iver. The proposals developed include; no waiting at any time restrictions, limited waiting restrictions and residential parking.	Iver	Deputy Leader & Cabinet Member for Transportation / Ricky Collymore	First notified 18/6/19
Cabinet Member Decisions September 2019				
Cabinet Member for Health and Wellbeing				
Direct Payment Policy	Cabinet Member to agree the Direct Payment Policy		Cabinet Member for Health and Wellbeing / Jenny McAteer	First notified 29/3/17

Item	Description	Local Members	Member(s) / Contact Officer	Comments
Cabinet Member Decisions October 2019				
Cabinet Member for Education and Skills				
Proposal by Chartridge School to admit 3 year old children	The governing board of Chartridge Combined School are holding a public consultation from 10 September on a proposal that from September 2019 the school admits 3 year old children into a pre-school class they are proposing to open.	Chiltern Ridges	Cabinet Member for Education and Skills / Paula Campbell-Balcombe	First notified 10/9/18
Cabinet Member Decisions November 2019				
Cabinet Member for Health and Wellbeing				
Recommissioning of Accommodation Based Homelessness Support Services	A decision from Cabinet member will be required to agree the recommended action in the business case for re-commissioning of the support services for homeless people 16 -55 years within supported living accommodation within Bucks.		Cabinet Member for Health and Wellbeing / Jane Bowie	First notified 4/7/19 May contain confidential appendices
Cabinet Member Decisions February 2020				
Cabinet Member for Education and Skills				
Determined Admissions Arrangements 2021	Following a six week consultation period with statutory consultees, the final determined admission arrangements are published.		Cabinet Member for Education and Skills / Debbie Munday	First notified 7/3/19

Item	Description	Local Members	Member(s) / Contact Officer	Comments
Cabinet Member Decisions March 2020				
Deputy Leader and Cabinet Member for Transportation				
A4157 Douglas Road, Aylesbury - No Right Turn into Stocklake (Urban) Traffic Regulation Order	Buckinghamshire County Council as traffic authority intends to make the above ETRO. This will prohibit any vehicle (other than a vehicle in emergency use for police, fire brigade or ambulance purposes) proceeding in a south-easterly direction in A4157 Douglas Road to turn right into Stocklake (Urban)	Aston Clinton & Bierton; Aylesbury East	Deputy Leader & Cabinet Member for Transportation / David Cairney	First notified 8/7/19

Please note the following information since the report included in the previous Cabinet agenda:-

- 5 decisions have been published but not yet taken
- 2 decisions have been taken
- 35 decisions on the forward plan are pending for July

DECISIONS TAKEN

Cabinet Member for Children's Services

12 Jul 2019

CS04.19 - Policy Position - National Transfer Scheme for Unaccompanied Asylum Seeking Children (Decision taken)

The Cabinet Member AGREED to:

> **Accept up to 2 UASC transfers per month, with the maximum number of UASC being looked after equivalent to 0.07% of our child population**.

Cabinet Member for Community Engagement and Public Health

1 Jul 2019

CE03.19 - Tobacco Control Strategy (Decision taken)

The Cabinet Member:

> **AGREED the Buckinghamshire Tobacco Control Strategy and action plan**

DECISIONS TO BE TAKEN

Cabinet Member for Children's Services

12 Jul 2019

CS04.19 - Policy Position - National Transfer Scheme for Unaccompanied Asylum Seeking Children (Decision to be taken)

> **Accept up to 2 UASC transfers per month, with the maximum number of UASC being looked after equivalent to 0.07% of our child population**.

12 Jul 2019

CS04.19 - Financial arrangements for Adoption, Special Guardians and Care Arrangement Order Policy (Decision to be taken)

> **APPROVE the updated Adoption, SGO and CAO payment policy, amendments include:**
> - **Bringing our payments in line with the current fostering rates**

Cabinet Member for Community Engagement and Public Health and Cabinet Member for Health and Wellbeing

16 Jul 2019

CE04.19 - Shared Model for Prevention for Buckinghamshire (Decision to be taken)

> **To approve the adoption of the Shared Approach to Prevention by Buckinghamshire County Council**

Cabinet Member for Planning and Environment

11 Jul 2019

PE06.19 - Buckinghamshire County Council Culvert Policy (Decision to be taken)

> **The Cabinet Member for Planning & Environment is asked to endorse the policy and agree that it can be published on the County Council's website and, from that point onwards, taken into account in the consideration of future applications for Ordinary Watercourse Land Drainage Consents. The policy will be reviewed in the event of a significant change in relevant legislation, national or local policy, or otherwise annually.**

Deputy Leader & Cabinet Member for Transportation and Leader of the Council

9 Jul 2019

L02.19 - South East Aylesbury Link Road and Eastern Link Road (Decision to be taken)

Recommendation

The Leader and Deputy Leader are asked to authorise

> - **The Head of Highways Infrastructure Projects to enter into NEC4 contracts through the Midlands Highways Alliance Framework for the South East Aylesbury Link Road and Eastern Link Road. This will initially only be for Early Contractor Involvement.**
>
> - **A delegation of authority to the Head of Highways Infrastructure Projects to approve progression from Early Contractor Involvement into full contract subject to performance of the contractor during ECI.**

For further information please contact: Rachel Bennett on 01296 382343

Select Committee Combined Work Programme

About our Select Committees

This work programme sets out all formal meetings of the Council's Select Committees.

The purpose of Select Committees is to carry out the Council's overview and scrutiny function. Their role is to support public accountability and improve outcomes for residents through scrutinising the work of decision-makers.

Select Committees can carry out this function either through an in-depth Inquiry or one-off item at Committee meetings.

A scrutiny Inquiry is an investigation on a topic that will lead to a report and evidence-based recommendations for change to decision-makers. The key difference between one-off committee items that are not part of an inquiry and scrutiny inquiries is that Select Committees normally only make recommendations to Cabinet as a result of an in-depth Inquiry.

Evidence for scrutiny Inquiries may be gathered in different ways depending on the topic, this includes taking evidence at formal Select Committee meetings and/or informal meetings, visits or external research. Prior to any work commencing the Select Committee will agree an Inquiry scoping document which will outline the terms of reference, the methodology and inquiry timeline.

For more details about Select Committee Inquiries and guidance please see http://www.buckscc.gov.uk/services/council-and-democracy/scrutiny/

Finance, Performance & Resources Select Committee

Children's Select Committee

Health & Adult Social Care Select Committee

Transport. Environment & Communities Select Committee

Date	Topic	Description and purpose	Lead Service Officer	Attendees
Finance, Performance & Resources Select Committee				
10 Sep 2019	Budget Scrutiny 2019 - 6 month progress report	The Committee will examine a progress report on the implementation of the recommendations from Budget Scrutiny 2019 after 6 months. Members will have the opportunity to question the Cabinet Member and the Director of Finance and Procurement, before discussing and allocating a RAG (Red, Amber, Green) status for the progress of each recommendation.	Richard Ambrose, Director of Finance & Procurement	Mr John Chilver, Cabinet Member for Resources, Mr Richard Ambrose, Director of Finance and Procurement
10 Sep 2019	Mid-Year Review of Budgets for Children's Services and Adult Social Care	The Committee will receive an overview of the Mid-Year budget position for Children's Services and Adult Social Care. It is important for Members to have an understanding of demand and costs in these business units and implications for the budget. Members will also be updated on the progress of agreed budget savings at the mid-year point.	Elizabeth Williams, Finance Director, Alistair Rush, Interim Deputy Director of Finance, Neil Haddock, Head of Finance - CHASC	Attendees to be confirmed
10 Sep 2019	Work Programme	For Members to review the Committee's Work Programme	Kelly Sutherland, Committee and Governance Manager	

Date	Topic	Description and purpose	Lead Service Officer	Attendees
Children's Select Committee				
6 Sep 2019	Education Standards	For the Committee to consider an overview of education standards across the County for 2018-19, the National Funding Formula and the side-by-side project.	Tolis Vouyioukas, Executive Director Children's Services, Sarah Callaghan, Service Director Education	Mr M Appleyard - Cabinet Member for Education & Skills
6 Sep 2019	Elective Home Education	For the Committee to review an update on elective home education in Buckinghamshire.	Vivian Trundell, Exclusions and Reintegration Manager, Sarah Callaghan, Service Director Education	
6 Sep 2019	Ofsted Monitoring visit update	For the Committee to receive an update about the last Ofsted monitoring visit.	Tolis Vouyioukas, Executive Director Children's Services	
3 Oct 2019	12 month recommendation monitoring of Permanent Exclusions Inquiry		Vivian Trundell, Exclusions and Reintegration Manager, Gareth Drawmer, Head of Achievement and Learning	
3 Oct 2019	Adoption Annual Report		Nathan Whitley, Head of Children's Care Service	

Date	Topic	Description and purpose	Lead Service Officer	Attendees
3 Oct 2019	Fostering Annual Report		Nathan Whitley, Head of Children's Care Service	
3 Oct 2019	Work Programme	For Members to review the Committee's Work Programme	Katie-Louise Collier, Committee and Governance Adviser	
27 Nov 2019	Children's Mental Health Services	A meeting themed around the provision of children's mental health services in Buckinghamshire	Katie-Louise Collier, Committee and Governance Adviser	
27 Nov 2019	Ofsted Monitoring visit update	For the Committee to receive an update about the latest Ofsted visit	Tolis Vouyioukas, Executive Director Children's Services	
24 Jan 2020	BSCB annual report	For the Committee to receive an update from the Buckinghamshire Safeguarding Children Board	Joanne Stephenson, Safeguarding Business Manager	
24 Jan 2020	Improvement Plan update	For the Select Committee to receive an update about the actions and outcomes of the improvement plan	Tolis Vouyioukas, Executive Director Children's Services	
24 Jan 2020	Retrospective of 2018-19	For the Committee to look at the progress the service has made, where we are now and where we need to be	Tolis Vouyioukas, Executive Director Children's Services	
24 Jan 2020	Side by Side Project update	For the Committee to receive an update about the side-by-side project	Tolis Vouyioukas, Executive Director Children's Services	

Date	Topic	Description and purpose	Lead Service Officer	Attendees
Health & Adult Social Care Select Committee				
24 Sep 2019	Adult Social Care Transformation - Tier 3	For Members to examine the progress on Tier 3 Adult Social Care Transformation programme.	Jane Bowie, Director of Integrated Commissioning	Lin Hazell, Cabinet Member for Health & Wellbeing Gill Quinton, Executive Director, Communities, Health & Adult Social Care Jane Bowie, Service Director (Integrated Commissioning)

Date	Topic	Description and purpose	Lead Service Officer	Attendees
Transport. Environment & Communities Select Committee				
17 Sep 2019	High Speed 2 - Community Engagement and Communications	Members will hear from representatives from High Speed 2 to consider their planned approach to community engagement. In particular, how HS2 is going to communicate with Councillors (in their community leader roles) and residents in Bucks and for Committee Members to have an opportunity to identify further opportunities to ensure effective community engagement.	Edward Barlow, Head of Energy & Resources	Martin Tett, Leader Mark Shaw, Cabinet Member for Transportation Jackie Copcutt, HS2 Programme Lead Maddelyn Sutton, HS2 Ltd. Other HS2 representatives TBC
17 Sep 2019	The Willow Project Victim Support Service 1 year on	Members will hear directly from the victim support service that was set up following the conclusion of the Committee's Modern Slavery Inquiry. The Committee recommended that Members receive an update on the service once it had been embedded. The Service will have been in operation for a year and Members will consider the impact it has had locally, the number of victims it has supported, how it has been working and the key challenges and opportunities going forward.	Kama Wager, Committee Adviser	Nicola Bell, Manager of the Willow Project
17 Sep 2019	Work Programme		Kama Wager, Committee Adviser	Committee Members

SCRUTINY INQUIRY WORK PROGRAMME – OVERVIEW OF SELECT COMMITTEE LIVE INQUIRIES

Inquiry Title	Inquiry Chairman	Lead Officer	Mar 19	Apr 19	May 19	June 19	July 19
Pre-decision Scrutiny – Short Breaks	**Steven Lambert**	**Liz Wheaton**					

Scoping

Evidence gathering

Committee Approval Report

Cabinet / NHS

For further information on scrutiny work please contact Kelly Sutherland, Committee & Governance Manager on 01296 382343. www.buckscc.gov.uk/democracy. Last updated on 25 June 2019

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Report to Cabinet

Title:	**Children's Services Update**
Date:	Monday 22 July 2019
Author:	Cabinet Member for Children's Services Cabinet Member for Education & Skills
Contact officer:	Tolis Vouyioukas – 01296 382603
Local members affected:	All
Portfolio areas affected:	Children's Services and Education & Skills

For press enquiries concerning this report, please contact the media office on 01296 382444

Summary

The purpose of this report is to provide Cabinet with an overview of the national and local developments across Children's Services. In addition, this report includes (a) an overview of the key activity within the service during the last 6 months, and (b) the progress against the phase 2 Ofsted Improvement Plan.

Recommendation

> **Cabinet is asked to NOTE (a) the national, regional and local developments across Children's Services, and (b) the programme of work taking place to further improve Children's Services in Buckinghamshire.**

National context

1. The following section gives an overview of the key national developments in Children's Services.

Homelessness

2. In December 2018, Shelter published a report looking at the number of children who are homeless in Britain and the impact homelessness can have on children and young people. Homelessness legislation in all parts of Britain means that children should never have to sleep rough although there are extreme cases where this can happen for a short time. There are, however, a huge number of children living in households who have been accepted as being officially homeless and are living in temporary accommodation. Even though these children have a roof over their heads they are still officially classed as homeless because it is not a permanent home and they can be moved on at very short notice. At the point the report was published it was estimated that 131,000 children would be homeless in Britain (England, Scotland and Wales) at Christmas. This is 3% higher than last year (or over 3,000 more children), 59% higher than five years ago (nearly 50,000 more children).

3. Senior managers within the service are working with districts colleagues to improve Buckinghamshire's responses to homelessness and this continues to be a key priority across the partnership.

4. In partnership with district colleagues, the service recently hosted a visit from the Ministry of Housing, Communities and Local Government's Youth Homelessness Team, where their advisor reviewed Buckinghamshire's approach to preventing young people from becoming homelessness. Key points from the visit are shown below:

    - There is a strong commitment at senior officer level to improve outcomes for young people.
    - There is evidence of improved working relationships in recent years between front line staff and managers.
    - Senior managers across the districts are working well together.
    - There is more work to do to make sure that the housing protocol for 16 and 17 year olds is well cascaded across services.
    - The knowledge of front line staff in relation to the Homelessness Reduction Act needs to be improved.

5. The service will be working closely with our district colleagues in the coming months on the points raised above.

Review of children in need: interim findings

6. In December 2018, DfE published the interim findings of the Children in Need review. The findings through the review so far, provide an assessment of why the educational outcomes of Children in Need across England are so poor, and what is needed to improve them. The DfE will use these findings to identify, target, and implement changes in support of this, using evidence of what works to improve the experiences and outcomes of all Children in Need. The ambition of the Children in Need review is that every child should have the opportunity to realise their potential, recognising that where children have faced adversity, trauma, or are disabled, achieving high educational standards often requires high support.

7. The DfE's assessment of what is needed to identify and overcome the barriers faced by children in need spans leadership and multi-agency working; practitioners' skills and training in assessing needs, planning support, and building relationships with children and families; and effective educational support itself – ranging from inclusive whole school approaches, to day-to-day adjustments, and targeted specialist interventions. The importance of high aspiration and advocacy for Children in Need was a theme throughout. Based on these findings, the DfE will identify where there are gaps in policy and practice, and what more government can do to support the change that is needed. The work of bridging the gap between what is needed, and the current reality for children in need, will be the main focus of future work.

8. In light of these findings, the Business Intelligence and Insight team will be analysing the results of children in need within Buckinghamshire compared to their peers.

Young people's alcohol and drug use

9. In December 2018, Public Health England published statistics on alcohol and drug treatment in England for young people under 18-years-old in 2017/18. Information on young people's mental health needs were included for the first time this year. There were 15,583 young people in specialist substance misuse services in 2017 to 2018. This was a 5% decrease from 2016 to 2017 (16,436) and a continuation of a year on year downward

trend. There has been a 35% decrease since a peak in 2008 to 2009 when 24,053 young people received treatment.

10. Cannabis remained the most common drug by far which young people came to treatment for. The majority (88%) of young people in specialist services said they had a problem with this drug. The proportion of young people in treatment saying that cannabis is their main problem substance has been on an upward trend from 2007 to 2008. Although total numbers have decreased slightly in recent years, the proportion of young people in treatment who have cannabis problems has remained stable in the last 2 years at 77%. The next most commonly reported problematic substance was alcohol. There were 7,206 young people in treatment for alcohol problems (46%). The number of young people receiving help for alcohol problems continued to steadily decline from the peak in 2008-09 when 16,047 were treated for alcohol. The number of young people entering treatment for problems with ecstasy in 2017 to 2018 increased by 16% from the previous year (1,815 to 2,112) and has almost doubled since 2013 to 2014. The increase in ecstasy treatment numbers was seen across all age groups.

11. Two-thirds of the young people accessing specialist substance misuse services were male (66%). Around three-quarters (74%) were aged 15 or over. The median age for both females and males was 15 years old. Only 43% of females were aged 16 or over compared to nearly half (49%) of males.

12. In Buckinghamshire, the number of young people using the young people's substance misuse service has remained stable between 2012/13 and 2015/16 with no statistical evidence of a trend; however, in the last two years that number has continued to decrease.

Year	No. of young people
2012/2013	224
2013/2014	181
2014/2015	186
2015/2016	202
2016/2017	176
2017/2018	171
2018/2019	121

13. In line with national trend the majority of young people accessing the service are males. In 2016/17 69% of young people using the young people's substance misuse service were male (121 people) and 31% were female (55 people). More than 70% of young people who used Buckinghamshire's young people's substance misuse service in 2016/17 were aged between 15 and 17.

14. Locally, Switch Bucks is the commissioned children and young people substance misuse service, delivered by Cranstoun. The service which commenced operation in October 2018, delivers support that focuses on reducing risk, reducing harm and building resilience, to children and young people age 10-18 years (and up to 25 years in exceptional cases) across Buckinghamshire who are:

    - experiencing substance misuse related issues; or
    - at risk of developing problematic substance misuse; or
    - are impacted by parental or other family member substance use.

15. The service offers easy and rapid access to support from premises in the town centres of High Wycombe and Aylesbury, as well as delivering from a variety of community venues across Buckinghamshire, including schools. The service operates five days per week from 9:30am-6:00pm. In addition, when required the service will deliver specialist interventions during the evenings and attend events such as festivals. Switch Bucks

offers support and information, and helps young people to develop life skills to make healthy choices regarding their alcohol and drug use. Switch also provides support and information for the families and carers of young people who are struggling with substance misuse.

Teacher recruitment and retention in England

16. In January 2019, the DfE published a Teacher Recruitment and Retention Strategy in response to the national shortage of teachers. The strategy's central reform is the introduction of Early Career Framework, which will underpin an entitlement to 'a fully-funded, 2 year package of structured support for all early career teachers' including 5% funded off timetable time in the second year of teaching. Teaching remains a popular career choice for many with over 2,000 more trainee teachers for the 2018 to 2019 academic year than in 2017 to 2018, continuing the positive trend from the previous year; however, the growing number of pupils of secondary age means that even more teachers are needed. This is at a time when more teachers are leaving the profession than before.

17. At the core of the strategy is the understanding that there are no great schools without great teachers. No other profession is as important to the fate of the next generation or is as uniquely rewarding as teaching. The strategy outlines four key areas where focus, investment and reform can have the biggest impact on improving teacher recruitment and retention:

    a) Create the right climate for leaders to establish supportive school cultures.
    b) Transform support for early career teachers.
    c) Build a career offer that remains attractive to teachers as their careers and lives develop.
    d) Make it easier for great people to become teachers.

18. Locally, we have developed a Schools Recruitment and Retention Steering Group, made of Headteachers across all stages of education, officers from within the service and colleagues in HR. To date, this group has led on the successful implementation of the following:

    - New processes for secondments, exit interviews and succession planning.
    - Revised templates and information for schools to use.
    - A new recruitment website to showcase opportunities within schools.
    - 'Get into teaching' events organised to promote teaching as a career option.
    - Preparing to pilot the postgraduate teaching apprenticeship in the county from September 2019.

19. In Buckinghamshire schools, many Headteachers have reported that it is becoming slightly easier to recruit staff during the last year; however, this is not the picture for all schools or at all times of the academic year.

20. In addition, to support teacher retention, on 15 March 2019, the DfE announced a new expert advisory group to look at how teachers and school leaders can be better supported to deal with the pressures of the job and will promote better well-being for teachers.

Changes to the education inspection framework

21. In January 2019, Ofsted opened a consultation for proposals on how Ofsted inspects schools, early years settings and further education and skills providers, to take effect from September 2019.

22. Curriculum will become a key focus of Ofsted under the plans, with inspectors looking for evidence that 'young people are being taught the best of what has been thought and said'. Rather than focusing on pupil outcomes in isolation, Ofsted will consider whether schools are teaching a 'broad and rich learning' and not narrowing the curriculum or 'teaching to the test'. The consultation acknowledges that it will take schools some time to change their curriculum, and that schools showing positive intentions will not be penalised. In addition, a single 'quality of education' judgement will replace the existing 'quality of teaching, learning and assessment' and 'outcomes for pupils' categories. Pupil outcomes will instead be assessed in the context of the school, and inspectors will focus on 'how providers are deciding what to teach and why, how well they are doing it and whether it is leading to strong outcomes for young people results are achieved'. By focusing on curriculum rather than outcomes, Ofsted wants to challenge the increasing practice of 'off-rolling' pupils, removing them from the school in interests of the school rather than in the best interests of the pupil. Other changes set out under the proposal include:

    - The current judgement for 'personal development, behaviour and welfare' will be split in to two separate categories – 'behaviour and attitudes' and 'personal development'.
    - Inspectors will not use internal data as inspection evidence but will ask school leaders to explain 'why they collect the data they do, what they draw from it and how it informs their curriculum and teaching'. This is to ensure that inspection does not create unnecessary work for teachers.
    - That inspectors will arrive at the school on the same day as the school is notified of the inspection, so that the inspectors carry out preparation onsite the afternoon before the visit, working with the senior leaders.

23. For those responsible for governance, the draft handbook sets out that inspectors will:

    - Evaluate the role that governors and trustees play in the school's performance as part of the judgement on the effectiveness of leadership and management, and each report will contain a separate paragraph that addresses the governance of the school.
    - Talk to the chair of governors/board of trustees by telephone if they are unable to attend a face-to-face meeting with the inspector in the school.
    - Have discussions with those responsible for governance without the headteacher or other senior staff being present.
    - Share the preliminary findings of the inspection confidentially with the senior leaders of the school including all those responsible for the governance of the school so long as they are clearly marked as provisional and subject to quality assurance.

24. The service welcomes these proposals fully.

Elective home educated

25. In February 2019, the Children's Commissioner for England published a report looking at the growing number of children who are being educated at home. The report finds that, while many parents who make a decision to home educate their children provide them with a high quality education, many other families are home educating for other reasons and are struggling to cope. The Children's Commissioner's report notes that while there are many parents who make a positive philosophical choice to educate their children at home, and do an excellent job, this is not always the case. There are tens of thousands of children in England receiving no school education. Many of them are 'off-grid', invisible to local authorities. Following these investigations and research in the Commissioner's report, the Children's Commissioner is now calling for a compulsory home education

register, stronger measures to tackle 'off-rolling', more support for families who home educate, and a greater oversight of home schooled children and decisive action against unregistered schools. Later this year, the Children's Commissioner's Office will also collect data from all councils in England and publish it, school by school, identifying which schools have high numbers of children being withdrawn into home education which may suggest practices of off-rolling.

26. Some of the findings in the Children's Commissioner's published report include:

    - In 2018, there were almost 60,000 children in England being home educated at any one time, although the precise figure remains unknown because parents do not have to register home-educated children.
    - The number of children who are known by councils to be home educated was 27% higher in 2018 than in 2017. It has risen by 20% in each of the last five years, doubling since 2013/14.
    - Across the local authorities studied by the Children's Commissioner, from 2015/16 to 2017/18 there was a 32% increase in the number of primary school children moving from school to home education, alongside a 71% increase in secondary schools.
    - A very small number of schools are responsible for the majority of moves into home education. Nine out of ten schools saw no more than two referrals into home education a year, but for a minority of schools it can be more than 15 a year.

27. In Buckinghamshire, 640 children are recorded as being electively home educated, a 19% increase in the last year, which is in line and reflects regional and national trends. To support our oversight in this area, the service continues to remind schools of their responsibilities to report children missing education and regular training is delivered to support schools in monitoring irregular attendance. In addition, an officer will visit every family who chooses to home educated their child within four weeks of being notified.

28. In addition, the DfE has just concluded a consultation that proposes changes to legislation that will require:

    - Local authorities to create and maintain a register of home-educated children.
    - Local authorities to provide support to home educating families if it is requested.
    - Parents to inform their local authority when their child is not attending a mainstream school.
    - Settings attended by the children on the register to respond to attendance enquiries from local authorities.

29. The measures above are in response to growing concerns from across the children's sector about the rise in the number of children being home schooled and the difficulties faced by children's services in monitoring the quality of education they receive and to identify and address any safeguarding issues. Whilst a register in and of itself will not keep children safe, it will help to establish exactly how many children are being educated other than at school and assist with the identification of children who are vulnerable to harm.

Improving safeguarding responses to gang violence and criminal exploitation

30. In February 2019, Anne Longfield, the Children's Commissioner for England, published an in-depth study looking at children in England who are members of gangs. The report, *"Keeping kids safe: Improving safeguarding responses to gang violence and criminal exploitation"*, estimates there are 27,000 children in England who identify as a gang member, only a fraction of whom are known to children's services. Some of these children may only identify loosely with a gang and may not be involved in crime or

serious violence. More concerning is the estimated 34,000 children who know gang members who have experienced serious violence in the last year.

31. The research looked into the characteristics of children involved in gangs compared to other children known to children's services or other child offenders. Those with gang associations are:

    - 95% more likely to have social, emotional and mental health issues and more than twice as likely to be self-harming;
    - 41% more likely to have a parent or carer misusing substances and eight times more likely to be misusing substances themselves;
    - 37% more likely to have witnessed domestic violence; and
    - 37% more likely to be missing/absent from school.

32. The Children's Commissioner makes a number of recommendations in the report:

    a) The government needs to make child criminal exploitation a national priority, and lay out clear expectations about the role of all organisations working with children – including the police, schools, children's services and NHS bodies.
    b) Joint inspections between Ofsted, the Care Quality Commission and the police and probation inspectorates should be rolled out across England, starting with the areas with high gang violence which were unable to respond to the information request for this report.
    c) More support from the NHS, including better mental health support for children at risk of gang membership and exclusion.
    d) An urgent commitment to what will replace the soon-to-expire Troubled Families programme, alongside a long-term family-based approach to supporting children at risk of gang involvement.
    e) Ensuring councils have enough resources to provide the youth and early help services required to meet the needs of children at risk.

33. In Buckinghamshire, the children's services partnership has been working hard to ensure there is a more coordinated approach to tackle the exploitation of children and serious youth violence. This work includes:

    a) Revising the work of the service's sexual exploitation hub in the MASH to consider all forms of exploitation rather than solely sexual exploitation of children. The purpose of this hub is to support and deliver interventions to children at risk of/being exploited. This is linked to the wider strategic Missing and Sexual Exploitation Risk Assessment Conference (M-SERAC) which is attended by senior representatives from Thames Valley Police, Social Care, Education providers, Youth Offending Services, Youth Services, Health and commissioned voluntary sector services to ensure trends, patterns and emerging themes are identified and a partnership approach is applied to any agreed interventions.
    b) The Buckinghamshire Youth Offending Service (YOS) alongside colleagues has secured funding for one year from the Early Intervention Youth Fund. This will fund a youth worker post to work with schools offering intervention to at risk children, as well as working with those children who may have been arrested but not charged with an offence. In addition, the funding has also secured one full time Speech and Language Therapist to work in 8 secondary schools to screen, raise awareness of and deliver intervention where needed as there is clear research which links offending to unrecognised speech and language needs.
    c) The Youth Offending Service has also reallocated resources to consider how best to maximise engagement at an earlier stage of a child's life to prevent offending. As a result, a pilot programme is currently underway where a YOS worker is based within a

particular school one day a fortnight to work with children within their school setting and support positive engagement within their communities.

d) Schools are being trained by the YOS in restorative based approaches to increase the use of restorative principles with an aim to reduce exclusions and improve experiences in how children manage conflict and challenging situations.

34. The priority in this area of work is to improve responses to violence and criminal exploitation across all agencies by way of raising awareness, understanding of our local trends and ensuring resources and interventions are appropriate and proportionate to identified needs.

Mental health and well-being in schools

35. At the end of February 2019, the DfE confirmed that from September 2020 pupils of all ages will be taught a new subject, 'Health Education', focusing on promoting the positive link between physical and mental health. All children in England will be taught how to look after their mental well-being and recognise when classmates may be struggling. This comes alongside the introduction of compulsory relationships education for primary-age pupils and relationships and sex education for secondary-age pupils, to ensure children have all the knowledge they need to grow up healthy, happy and safe. The draft statutory guidance, as it stands, states at primary level children would study issues including:

- the importance of mental well-being alongside physical health,
- understanding and discussing emotions,
- benefits of physical exercise,
- loneliness,
- where to seek support, and
- that it is common to have mental health problems and that these can be resolved with support.

At secondary level, children would study issues including:

- how to talk about emotions,
- that happiness is linked to being connected to others,
- how to recognise the early signs of mental well-being problems,
- common types of mental ill health, and
- the positive and negative impact of various activities on mental health.

36. Given that mental health is the primary reason for referral in just under 10% of cases, the introduction of this new subject into the curriculum is welcomed by the service.

Building a workforce that works for all children

37. In March 2019, The Association of Directors of Children's Services (ADCS) published a new policy position paper setting out aspirations for a 'workforce that works for all children' and what is needed to achieve this goal. This paper highlights the importance of workers across children's services being supported to forge the relationships necessary to make a difference in the lives of children and families they work with.

38. ADCS comment that they have welcomed the government's continued commitment to raising the quality and profile of the social work profession; however, it is noted that there is a lack of focus on the 'wider children's workforce', such as youth workers, health visitors, school support staff and others, who also make a real difference to the lives of children and families.

39. The paper states that all those who work with, and support, children and families are ambitious about enabling them to thrive but it is only through a well-resourced wider workforce that this can be achieved. The paper calls on government to provide adequate funding and focus to develop a strong and functioning workforce to build a country that works for all children.

National evaluation of the Troubled Families Programme 2015 to 2020

40. In March 2019, the DfE published the outline findings from the evaluation of the Troubled Families Programme 2015 to 2020. The Troubled Families Programme 2015-20 aims to:

    - improve outcomes for families;
    - transform local services; and
    - provide savings for the taxpayer.

41. The national evaluation of the programme looks at how well the programme is achieving those aims. This is the fourth evaluation update and it brings together findings from the latest analysis of national and local datasets, a cost benefit analysis, case study research, staff survey research and follow up family survey. Overall, the evidence in this publication suggests that the programme is making a significant impact on some of our key outcomes measures and there is evidence from the case study research, staff survey and family survey to indicate further value not reflected in the data. The cost benefit analysis shows that it is providing a good rate of return on investment even using only a limited set of outcomes and a conservative estimate. However, there is scope to go further in integration between services and improvement of data management and access to specialist services. The report also notes that performance varies across the country. Evidence from this set of reports will inform future policy and programme development. The programme will also look to expand the evidence base through further analysis particularly looking at impacts in different areas and on specific cohorts. This will provide valuable insights for policy makers.

42. Whilst there are similarities locally, there is some local variation specific to Buckinghamshire. The 3 most prevalent outcomes for Buckinghamshire are in the categories of 'Children who need help', 'Parents and children with a range of health problems' and 'Families affected by domestic abuse and violence'. Based on the last 3 claims periods, over 89% of the successful outcomes were in relation to these 3 areas. Further work is required to progress people into work; however, relationships and data exchange with colleagues from Job Centre Plus will enable the team to focus on this area in the future.

43. In terms of our performance, based on the quarter 3 performance dashboard, Buckinghamshire had completed 43% of the total claim because of the time required (6 to 12 months) for families to be able to evidence sustained improvement, compared to an average of 33%. This places Buckinghamshire:

    - 37th out of 141 Local Authorities;
    - 6th out of 25 in the South East region; and
    - 5th out of our 13 statistical neighbours.

44. The programme is due to end in March 2020; however, discussions are taking place between The Ministry of Housing, Communities and Local Government and Treasury about the future of the programme

Funding to train more educational psychologists in schools:

45. In March 2019, the DfE also outlined plans to support more young people with additional educational needs. Funding worth £31.6 million will be used to train more Educational Psychologists ensuring that thousands of children across England will benefit from mental health and special needs support. The multi-million pound fund will see over 600 Educational Psychologist trainees receive free tuition and grants.

Supporting care leavers to stay in higher education:

46. Universities across the country are being called on to do more for young people leaving care by giving them personal support, helping them pay for accommodation and providing money to buy books and join social clubs. On average, just 6 per cent of care leavers aged 19-21 go into higher education, and those that do are nearly twice as likely to drop out than their peers. The new 'Higher Education Principles', published in 14 March 2019, set out how universities should do more for young people leaving care by providing them with personal support through buddy systems as well as giving them money for course materials and to fully experience student life. Currently**,** we are supporting 17 care leavers through university and this is something which the service continues to encourage.

Consultation of professional standards

47. On 1 May 2019, Social Work England closed a consultation on professional standards of social workers as the organisation prepares to become the new regulator for social workers in England, taking over from the Health and Care Professions Council (HCPC).

48. Now that the consultation has closed, Social Work England is in the process of analysing the responses before publishing a document which summarises the responses and explains the decisions that have been taken as a result.

Local context

49. The following section focuses on the current issues and key priorities across Children's Services.

School Inspections

50. Since the beginning of the year, 21 schools in Buckinghamshire have been inspected by Ofsted: 14 primary, 2 secondary, 2 all-through and 3 special schools. Of these inspections, 2 primary schools have not yet had the report and judgement published and therefore their outcomes remain confidential. The grades of the 19 published inspections are as follows:

	Primary	**All-through**	**Secondary**	**Special**
Outstanding				1 33%
Good	11 92%	2 100%	2 100%	2 66%
Requires Improvement	1 8%			
Inadequate				
Total	12	2	2	3

51. The overall picture within Buckinghamshire is that 91.5% of pupils attend a 'Good' or 'Outstanding' school, compared to 85% nationally. Our schools across the county continue to perform well which is very reassuring as this provides children and young people in Buckinghamshire with the best opportunity to flourish.

Sufficiency of places for looked after children

52. Over the last year, the service has continued to concentrate on developing and reinforcing a really clear message to the public regarding the benefits of fostering for Buckinghamshire County Council. In April 2018, the team set out to achieve a 20% growth of in-house fostering placements, to date we have in fact exceeded this target and we currently have 37 more in-house placements (24% increase) than we did in April 2018. This alone has avoided costs of over £5 million, compared to placing with an Independent Fostering Agency.

53. Our first new home in Aylesbury opened 6 months ago and recently had its first Ofsted inspection, where it was judged to be 'good'. Our second new home, also in Aylesbury opened in May 2019. In addition to residential beds, this home also has a welfare bed which allows the team to make short term placements for those who come into care in an emergency, helping us keep more young people within the county and find placements which better match their needs. The team is currently in the process of purchasing and completing the planning application on a property in High Wycombe for our third home. It is anticipated that if all goes to plan then the home will open in Spring 2020. We continue to review potential properties which match the criteria for the fourth home and unfortunately, none have been identified to date.

Special Educational Needs and Disability

54. Our SEND Improvement plan was revised in December 2018 and now includes contributions from a range of stakeholders. The immediate priorities are:

    a) Compliance with the statutory Education, Health and Care Planning 20 week timescale, annual review process and effective use of panels.
    b) Improving the quality of Education, Health and Care Plans and the family experience.
    c) Ensuring children have their needs met locally in mainstream schools where possible.
    d) Developing early identification and early intervention support as part of the Early Help programme.
    e) Developing a shared understanding of co-production.
    f) Improving transition arrangements as young people prepare for adulthood.
    g) Improving support to children and young people with Autistic Spectrum Disorder (ASD).
    h) Upskilling the workforce across the local area to ensure children and their families benefit from skilled and knowledgeable professionals.

55. Alongside these improvement priorities, work to remodel the Specialist Teaching Service, Educational Psychology Service and SEN Team into an Integrated SEND Service has been completed and a multi-disciplinary area based model has been adopted.

56. Preparation for a potential SEND Ofsted/CQC inspection is continuing and the Self Evaluation Framework is currently being updated by stakeholders from Health, Education and Social Care. Themes from inspections of other local areas are collated and are used to inform the ongoing preparations and improvement work.

Ofsted Monitoring Activity

57. Following the November 2017 inspection of Children's Social Care, Ofsted conducted their third monitoring visit on 22 and 23 May 2019. During the course of this visit, inspectors reviewed the progress made, with a particular focus on:

- the quality of management decision making in the multi-agency safeguarding hub (MASH) and the application of thresholds for intervention.
- the quality, effectiveness and impact of assessment and planning in managing risk, and improving children's outcomes when they are first referred to the local authority.
- the arrangements in place to respond to children missing and at risk of exploitation.
- the quality and timeliness of supervision, management oversight and decision making, social work capacity and caseloads.

A range of evidence was considered during the visit, including electronic case records, discussions with social workers and their managers and other supporting documentation. The monitoring visit letter is provided as Appendix 1, with the key findings set out below:

a) Leaders are making steady progress in improving the service to children when they are referred to children's social care.
b) Leaders' persistence in seeking to strengthen management oversight is beginning to deliver results. Supervision is taking place and the quality of management oversight has been strengthened.
c) The senior leadership team has a sound understanding of the improvements that are needed in children's services and are steadfastly determined to improve the quality of services for children.
d) The multi-agency safeguarding hub (MASH) provides a mostly effective response to children's needs for early help and statutory intervention.
e) Considerable work has taken place to strengthen social workers and managers understanding of thresholds. This has led to more confident, timely responses for most children.
f) Management oversight has been strengthened since the last monitoring visit, and social work caseloads have reduced. This is beginning to provide social workers with the conditions they need to better support children and families.
g) Children and families benefit from a range of early help services, but the early help service is under-developed.
h) When children need protecting, the response is mostly effective, but the threshold for child protection intervention is not consistently applied.
i) Contact and referral missing officers in the MASH ensure there is effective oversight of children who go missing. Not all children who go missing are offered return home interviews and, when they are offered, they are not always completed.
j) Most children are visited regularly, but sometimes initial visits to children take too long and there can be gaps in visiting after initial intervention.
k) Most child protection enquiries are thorough and lead to appropriate decisions. The quality of recording of the child protection enquiry remains too variable, with insufficient analysis.
l) Managers are now more consistent in driving children's plans and supporting social workers, though leaders recognise that this work is not yet of the consistency, quality or regularity needed.
m) Staff spoken to during the visit, told inspectors that they enjoy working in Buckinghamshire. They report being well supported by managers and, that leaders are visible and approachable.

n) Newly appointed staff receive a thorough induction, which helps their transition into the service.
o) In a small minority of children's cases, there are delays in convening strategy discussions and not all relevant agencies are consistently engaged in strategy discussions, particularly health partners.

58. The next monitoring visit is likely to take place in Autumn 2019.

Report to DfE by the Improvement Adviser

59. John Coughlan (Chief Executive, Hampshire County Council), Improvement Adviser for Children's Services in Buckinghamshire has provided the DfE with the first of his progress reports on the improvement of Children's Services. Whilst the report identifies that the improvement journey remains extremely challenging on a number of levels, John reports that progress is just about as well as can be expected in the circumstances. John comments that there is an extremely strong "core" from Chief Executive, to Director of Children's Services and to Assistant Director and in addition, the new heads of service are of high calibre and are settling well and getting to grips with the management group. John goes on to acknowledge that whilst it is generally too early to define positive outcomes to the partnership work, it is a general positive to note that all of the elements of the package of support, as agreed between Hampshire, Buckinghamshire and the DfE are in hand and have progressed as should be expected by this stage. A range of workshops have been completed and more are on stream. The sense from these is of positive and constructive engagement from managers, which is pleasing to note. Our view is that the report accurately reflects the current position and will continue to work with Hampshire over the coming months.

High level action plan update

60. The Phase 2 improvement plan continues to embed performance compliance and further develops practice and quality standards. The plan outlines the actions that the service has been taken to address the 10 Ofsted recommendations and, in addition, a further 3 actions have been developed in response to more recent findings. It also incorporates the Commissioner's report and the Secretary of State's statutory direction, including the Improvement Adviser role provided by Hampshire County Council. The successful implementation of this plan relies on effective and competent first line managers as this tier is critical to achieving and maintaining good standards of social work practice. The Senior Management Team will provide support and guidance to managers to improve outcomes for children and young people. It is acknowledged that in order to embed and sustain change, staff will require the right balance of performance management and support. Currently, it is too early to demonstrate the impact of initial progress against actions on improving outcomes. The plan will be under regular review to ensure that progress is tracked and actions are further expanded where it is necessary. The action that is taken and the progress made to improve outcomes for children, young people and their families will be monitored and reviewed by the Children's Improvement Board which is chaired by the Independent Improvement Adviser. The latest version of the plan is provided as Appendix 2.

Peer review

61. Buckinghamshire is part of the South East Sector Led Improvement Programme (SESLIP), which is a membership group of all single/upper-tier local authorities in the South East that aims to:

- Improve outcomes for children and young people across the South East.

- Establish a culture of honest and constructive dialogue and challenge within and between authorities.
- Demonstrate the capacity and capability of the sector to achieve a coherent and consistent self-improving system.

62. As part of the programme, local authorities routinely take part in a range of improvement activities and on 26 February 2019, the service's senior leadership team participated in the new peer challenge process, with West Berkshire and Brighton and Hove, facilitated by a member of the SESLIP team. Feedback on the service included:

    a) Honest, pragmatic, brave and realistic approach to improvement.
    b) Passion and drive from the leadership team; impressed with tenacity and resilience of the team and ability to not shy away from difficult decisions.
    c) The development centre programme for first line managers and the increase in in-house placements for looked after children were seen as key strengths.
    d) Child focused approach and strong value base demonstrated.

63. The service was very pleased with this feedback and will continue to utilise the learning from the sector led programme of support to assist the improvement journey in Buckinghamshire.

Children's Services Workforce Strategy

64. The implementation of the Children's Social Care Workforce Development continues to be a key priority. The workforce continues to receive significant investment and remains at the heart of the service delivering the necessary practice and Service improvements that are needed to deliver the right outcomes for children and families as well as achieve an improved rating from Ofsted. The Board continues to meet on a quarterly basis and focuses on:

    - Recruitment and Retention
    - Service and Individual Resilience and Well-being
    - Learning & Development
    - Quarterly people metrics

65. The Board is currently producing a plan of activities for the next 12-18 months that, is envisaged, will provide a supportive, nurturing environment for the workforce to develop the skills needed to work well in their role and to progress their career within the Council. Work is currently underway on a revised Career Progression process for qualified social workers, an improved induction offer to new starters and essential management training, with Employee Relations training being offered to team managers and assistant team managers.

66. Since the beginning of the year, the Board has also held service specific Workforce Development Boards for each Service within Children's Social Care. In line with the Children's Social Care ethos, these meetings have been on the basis of 'high challenge and high support' and have covered the following:

    a) Current staffing structure and team set up
    b) Team scorecard and associated workforce issues
    c) Discussion around future staffing, structure, pay and grading
    d) Analysis of leavers and retention of staff
    e) Employee Relations cases within the Service and any trends
    f) Recruitment, induction and training
    g) Priorities for the Service

These Service Specific Workforce Development Boards are run on a 6 monthly basis with the second round in 2019 commencing in September.

Recruitment

67. There has been a move away from generic recruitment adverts within Children's Social Care with targeted campaigns for specific teams to meet their needs. This approach allows us to include information that aids recruitment for recognised 'hard to fill' roles in certain teams, particularly those located within the High Wycombe office.

68. Children's Social Care is developing a social media presence and has, over the past 6 months, advertised successfully in both local and national press. Consideration is always given to alternative ways of recruiting with the Service and HR&OD colleagues attending local recruitment fairs and also directly targeting potential candidate groups through LinkedIn.

69. The turnover rate is at 25% which is higher than the national average (15%). This is reflective of the period of change whilst the service focus on managing and improving performance. The completion of on-boarding and leaver surveys and results of exit interviews are actively reviewed and have resulted in a number of initiatives to help attract and retain staff including focused HR&OD support to team managers around formal HR processes.

70. Currently the senior leadership team and heads of service within Children's Social Care are permanent employees with the majority being in post for over one year, creating greater stability and direction within the service.

B. Other options available, and their pros and cons

N/A

C. Resource implications

N/A

D. Value for Money (VfM) Self Assessment

N/A

E. Legal implications

N/A

F. Property implications

N/A

G. Other implications/issues

N/A

H. Feedback from consultation, Local Area Forums and Local Member views

N/A

I. Communication issues

N/A

J. Progress Monitoring

N/A

K. Review

This report is intended to provide a six monthly update on the full range of policy developments and Service transformation activity taking place within children's Services in Buckinghamshire in response to national and local drivers.

Background Papers

Appendix 1 - Ofsted Monitoring Visit Letter
Appendix 2 - Ofsted Improvement Plan (Phase 2)

Your questions and views

If you have any questions about the matters contained in this paper please get in touch with the Contact Officer whose telephone number is given at the head of the paper.

If you have any views on this paper that you would like the Cabinet Member to consider please inform the Democratic Services Team by 5.00pm on Friday 19 July 2019. This can be done by telephone (to 01296 382343), or e-mail to democracy@buckscc.gov.uk

Ofsted
Piccadilly Gate
Store Street
Manchester
M1 2WD

T 0300 123 1231
Textphone 0161 618 8524
enquiries@ofsted.gov.uk
www.ofsted.gov.uk

17 June 2019

Mr Tolis Vouyioukas
Buckinghamshire County Council
County Hall
Aylesbury
Buckinghamshire
HP20 1UA

Dear Tolis

Third monitoring visit of Buckinghamshire children's services

This letter summarises the findings of the monitoring visit to Buckinghamshire children's services on 22 and 23 May 2019. This was the third visit since the local authority was judged inadequate for overall effectiveness in January 2018. The visit was conducted by Donna Marriott, Nicola Bennett and Pauline Higham, Her Majesty's Inspectors.

Since the last inspection, the local authority has made steady progress in improving the quality of intervention when children are first referred to the multi-agency safeguarding hub. Most children are receiving helpful support when they are first referred to children's social care, but variable practice remains evident within both the multi-agency safeguarding hub and assessment teams.

Areas covered by the visit

During the course of this visit, inspectors reviewed the progress made, with a particular focus on:

- the quality of management decision-making in the multi-agency safeguarding hub (MASH) and the application of thresholds for intervention
- the quality, effectiveness and impact of assessment and planning in managing risk and improving children's outcomes when they are first referred to the local authority
- the arrangements in place to respond to children missing and at risk of exploitation
- the quality and timeliness of supervision, management oversight and decision-making, social work capacity and caseloads.

A range of evidence was considered for the visit, including electronic case records, discussions with social workers and their managers and reviewing other supporting documentation.

Overview

Leaders are making steady progress in improving the service to children when they are referred to children's social care. The multi-agency safeguarding hub (MASH) provides a mostly effective response to children's needs for early help and statutory intervention. Systems in the MASH are efficient, leading to timely and decisive action for most children.

Considerable work has taken place to strengthen social workers' and managers' understanding of thresholds. This has led to more confident, timely responses for most children. However, for a small minority of children, strategy discussions are not always convened when they are needed. This leaves children in situations of unassessed risk of potential harm.

Management oversight has been strengthened since the last monitoring visit, and social work caseloads have reduced. This is beginning to provide social workers with the conditions they need to better support children and families.

Findings and evaluation of progress

Action taken by leaders during 2018 to tackle poor performance in the First Response service, initially led to a period of instability and high staff turnover. This resulted in difficulties in allocating children's cases for assessment during the latter part of 2018. Some children were nominally allocated to managers and waited too long to have their needs assessed. Leaders have worked purposefully to respond to these shortfalls, leading to substantial improvements. At the time of this monitoring visit, all children who need a statutory assessment have an allocated social worker, and the majority referred for statutory support now receive a timely response.

The MASH provides a mostly effective response when children are first referred. Work to strengthen systems and increase efficiency has led to improvements in the timeliness of referrals being progressed. Initial screening decisions are timely and appropriate. Contact and referral officers rigorously gather background information to inform next steps. Information-sharing with partners is effective and parental consent is routinely sought when appropriate.

Considerable work has taken place to ensure thresholds are applied more consistently. This has included multi-agency training and reviews of 'live' cases with MASH staff. This has strengthened the quality of referrals from agencies, led to more consistent decision-making in the MASH and reduced the number of referrals that do not meet the threshold for children's social care.

Children and families benefit from a range of early help services, but the early help service is under-developed. Performance information is too limited to inform an accurate understanding of the effectiveness of the service. Leaders have worked proactively with partners at a strategic level to redesign the early help offer, with a plan to launch the new service in September 2019. More work is needed to engage

all professionals, such as school staff, in providing early help interventions for children to prevent need escalating.

Thresholds for early help are appropriately applied by managers in the MASH. The development of the early help hub in the MASH has been positive in strengthening communication between MASH and early help services. Management oversight of the work allocated to early help within the MASH is regular but is not always sufficiently clear or timebound. When children's cases do get transferred to this part of the service, they are not allocated to specific officers to progress actions, which results in unnecessary delays in progressing some referrals, preventing timely assessment of children's needs. Workers in the early help Family Resilience Service provide a range of interventions to support children and parents. Not all intervention is effective in helping to improve family circumstances, as delays are evident in stepping a small minority of children's cases up to social care when their needs escalate or their circumstances do not improve.

Managers in the MASH ensure a timely and effective response to concerns regarding domestic abuse. The recently introduced daily triage meetings provide a forum for reviewing lower risk domestic abuse notifications from the police. These result in timely and appropriate decision-making about next steps, but no record is kept of these important decisions. This has the potential for the assessment of risk or need to not be informed by important historic information.

When children need protecting, the response is mostly effective, but the threshold for child protection intervention is not consistently applied. Although managers in the MASH recognise when children are at risk of, or have suffered from, significant harm, strategy discussions are not consistently held in a timely manner, which causes unnecessary delay. This is to some degree mitigated by the timely and decisive action taken by the assessment teams, though this is not always the case. In addition, in a small minority of children's cases, not all relevant agencies are consistently engaged in strategy discussions, particularly health partners.

Contact and referral officers in the MASH ensure that there is effective oversight of children who go missing. Not all children who go missing are offered return home interviews and, when they are offered, they are not always completed. Those that take place are not always completed in a timely way. Leaders recognise that this is an area for improvement and are working to improve practice in this area. The recording of return home interviews is of good quality, is suitably probing and demonstrates sensitive exploration of the incident with children to better understand their circumstances.

Considerable work has taken place to strengthen the strategic response to children missing and at risk of exploitation. The child exploitation team has recently been restructured to improve the oversight of children at risk of exploitation and to provide them with a more coordinated response. However, it is too early for this change to evidence any positive impact. When new concerns come to light about children at risk of exploitation, appropriate action is taken. Strategy meetings are

held quickly and result in a plan to reduce the risk of harm, or further harm, to children. Leaders and managers across the partnership recognise the importance of disruption activity, and they are proactive in taking action to ensure that children are safeguarded.

Most children are visited regularly, but sometimes initial visits to children take too long and there can be gaps in visiting after initial intervention. This is an improving picture, with most managers closely monitoring performance to see if visiting is proportionate to children's needs.

Most child protection enquiries are thorough and lead to appropriate decisions. The quality of recording of the child protection enquiry remains too variable, with insufficient analysis. When children are identified as being at risk of significant harm, this leads to decisive and timely action to safeguard them, including convening child protection conferences to develop initial protection plans when these are required. Progress has been made in the timeliness with which initial child protection conferences are convened, but there are still some delays evident.

Leaders have acted to improve the timeliness with which children's needs are assessed, with an increasing proportion assessed in a timely manner. Most assessments effectively identify risks and needs, but not enough are individualised for each child in the family and include an analysis of need and risk for the child, or of the parent's capacity to care for the child.

Leaders' persistence in seeking to strengthen management oversight is beginning to deliver results. Supervision is taking place and the quality of management oversight has been strengthened. Managers are now more consistent in driving children's plans and supporting social workers, although leaders recognise that this work is not yet of the consistency, quality or regularity needed. The leadership team rigorously overview service performance, making good use of data and performance information, holding managers to account for performance through the introduction of team scorecard reporting. This is further triangulated by regular dip sampling of children's cases by senior managers to ensure have a good understanding frontline practice.

The senior leadership team has a sound understanding of the improvements that are needed in children's services and is steadfastly determined to improve the quality of services for children. Leaders are acutely aware of the importance of creating strong foundations to ensure that social workers and managers have the right conditions in which to carry out their work. Although social worker and manager turnover remains high, leaders are beginning to see greater stability in the service. Where needed, capacity has been increased. Caseloads, although still too high for some social workers, are beginning to reduce, with a considerable reduction in caseloads across the service since the last monitoring visit. Managers now have the capacity to allocate children's cases when they are first referred, though some pressures remain.

Staff spoken to during the visit told inspectors that they enjoy working in Buckinghamshire. They report being well supported by managers, and that leaders are visible and approachable. Newly appointed staff receive a thorough induction, which helps their transition into the service.

Thank you and your staff for your positive engagement with this monitoring visit. I am copying this letter to the Department for Education. It will be published on the Ofsted website.

Yours sincerely

Donna Marriott
Her Majesty's Inspector

BUCKINGHAMSHIRE COUNTY COUNCIL - CHILDREN'S SERVICES
OFSTED IMPROVEMENT PLAN (PHASE 2)
NOVEMBER 2018

Introduction

The Ofsted re-inspection of Children's Services for children in need of help and protection, children looked after and care leavers took place on 6th November to 30th November 2017. The re-inspection report was published on 29th January 2018 and judged the overall service to be inadequate, with the Care Leaving Service requiring improvement to be good and the Adoption Service judged to be good.

Progress since the previous Ofsted inspection in 2014 was found to be inconsistent, too slow and failed to achieve the wholesale service improvements required for vulnerable children. The re-inspection found widespread and serious weaknesses in some services to safeguard children as well as some critical weaknesses in services to children looked after.

We accept these findings and are committed to improving services for our children and young people. There is much to do and we anticipate that this is likely to be at least a three year improvement journey. Phase 2 of our improvement plan builds on Phase 1 which was put in place immediately following the Ofsted re-inspection. The Phase 1 improvement plan has been progressed and closed down with outstanding actions rolled over into the Phase 2 improvement plan.

The Phase 2 improvement plan continues to embed performance compliance and further develops practice and quality standards. The improvement plan outlines the actions that we will take to address the ten Ofsted recommendations. The service has developed further actions in response to additional areas it has identified in recent months. It also incorporates the Commissioner's report and the Secretary of State's statutory direction, including the Improvement Adviser role provided by Hampshire County Council.

The actions that are taken and the progress that is made to improve outcomes for children, young people and their families will be monitored and reviewed by the Children's Improvement Board which is chaired by the Children's Improvement Adviser.

The anticipated timescales for completion of actions will be reviewed regularly given the outcome of the Development Centre for first line managers. The successful implementation of this plan relies on effective and competent first line managers as this tier is critical to achieving and maintaining good standards of social work practice. SMT will provide support and guidance to managers to improve outcomes for children and young people. It is acknowledged that in order to embed and sustain change, staff will require the right balance of performance management and support. Currently, it is too early to demonstrate the impact of initial progress against actions on improving outcomes. In addition, the plan will be under regular review to ensure that actions are further expanded where it is necessary.

Ofsted Recommendations

The 10 recommendations for improvement made by Ofsted are:

1. Take immediate action to improve the quality of management oversight and decision-making at all levels to make sure that children's plans are properly progressed. Ensure that management interventions, including escalations and alerts by child protection chairs and independent reviewing officers, are clearly recorded on children's files and that these actions are followed through.
2. Ensure that appropriate support is in place to meet the needs of children when child protection plans end and also when children return home from care.
3. Improve the quality of assessment and planning to ensure that risk is identified and responded to promptly, especially when risks escalate. Ensure that assessments and plans identify the unique needs and experience of each individual child, particularly when they are part of a large family of brothers and sisters.
4. Ensure that care plans for children reflect their diverse needs and individual identities, and are realistic about achieving change.
5. Ensure that all written records are clear and up to date, and accurately identify the circumstances of children and their families.
6. Take immediate action to ensure that monitoring and visiting arrangements to all children looked after in placements with parents are sufficiently robust to ensure their safety and progress until these arrangements are formally resolved.
7. Review the procedures for accommodating and supporting unaccompanied asylum-seeking children, including those who arrive outside office opening hours, to ensure that their immediate needs and vulnerabilities are appropriately assessed.
8. Ensure that all care leavers have full information about their health histories and what they can expect during their time in care and on leaving care, including information about advocacy and complaints.
9. Apply an appropriate audit tool to ensure that qualitative analysis, alongside quantitative compliance auditing, measures effectively the improvements, impact and outcomes for children.
10. Ensure that all staff receive appropriate training, including mandatory training, in order to improve their key skills and to keep them up to date in their knowledge and practice.

RAG Key

The RAG rating set out in the plan specifically monitors the delivery of each action.

RAG ratings are defined as follows:

Action completed
On track to be completed within timescale
In progress, however, too early to demonstrate impact
Not on track as required and / or 'at risk' in some way

Ofsted recommendation 1:
Take immediate action to improve the quality of management oversight and decision-making at all levels to make sure that children's plans are properly progressed. Ensure that management interventions, including escalations and alerts by child protection chairs and independent reviewing officers, are clearly recorded on children's files and that these actions are followed through.

ID	Action	Lead	Timescale	Progress	RAG
1.1	Ensure monthly oversight of both KPIs and quality of work using team scorecards. Hold individual teams and managers to account and where necessary, take appropriate action to address poor performance, including consideration of the workforce development and training needs of individuals and staff groups.	Richard Nash (Service Director Children's Social Care) and SMT	**December 2018:** Scorecard introduced. **March 2019:** Impact at a team level evident. **September 2019:** Evidence of its use leading to improved outcomes across the service.	• Team scorecards introduced in November 2018. • It is recognised that significant staff changes have had a negative impact on KPIs in the short term, although we are starting to see an improve trajectory. • Feedback from HoS and TMs (TMs) is positive and there is a commitment to fully utilise team scorecards to manage and improve outcomes. • Scorecards have been reviewed by Hampshire County Council and by SMT and are continually refined. There is evidence of impact on outcomes at a team level, for example, improved performance and lower caseloads within the assessment teams. Scorecards are proving to be valuable tools that are continually reviewed by SMT to ensure maximum impact. March 2019 target has been met. • Early Help scorecards are under development to improve quality and insight to support effective management oversight and service improvement. • Team scorecards have assisted the service to produce accurate self-assessments in preparation for monitoring visits.	
1.2	Utilise 'Beyond Auditing', Principal Social Worker and training resources to address service weaknesses as when it arises on both team and individual level.	Richard Nash and SMT	**Monthly:** Reviewed in response to team scorecard findings.	• The Practice Development Team have worked, with some success, within teams to address service weakness and to support newly appointed managers to be confident of the safety of children allocated within their teams. For example, 96 children's cases were reviewed in Wycombe Help and Protection. 13 cases were identified for closure, 5 identified for stepping down, 6 cases identified for stepping up. • Most recently, the Practice Development Team have provided support to the Wycombe Assessment Team in March/April 2019. • Auditing a sample of case files in Early Help will begin in June supported by reporting tools which have been built onto the Early Help system workflow. This will enable management to test practice and recording across the service. It will be reviewed and refined prior to the introduction of the new Family Support Service in September. • Beyond auditing approaches to audit and service development have been utilised across in different parts of the service. It should be noted that the resource has been deployed to address service weaknesses rather than across the whole service. The feedback from staff has been positive and the approach of working alongside staff has proved to be valuable.	
1.3	Review the child protection and independent reviewing service in order to maximise the role and function of available resources to improve outcomes for children and young people.	Julie Davies (HoS Quality Standards and Performance)	**February 2019:** Impact at a team level evident. **September 2019:** Evidence of improved outcomes across the service.	• The Strengthening Families audit tool is now used prior to review conferences. This is helping to highlight inconsistencies in care planning across social care teams. These inconsistencies are being addressed through pre-conference conversations between Child	

				Protection Advisers (CPAs) and Social workers and themes are collated by the CPA Manager as part of the team scorecards. • The alignment of Child Protection Advisers to geographic teams has seen a noticeable and positive improvement in collaborative working between the CPAs and social work teams. • The geographic and thematic allocation systems for IROs introduced earlier this year is resulting in positive collaboration between the IROs and social workers so that the risk of drift and delay is more effectively managed. • Both the IRO and CPA teams are fully staffed with a mixture of permanent and agency workers. The intention over the next 3 months is to convert agency staff to permanent.	
1.4	Further embed and refine the child protection and care planning alert and escalation protocols.	Julie Davies (HoS Quality Standards and Performance)	**February 2019:** Impact at a team level evident. **September 2019:** Evidence of improved outcomes across the service.	• There remains a focus from the CPA Manager and IRO Manager on the use of escalation and alerts. Both are mindful of the use of escalation but have balanced this with developing relationships with TMs across the services to resolve issues collaboratively. • A key responsibility of the CPA and IRO is to have regular conversations with TMs and social workers to support in improving the quality of casework. Recent dip sampling of CP plans shows an improved quality of care plans which are SMART and child focused. • In relation to improving Initial Child Protection Conference (ICPC) timeliness there is now a formal alert system in place which triggers requirement for a HoS approval should the ICPC need to be delayed by the social work team. • Sampling has shown the CPA footprint is now more evident on LCS from pre-conference conversations with social work teams. IROs are also getting better at routinely recording the outcome of conversations with social workers and other agencies between reviews.	
1.5	Ensure that CP conference chairs contribute to effective management oversight and provide additional scrutiny to make sure that child protections plans are implemented in a timely manner.			• The new way of working and geographic alignment as described above is beginning to contribute to more effective management oversight. There is now greater consistency of the CPAs using the SFF checklist in advance of conference as a tool to positively engage the social worker and collaboratively plan more effectively for children/young people. There is also evidence of appropriate levels of challenge. • The CPAs are now regularly reviewing children on a plan 12+ months. In addition, the CPA Manager is regularly reviewing children on a plan 9+ months alongside the PLO Court Manager to ensure LPM/PLO processes have been initiated in a timely way where necessary.	
1.6	Ensure that all CIN Audit and Review recommendations and remedial actions have been responded to and addressed and the learning embedded into everyday practice.	Errol Albert (HoS CIN, CP and Court) and Alex Coman (HoS Children in Care and CWD)	**March 2019:** All audit actions completed. **July 2019:** Impact at a team level evident. **September 2019:** Evidence of improved outcomes across the service.	• Most CIN audit and review recommendations have been responded to and addressed. Actions have been completed, cases closed or there has been evidence of case progression since the original audit took place. • Verification work has taken place to ensure recommendations from audits have been put in place for the children involved. This has highlighted 35 cases in CWD Wycombe where further action is required to finalise actions and this is being closely monitored by	

				the HoS and the Service Director. In a number of these cases the allocated worker has changed and the original actions from the audit have less relevance. However, this is not the case for all actions and weekly updates are provided to ensure actions are addressed without any further delay.	
1.7	Review service arrangements for conducting CIN Reviews and ensure that allocated social workers are adequately supported by line managers and business support officers.	Errol Albert (HoS CIN, CP and Court) and Alex Coman (HoS Children in Care and CWD)	**March 2019:** All audit actions completed. **July 2019:** Impact at a team level evident. **September 2019:** Evidence of improved outcomes across the service.	• Allocated resource was brought into the safeguarding service to identify opportunities to progress cases. This, alongside a stronger grip at team manager level, has resulted in some reduction to average caseloads since December 2018. • The Business Intelligence Team has reviewed the performance management information regarding CIN reviews and this has identified a number of changes required to provide the clear line of sight needed. These changes will be implemented from June 2019 and will provide the social care management teams with increased oversight of CIN review arrangements. • In addition, the HoS for safeguarding has arranged to sample a number of cases to review the quality of CIN review arrangements including timeliness, compliance and impact. This review will take place in June 2019. • Monthly auditing of casework by HOS and TMs will start in June 2019. TMs will not audit their own work and this monthly exercise is part of building a culture of auditing that will enhance the line of sight on service delivery in relation to all work including CIN.	
1.8	Review processes and pathways on the stepping down of children who no longer meet the threshold for CIN/CP and who would benefit from support from partner agency involvement including community and voluntary services.	Errol Albert, Gareth Morgan (HoS Early Help) and SMT	**March 2019:** Impact at a team level evident. **September 2019:** Evidence of improved outcomes across the service.	• Closure meetings to manage step downs and improve throughput within the service have been rolled out across social work teams. This is supporting efforts to reduce caseloads within teams. • The Corporate Business Improvement Team has completed a review of the processes and pathways of children stepping down from CIN and CP. The review has identified a number of service improvement recommendations which are being developed into an action plan to be implemented from June 2019. The review has also resulted in revisions to the early help transfer protocol. • A consistent pathway for step-downs into Early Help Duty Tray in MASH has been established to improve consistency and timely progression of cases following joint visits and practitioner handover.	

Ofsted recommendation 2:
Ensure that appropriate support is in place to meet the needs of children when child protection plans end and also when children return home from care.

ID	Action	Lead	Timescale	Progress	RAG
2.1	Ensure that step downs from CP plans are well managed, well communicated and that appropriate resources are in place to support continued improved outcomes.	Errol Albert and Gareth Morgan	**March 2019:** Impact at a team level evident through audits. **September 2019:** Evidence of improved outcomes across the service.	• As above, the review has now taken place and an action plan will be implemented from June 2019. • There is some evidence of improved management oversight and appropriate challenge between TMs and Child Protection Advisers regarding step down from CP, with conversations taking place more routinely in between conferences.	

2.2	CIN plans to include clear multi-agency support that where appropriate can support families following statutory intervention.			• Further work is required to ensure families are signposted to appropriate early help, commissioned and VCS services (through the Bucks Family Information Service).	
2.3	Ensure that there is an effective, results driven edge of care service in place that is well linked to out of hours and BCC Children's Homes in order to create an effective out of hours support to children and young people to enable them to stay at home.	Nathan Whitley (HoS Fostering, Adoption and Placements), Aman Sekhon-Gill (HoS Youth Offending) and SMT	**July 2019:** Review current offer. **October 2019:** Offer introduced. **January 2020:** Evidence of improved outcomes.	• The welfare bed in our new children's home (which opened May 19) is now in place. The bed is subject to a requirement by Ofsted that it is used in conjunction with a planned placement. • Plans remain on track to recruit respite and emergency foster carers to provide more placement options for young people 'out of hours'. • A review of alternative models of provision is underway. As part of this review, identification of the level of 'edge of care' support required will be undertaken. The findings of this review, which is expected to conclude in July 2019, will be used to develop an effective support offer.	
2.4	Ensure that social workers and their teams have comprehensive knowledge of all third sector and early help resources that can support children and their families when statutory intervention ends.	Gareth Morgan, Aman Sekhon-Gill and Amanda Andrews (HoS MASH and Assessment)	**March 2019:** Impact at a team level evident through audits. **September 2019:** Evidence of improved outcomes across the service.	• MASH now has a dedicated worker from the Family Information Service to raise awareness and support workers knowledge of third sector and early help resources. • Early Help practitioners are now aligned to the MASH which will support in increasing awareness around the availability and knowledge of third sector and early help resources. • HoS are working to ensure that early help/commissioned services are more accessible for social work teams. • An early intervention worker from the Youth Offending Service is now providing support for two schools. In addition, two additional posts funded through the PCC, will be introduced to increase reach within the community. A specialist youth worker is also being recruited to support community links, specifically in relation to adolescents. • Funding has also been secured through the PCC to support additional speech and language therapy across 8 schools. • Revised online MARF will be ready for testing July 2019. It contains an element whereby if the referrer identifies services at Tier 1 or Tier 2, there will be a link to BFIS.	
2.5	For allocated social workers, their teams and Independent Reviewing Service to constantly review whether placements are meeting needs and are able to take decisive action to prevent emergency placement breakdown.	Alex Coman and SMT		• Children's care planning and resources panel is now established and is providing additional management oversight and scrutiny of placement changes. • Regular QA meetings between the care service and IRO team have been in place since April 19 to promote learning and support an environment where concerns, themes and issues can be shared. IROs are now routinely attending social work team meetings. • In addition, "link IROs" have been identified for each team and are regularly meeting with TMs to ensure issues are escalated and resolved. • Impact will be tracked through performance measures including information on escalations and placement stability.	

Ofsted recommendation 3:
Improve the quality of assessment and planning to ensure that risk is identified and responded to promptly, especially when risks escalate. Ensure that assessments and plans identify the unique needs and experience of each individual child, particularly when they are part of a large family of brothers and sisters.

ID	Action	Lead	Timescale	Progress	RAG
3.1	Ensure first and second line managers have the knowledge, skills and ability to plan, direct and shape assessments that enable robust plans and strong risk management to be created.	Amanda Andrews and SMT	**June 2019:** Impact at a team level evident. **October 2019:** Evidence of improved outcomes across the service.	• New assessment form introduced in December 2018. • Dip sampling and quality assurance undertaken regularly by HoS and TMs. Poor quality work is being identified for improvement prior to sign off. • Enhanced approach to performance management has increased focus on throughput, closures and caseloads. • There has been some recent improvement in out of timescale assessments for example 45 day assessment completion is 82% as at April 2019. • The review of the assessment service has concluded and a 12 month action plan is in place. • Improvements noted in management oversight data with 86% within timescales as at w/c 20.05.2019. • Progress in improving the quality of assessments is increasingly evident and this, alongside the ability of TMs to drive forward practice was noted by Ofsted during the monitoring visit in May 2019. There is still more work to be done to strengthen practitioner understanding of risk but TMs provide necessary management oversight of cases.	
3.2	Embed the 'Good Assessment' practice document in all social work teams and evaluate its impact on improving the quality of assessments.	Richard Nash and SMT		• Good assessment guidance has been circulated to all teams and discussed with all managers and assistant TMs. • Some Managers are providing effective quality assurance prior to sign off to improve the quality of practice. All managers are being supported to fulfil this essential task. • The Principal Social Worker is focusing on embedding the good assessment guidance and will continue to deliver, a series of workshops which focus on improving the standard of assessment. • The Ofsted monitoring visit in May highlighted some examples of good assessments. • More work is being undertaken to strengthen our response to escalating risks.	
3.3	Complete audit and case sampling work to verify all of the above.	Julie Davies		• The Practice Development Team is operational and has provided some capacity to quality assure assessments. In March/April 2019 the team supported the Wycombe Assessment Team. • A dip-sampling schedule for assessments and contact/referrals began in March 2019. • Monthly auditing of casework by HOS and TMs will start in June 2019. TM's will not audit their own work and this monthly exercise is part of building a culture of auditing that will enhance the line of sight on service delivery in relation to all casework types.	
3.4	Consult with safeguarding partners and revise the Assessment Protocol for assessing children, and young people.	Amanda Andrews and SMT	**March 2019:** Completed revision of the Assessment Protocol. **September 2019:** Impact of revision evident.	• HoS working collaboratively with the LSCB Business Manager and the protocol has now been reviewed. • The revised protocol will be presented to the LSCB policy and procedures sub-group and executive board for information.	

Ofsted recommendation 4: Ensure that care plans for children reflect their diverse needs and individual identities, and are realistic about achieving change.					
ID	**Action**	**Lead**	**Timescale**	**Progress**	**RAG**
4.1	Ensure first and second line managers provide effective oversight and supervision of care planning with a specific focus on the individual needs of the child and achieving positive change.	Richard Nash and SMT	**June 2019:** Impact at a team level evident through audits. **September 2019:** Evidence of improved outcomes across the service.	• Changes of Team Manager across the service have generally finished and the new cohorts of managers are providing improved, effective management oversight of casework. This is evident in case sampling. • Progress against this action will be addressed when SMT is confident in the stability and practice of individual teams. • Monitoring visit in May 2019 provides evidence of increased levels of management oversight and also evidence of this leading to improved outcomes. • The May 2019 monitoring visit also report increased evidence of the individual needs of children being evident in casework, although this is still too variable.	
4.2	Develop confidence and skills of workforce to understand and address the individual identity of each child that receives a statutory service.			• In teams with newly appointed managers, targeted support will be given in order to support the skills and confidence of their workers, particularly in relation to addressing the individual identity of children. • In these teams, work is underway with practitioners to assist them in developing their own understanding of how their view of what families should and are able to do does not prejudice assessments in ways that are considered to be unfair. This is always in the context of keeping children safe and applying professional curiosity. • Two practice have taken place led by the PSW and Head of Equalities. The impact of these practice forums will be evaluated through the work of the Practice Development Team to ascertain impact on outcomes and future themes. The forums were well received and if impact is seen in casework, additional sessions will be arranged. • The service has prioritised addressing performance issues in specific teams which have been responded to by colleagues in the Practice Development Team. This has meant the audit plan is behind schedule and the March deadline has been amended to June.	
4.3	Ensure the IRO service provides effective quality assurance of care plans to ensure they promote positive change.	Julie Davies		• A priority for the IRO Manager is to achieve a greater level of consistency in mid-term reviews being undertaken to support increased oversight of children's care plans. • Where new IROs are in place, we are seeing improved grip of cases in line with the safety net we would expect the IRO service to provide. The response from new cohort of IROs in relation to missing children is an example of their impact in supporting a greater degree management oversight and quality assurance.	
Ofsted recommendation 5: Ensure that all written records are clear and up to date, and accurately identify the circumstances of children and their families.					

ID	Action	Lead	Timescale	Progress	RAG
5.1	Ensure that all audits and case sampling comment on the quality and timeliness of written records.	Julie Davies	**March 2019:** Impact at a team level evident through audits. **July 2019:** Evidence of improved outcomes across the service.	• A 12 month audit plan is in place, which commenced in March 2019. This activity will lead to bespoke practice improvement based on findings about individual workers practice. • HoS for First Response has introduced a service specific programme of dip sampling and a checklist to support consistency of management oversight. • LCS improvement schedule is mapped and has been shared with corporate colleagues to ensure appropriate resource is aligned. • The challenge for the service is to ensure that case recording is meaningful and demonstrates the impact of interventions on improving outcomes for children. This will be assessed through case file audits and the use of team scorecards. Where necessary, issues of concerns will be addressed in staff supervision.	
5.2	Ensure that the quality of case recording forms part of each team scorecard and that first and second line managers know what is expected in order to take effective action where necessary.	Richard Nash and SMT		• Team scorecards introduced in November 2018. • Quality of case recording will be picked up through review of audit findings. • The quality of case recording will be considered through case sampling and will be reflected in scorecards from April 2019. • Specific actions have been put in place to ensure case recording is timely especially at key points in a child's life. For example when a child becomes LAC and this couples with further team manager level auditing will increase the focus on timely recording.	

Ofsted recommendation 6:
Take immediate action to ensure that monitoring and visiting arrangements to all children looked after, including those in placements with parents, are sufficiently robust to ensure their safety and progress until these arrangements are formally resolved.

ID	Action	Lead	Timescale	Progress	RAG
6.1	SMT to use the team scorecards to effectively monitor all LAC visits.	Richard Nash and SMT	**December 2018:** Scorecard introduced. **March 2019:** Impact at a team level evident. **September 2019:** Evidence of its use leading to improved outcomes across the service.	• Team scorecards introduced in November 2018. • Scorecards review timeliness and quality of LAC visits. • There has been some improvement in the timeliness of LAC visits which is evident from September 2018. The quality of visits remains variable and the HoS Care Management will monitor the quality of visits though case sampling. • Performance in relation to LAC visits was at 93% as of April 2019. There is more to do to ensure LAC visits are strongly linked to delivering care plan objectives and this is being pursued by the HOS for children in care, as well as via the IRO service.	
6.2	Ensure targeted auditing of LAC cases determines the effectiveness of LACs visit in improving outcomes for the child.	Julie Davies, Alex Coman and Nathan Whitley	**October 2019:** Impact at a team level evident through audits. **December 2019:** Evidence of improved outcomes across the service.	• Review of foster carer participation into the CLA review process has taken place. There is now a link IRO working with the fostering team to develop carer feedback forms which include medical dates and appointments. This will allow foster carers to effectively input into the child's review. • In addition, workshops are being planned to clarify the foster carer's role within the child's care plan and review. These workshops will be co-presented by the IRO service and the Fostering team.	

		Julie Davies, Alex Coman and Nathan Whitley	**October 2019:** Impact at a team level evident through audits. **December 2019:** Evidence of improved outcomes across the service.	• There are plans in place to include work with the 'We do care' Council to capture of the views of our Children and Young People as part of the auditing approach. • HoS will ensure findings from case sampling are captured through the team scorecard process.	
6.3	Ensure that the IRO service provides effective quality assurance of all LAC visits and this is reflected on the child's record.			• The IRO Manager uses a checklist in supervision as a means of measuring the effectiveness of the IRO team. • An additional tool, similar to that used by Child Protection Advisors prior to conference, will be in place from June 2019. It will be used as a means of quality assurance between reviews and it is anticipated that it will improve consistency of practice for the IRO service.	
6.4	Undertake a further review of children placed at home with parents to assure standards of care and compliance with procedures and guidance.	Richard Nash and Alex Coman	**March 2019**	• The cohort was reviewed in October 2018, December 2018 and February 2019 in addition to the reviews which took place during the phase 1 improvement plan. • As at 26.03.2019 there are 25 children who are placed at home on a care order. All are subject to review and regular visits. Of these 25, 11 were at home in November 2017. In the group of 11 cases, currently 5 are in proceedings to revoke the care order. The remaining 6 are the subject of further discussion with legal services to finalise our position on when to either revoke the care order or remove the children. • The service has satisfied itself that no children are unsafe within these arrangements.	
6.5	Ensure monthly monitoring of LAC placed at home with the managers and social workers who hold these cases.	Richard Nash and Alex Coman	**February 2019:** Impact at a team level evident. **July 2019:** Evidence of improved outcomes across the service.	• All cases within the service have been reviewed. • Care orders are on track or have been revoked where possible. • Rigorous bi-monthly checks are scheduled to take place. The outcomes, decisions and actions following these reviews are being recorded in the child's electronic record. • The HOS and Service Director continue to monitor all existing placements on a monthly basis.	
6.6	Ensure all new cases are signed off by the Service Director before children on Care Orders are placed at home.	Richard Nash and SMT	**Monthly:** Reviewed	• As part of the February 2019 review, compliance with Service Director sign off was tested which highlighted a work flow issue on the LCS system. • The LCS issue has been included as part of a wider plan for system changes and is being prioritised accordingly. • The practice standards on tri-x are being revised further to ensure procedures for the management of these cases are clearer.	

Ofsted recommendation 7:
Review the procedures for accommodating and supporting unaccompanied asylum-seeking children, including those who arrive outside office opening hours, to ensure that their immediate needs and vulnerabilities are appropriately assessed.

ID	Action	Lead	Timescale	Progress	RAG
7.1	Ensure robust oversight of all new UASC assessments, including assessments of age and vulnerability to exploitation and trafficking.	Richard Nash and Alex Coman	**February 2019:** Impact at a team level evident. **July 2019:** Evidence of improved outcomes across the service.	• Guidance and processes in relation to UASC were refreshed in November 2018 to bring them in line with current legislation. This was introduced in February 2019. • Two social workers with specialist experience of UASC have recently been appointed to support these children.	

				• The operating procedure for UASC has been reviewed and shared in the service alongside with the introduction of the new trafficking assessment which is now completed for all new arrivals.	
7.2	Complete quarterly case sampling of UASC cases and provide clear feedback to SMT of quality of work seen.	Richard Nash and Alex Coman	**Quarterly:** Progress monitored	• UASC young people will be reviewed as part of the auditing programme in November 2019.	
Ofsted recommendation 8: Ensure that all care leavers have full information about their health histories and what they can expect during their time in care and on leaving care, including information about advocacy and complaints.					
ID	**Action**	**Lead**	**Timescale**	**Progress**	**RAG**
8.1	Consolidate the existing process and system to ensure that all care leavers are provided with full information about their health history in a timely manner.	Richard Nash, Debbie Richards (Director of Commissioning and Delivery, CCG) and Carolyn Morrice (Chief Nurse, Bucks Healthcare Trust)	**Bi-monthly:** Reporting to each Corporate Parenting Panel.	• Process has been reviewed and is in place. Performance measures over the past year have been good and this is monitored regularly as part of the Corporate Parenting Panel. • During 2018, 98% off our children leaving care received a health summary.	
8.2	Provide all new care leavers with full information about their health history in a timely manner.			• As above.	
8.3	Provide retrospective health histories to all children who left care between January 2016 and January 2018.			• Plan is in place to provide all care leavers since January 2016 with a health summary. Cohort has been identified and shared with health colleagues who are currently contacting all for consent. Target date for completion is end of June 2019.	
8.4	Deliver Initial and Review Health Assessments in line with statutory guidance and timescales			• New process has been designed and implementation commenced in June 2019. • As part of the new process, the LCS system will be reconfigured so that the health review cycle will be built into the child's social care record, reducing the potential for drift and delay, and enhancing ability to monitor performance. • Regular escalation meetings with health are ongoing to track the process and the work plan is monitored by the Corporate Parenting Panel. • All review health assessments are planned for the year. • Since April 2019, LAC nurses have been sitting with our children in care teams once a week to support joint working around health assessments and provide support to plan joint operational delivery and tackle any issues.	
8.5	Review and refresh on line information and hard copy materials to provide children in care and care leavers with full details of their rights and entitlements, including advocacy and complaints.	Alex Coman and James Fowler (Youth Service Manager)	**July 2019:** Review and refresh complete.	• This has been reviewed and the leaflet has been updated and improved. A new website is also under development. • A protocol to ensure all new children coming into care are provided with this information has been developed and the information will be shared with children 12 and over by the allocated social worker before their first LAC review. This process will begin from June. Once introduced, this will be tested at the point of first LAC review. • An easy to read version of the booklet has also been developed and is available. The 'juniors' version of the booklet (for those under 12) is in development by the We Do Care Council and will be ready by the end of July 2019.	

8.6	Ensure that staff working with LAC and Care Leavers demonstrate in practice that they routinely inform these children and young people of their rights both in the present and in the future and case files demonstrate evidence of this.	Alex Coman	**June 2019:** Impact at a team level evident through audits. **September 2019:** Evidence of improved outcomes across the service.	• A draft offer for care leavers has been developed with input from care leavers. This will be signed off and published in June 2019. • Once agreed, the PAs will be discussing the offer with young people and they will have access to a copy via the BCC website. • Targeted auditing will be completed from June 2019 to check whether or not LAC and care leavers are routinely informed of their rights.	
8.7	Ensure that BCC carers and residential homes are equipped and focussed on the rights and entitlements of LAC and care leavers.	Nathan Whitley		• The new offer as described above will be rolled out and introduced as part of the process to all BCC carers and residential homes. • The IRO service through statutory reviews will ensure impact through their interactions with children and young people.	
8.8	Ensure that the IRO service, through LAC reviews, check that the rights and entitlements are routinely covered and that the child or young person understands these.	Julie Davies		• This will form part of the IRO checks completed as part of the statutory review process, and through their mid-point reviews of children's care plans. • Its use will be tested through auditing activity when the LAC cohort is reviewed. This is part of the 12 month audit plan that commenced in March 2019.	

Ofsted recommendation 9:
Apply an appropriate audit tool to ensure that qualitative analysis, alongside quantitative compliance auditing, measures effectively the improvements, impact and outcomes for children.

ID	Action	Lead	Timescale	Progress	RAG
9.1	Ensure that the audit tool is fit for purpose and supports child centred analytical recording.	Julie Davies	**Completed**	• Impact of auditing activity in engaging workers, encouraging change and improving practice will continue to be reviewed following each period of team level activity. This will be monitored through case sampling and auditing activity.	
9.2	Ensure that 'Beyond Auditing', general audits and case sampling support the improvement of service delivery by addressing practice deficits identified via team scorecards.	Richard Nash and Julie Davies	**March 2019:** Impact at a team level evident through audits. **September 2019:** Evidence of improved outcomes across the service.	• 'Beyond Auditing' resource was realigned in December to provide intensive practice development support at individual team level. • Help and Protection Wycombe supported initially due to concerns over the quality and standards of casework within this part of the service. • In addition, the team provided intensive support to CWD Wycombe until February 2019. • A programme of auditing outlining the targeted use of the Practice Development Team is in place for the rest of the year.	
9.3	Ensure there is a 'golden thread' that connects the improvement plan, SMT improvement activity, training and development plans, team performance and outcomes for children.	Richard Nash	**Quarterly:** Reviewed	• Bi-weekly SMT meetings provide the mechanism to review audit outcomes and monitor progress against the improvement plan to ensure that there is an effective 'golden thread'.	
9.4	Ensure the effective use of team scorecards so that performance is measured from a '3D' perspective to provide the service with a clear understanding of progress against improvement, areas of development and improved outcomes.	Richard Nash and SMT Richard Nash and	**December 2018:** Scorecard introduced. **March 2019:** Impact of scorecard evident. **July 2019:** Consistent evidence of impact across the service	• Team scorecards introduced in November 2018. • Scorecards have been reviewed by HCC and by SMT and continue to be refined. There is evidence of impact on outcomes at a team level, for example, improved performance and lower caseloads within the assessment teams. Scorecards are proving to be valuable tools that are continually reviewed by SMT to ensure maximum impact. March 2019 target has been met. • Feedback from HoS and TMs is positive and there is a commitment to fully utilise team scorecards to manage and improve outcomes.	

9.5	Develop a positive performance culture within social work teams where success can be recognised and poor performance addressed and challenged.	SMT	**February 2019:** Evidence of impact at a team level **July 2019:** Consistent evidence of impact across the service	• The introduction to the team scorecards provides the framework to develop positive performance culture. • The impact of this tool is still in its infancy, however, feed from HoS and TMs is positive and there is a commitment to fully utilise team scorecards to manage and improve outcomes.	
9.6	To review staffing in the 'Beyond Auditing' Team and establish the requisite knowledge, skills, experience and values to fulfil the quality assurance role.	Julie Davies	**Completed**	• Complete with Beyond Auditing establishment fully resourced.	
Ofsted recommendation 10: Ensure that all staff receive appropriate training, including mandatory training, in order to improve their key skills and to keep them up to date in their knowledge and practice.					
ID	**Action**	**Lead**	**Timescale**	**Progress**	**RAG**
10.1	To deliver a comprehensive programme of support that is aligned to the findings of team scorecards. Development activity will be linked to service improvement priorities and will be signed off by the Service Director.	Richard Nash, Julie Davies, Claire Zaffin (HR Business Partner)		• Service specific workforce boards have been held to identify priorities across the service. • Training, learning and development needs are being identified by each HoS in line with service priorities. • Beyond Auditing resource will be used to deliver practice learning sessions where required and where resource permits. • Some identified for the national supervision programme.	
10.2	Ensure that the service benefits from a strong, skilled and well supported cohort of first and second line managers.		**March 2019:** Impact at a team level evident. **September 2019:** Evidence of its use leading to improved outcomes across the service.	• All TMs and Assistant TMs have been invited to discuss their bespoke learning and development plan with the Workforce Development Team with some exceptions based on direction from the HoS. • Those who have developed their learning and development plan have been guided to appropriate training opportunities and participation is under review.	
10.3	The 'offer' to staff will be informed by audits, team scorecards, Development Centre outcomes and the quality of overall practice.			• Training, learning and development offer to be considered when scorecard process is reviewed in March 2019.	
10.4	To ensure that staff training, learning and development is fully aligned to the needs of the service and the priorities relating to the outcomes for children and young people.			• As above.	
10.5	Review the practice arrangements and support provided for NQSWs on the ASYE programme.		**March 2019:** Review of practice arrangements and support complete	• Review of practice arrangements has taken place.	
10.6	Develop a social work academy that effectively supports student social workers and NQSWs to develop into highly competent Practitioners.		**September 2019:** Social work academy arrangements in place.	• Business case agreed to introduce a social work academy of 10 ASYE's and an additional practice supervisor role as well as dedicated support for ASYE's with their portfolio. • Selection of NQSWs continues to take place and the Academy remains on track to be underway by September 2019.	

BUCKINGHAMSHIRE COUNTY COUNCIL - CHILDREN'S SERVICES
POSITION STATEMENT
NOVEMBER 2018

Immediately following the Ofsted inspection and subsequent findings, the Executive Director of Children's Services undertook a targeted recruitment campaign to appoint a new senior leadership team. The service has been extremely fortunate to have recruited an experienced, competent Senior Management Team (SMT) with a proven track record.

This team has now been together since April 2018 and it has continued to identify some examples of poor practice across the service. The overall strength of the service and quality of social work practice remains weak and this needs addressing at pace to ensure that outcomes for children and young people improve.

In delivering the initial high level plan, SMT has found that in some teams there has been insufficient operational management capability to sustain and embed the improvement activity. This is an important finding as the service is now in a stronger position to make the required improvements having a much more accurate and well-informed understanding of the barriers to sustaining positive change and the areas that require further attention.

In response, the service has developed additional actions, over and above the Ofsted recommendations, that focus on a number of priorities in order to address the findings that have been identified in recent months.

Service finding 1: Managing risk / keeping children safe					
ID	**Action**	**Lead**	**Timescale**	**Progress**	**RAG**
1.1	To develop practice guidance and standards that identify the hallmarks of good practice, including; • Case recording standards • Direct work and the voice of the child • Strengthening Families assessment and planning tools • Supervision standards	Richard Nash and SMT	**July 2019:** Impact at a team level evident and tested through audit activity. **September 2019:** Evidence of improved outcomes across the service.	• Progress against this action has been limited whilst the services continues to resolve legacy cases and ensure that vulnerable children are safe. The timescale will be reviewed and updated as necessary. • Positive practices guidance and standards are being actively promoted within individual social work teams through HoS management and auditing activity and case sampling. • Tri-X is now fully functionally and available through the LCS homepage which means that it is accessible for all staff. As new guidance is produced, Tri-X is updated. • Expectations of staff in relation to all aspects of good practice have been communicated out via a range of different communications. The May 2019 monitoring visit identified that there are signs of impact across casework in the assessment service, although there is still variability.	
1.2	Shortfalls in practice are routinely feedback to individuals and teams via monthly performance meetings and audit outcomes.			• Findings of all practice deficits are routinely communicated back at both individual and team level through both operational observations and beyond auditing activity. • HoS follow up on findings with direct reports.	
1.3	That good assessment guidance is evident in all relevant casework and audit activity and sampling provides evidence of this. Where evidence is lacking, SMT to consider the human resource, training and organisational implications of this.			• Good assessment guidance has been circulated to all teams and discussed with all managers and assistant TMs. • Some managers are providing effective quality assurance prior to sign off to improve the quality of practice.	
1.4	Enable all first and second line managers to promote, lead and quality assure against the 'Strengthening Families Framework' to maintain and ensure each piece of work embeds this approach.			• The assessment tool in LCS has been amended to reflect the SFF domains. • SFF training has been delivered across the service. • SFF approach embedded into auditing tools and 'beyond auditing' practice development activity.	
1.5	Review the level of engagement and compliance with the protocols for attendance at strategy meetings with police, health and education partners.	Richard Nash, Debbie Richards, Nick John (Deputy Superintendent, TVP) and Sarah Callaghan (Service Director Education)	**Quarterly:** Reviewed	• A multi-agency event has been scheduled for June 2019 to review the current threshold document and will also test this action. • The Ofsted monitoring visit in May 19 found that in a small minority of cases, not all relevant agencies are consistently engaged in strategy discussions/meetings. • On-going communication with TVP is underway to ensure that processes and resources in relation to strategy meetings are in place.	
1.6	Continue to strengthen the effectiveness of the Missing and Sexual Exploitation Risk Assessment Conference (M-SERAC) so that partners share information and intelligence, actively participate in joint decision making and coordinate responses to children at risk of CSE and going missing.	Amanda Andrews and Lewis Prescott-Mailing (Detective Chief Inspector, TVP)	**Quarterly:** Reviewed	• M-SERAC has been refocused and is now a strategic forum to share information and intelligence, map activity and respond to emergent themes. Each Local Policing Area will then be well placed to respond operationally to issues. M-SERAC will also share information in relation to missing children from other local authorities and all children missing under age 10.	

				• We are starting to receive positive feedback from partners regarding the impact of a more cohesive partnership approach. • M-SERAC has now been renamed STEMM (Strategic Exploitation and Missing Meeting).	
1.7	Take appropriate action to prevent children and young people from going missing, reduce repeat missing episodes, and respond promptly to persistent missing episodes.	Amanda Andrews and Lewis Prescott-Mailing (Detective Chief Inspector, TVP)	**Quarterly:** Reviewed	• The MASH has 2 dedicated officers in place to review missing children and there is also access available in MASH to the YOS database. • Regular Missing and Sexual Exploitation (MASE) meetings are also in place to ensure prompt action is taken around missing children and young people. • Ofsted monitoring visit in May identified that there is a better coordinated response to children and young people missing and is effective at the front door. • Return home interviews are of a good quality however, there is still work to do to ensure that all children who go missing are offered a return home interview, and that when they are offered, it is completed.	
1.8	Ensure missing children's data is recorded, collated and analysed to understand and oversee the most vulnerable cohort of young people and use this information to inform service development.		**Quarterly:** Reviewed	• ELPIS, the police missing database, is in place, and accessible to the MASH, providing real time data in relation to missing. • Missing children are considered as part of M-SERAC and MASE meetings. In addition, missing form part of the monthly performance data reviewed by SMT.	
1.9	Work with youth offending service colleagues and the police to understand links between CSE, missing, county lines and serious youth violence in order to better protect vulnerable young people.	Nick John	**Quarterly:** Reviewed	• A new multi-agency exploitation model is in place (since February 2019). • Referral pathways are developing and a new exploitation tool has been introduced. • Additional staff are being recruited to support the exploitation model. • A training programme is under development to embed specialist skills across the wider workforce. • New protocols have been established to review police activity, such as children arrested not for drug offences alone but other crimes or who go missing or are stop searched, to ensure we review these children for signs of exploitation. • In addition, the police will be reviewing the processes for making criminal justice decisions on children who are either at risk of, or being exploited, to ensure the correct outcomes are achieved i.e. the police are not criminalising children who are being exploited by making informed decisions.	
1.10	Review and improve the response to domestic violence before statutory social care intervention is requested.	Nick John	**April 2019:** Review completed and shared with Children's Social Care prior to implementing changes.	• Domestic abuse incidents are shared via the MASH with partner agencies through a tiered approached when children have been identified as being present. A vulnerability matrix helps inform what needs to be shared.	

				• A domestic abuse triage has been introduced within the MASH to discuss all standard domestic abuse reports that do not fit the criteria for automatic share with social care. • Frontline police officers when attending domestic incidents will provide victims with a DOM6 leaflet which gives information on support agencies within the Thames Valley area and also provides safety planning information.	
1.11	Review and improve the response to allegations of abuse in a home setting where there are children living.	Nick John		• Dedicated Child Abuse Investigation Teams deal with all allegations of criminal offences within the family home when home is where the child lives. There is a dedicated team covering Buckinghamshire and this team has good partnership links with BCC and CSC. • TVP operate an 'ABCDE' matrix that is completed by frontline officers in order to assist MASH staff completing risk assessments and decision making on what requires joint investigation. • Frontline officers have received training under the Safeguarding, Vulnerability and Exploitation (SaVE) on an annual – 18 month cycle. This programme has enhanced officers' knowledge and awareness for identifying vulnerability. This will encourage officers to create child and adult referrals into the MASH to ensure early intervention support and diversion from crisis.	

Service finding 2:
Strengthen our recruitment process and support available to staff to ensure that we have a competent and confident workforce.

ID	Action	Lead	Timescale	Progress	RAG
2.1	Monitor the effectiveness of the Strategic Workforce Development Board and progress against the following workforce priorities: • Recruitment & Retention • Health & Wellbeing • Learning & Development • Organisational Change Management	Claire Zaffin	**Quarterly:** Reviewed	• Quarterly Strategic Workforce Development Boards continue to take place. • Service specific workforce development boards have taken place which identified specific service need for individual teams and strategic service need. • Action plan in place to address findings. • A further round of service specific boards is planned for September 19.	
2.2	Ensure that recruitment activity is aligned to the findings of team scorecards so that activity can be linked to the strengths and areas of development of individual teams.		**Monthly:** Reviewed	• Reviewed through team scorecards and service specific workforce boards. • Recruitment strategy and approach under development to address presenting service need.	
2.3	Review the approach to recruitment within Children's Services including the development of a recruitment strategy and delivery plan.		**April 2019:** Recruitment strategy and delivery plan developed. **September 2019:** Evidence of impact in recruitment activity.	• Review of approach has taken place in January 2019. • Recruitment strategy and delivery plan under development.	
2.4	At a senior level, authorise and review the continuing use of agency social work staff and	Claire Zaffin and Richard Nash	**Monthly:** Reviewed	• Reviewed monthly by Service Director.	

2.5	To drive forward activity to build a strong permanent workforce reducing reliance on agency workers and subsequent agency spend.			• 1:1 conversations held with agency staff to promote conversion onto permanent contracts where appropriate. • Recruitment activities to appoint permanently to run alongside appointments of agency workers in established posts.	
2.6	To review the role, function and capacity of Business Support Services and address the findings and recommended actions.	Mark Green (Development Manager) and Clare Brown (Business Support Partner)	**April 2019:** Review completed **July 2019:** Action plan developed and implemented	• The review has been completed and improvement actions/recommendations have been presented to both SMT and SLT. • CBS are currently drafting a proposal in response to the recommendations which will be presented to the service before introducing any change. The service and CBS will monitor the changes to ensure they are leading to the desired improvements.	
Service finding 3: In response to an initial contact, take appropriate and timely action to identify the agency best placed to support the child based on their identified needs.					
ID	**Action**	**Lead**	**Timescale**	**Progress**	**RAG**
3.1	To strengthen the impact and resilience of the Multi-agency Safeguarding Hub (MASH) including: • Screening and decision making tools • Domestic abuse triage • Missing children and young people (ELPIS)	Amanda Andrews	**March 2019:** Impact at a team level evident. **September 2019:** Evidence of its use leading to improved outcomes.	• All tools have been reviewed. • DV triage and arrangements for missing children have been reviewed. • Impact is regularly tested through performance reporting. • There is work to do to improve the quality of decision making and application of threshold. This will be monitored through performance data and team scorecards and management oversight tools now being used. • Ofsted Monitoring visit in May identified MASH provides an effective service with improved systems.	
3.2	Review the systems and processes in MASH to ensure strong, timely decision making for children.			• All systems and processes have been reviewed. Changes have been made in order to streamline the process and ensure timely decision making for children takes place.	
3.3	Use performance data to capture and monitor timeliness including date child first seen for those contacts that meet threshold for statutory services.			• Performance data has been reviewed with Business intelligence colleagues to ensure performance data captures appropriate indicators. There are still issues in relation to the availability of child first seen information but this is being addressed by the Children's Information Team.	
3.4	Ensure that the systems, processes and decisions made for children and young people who go missing from their homes and missing from care are appropriately connected and that pro-active actions can be developed to prevent and end CSE activity.		**March 2019:** Impact at a team level evident. **September 2019:** Evidence of its use leading to improved outcomes.	• Approach to exploitation has been reviewed and the new exploitation hub was introduced in February 2019. • MASH efficiency has been reviewed and the trial of a shift system is complete. The trial was successful and has had a direct impact on the availability of information to allow staff to support children without unnecessary delay. Plans are now underway to formalise these arrangements.	
3.5	Use regular audits, sampling and team scorecards to monitor performance on a monthly basis.			• Scorecards have been reviewed by HCC and by SMT and continue to be refined at each iteration. There is evidence of impact on outcomes at a team level, for example, improved performance and lower caseloads within the assessment teams.	

3.6	Capture the views of stakeholders at regular intervals to inform service improvement and development.			• Plans for service design have been shared with key partner agencies for contribution. • Monthly peer days have been established and BCSB have advertised dates to partner agencies.	
3.7	Plan and deliver a programme of multi-agency auditing on the quality of referrals, application of thresholds and signposting in the front door to identify targeted areas of work with partner agencies.	Richard Nash, Debbie Richards, Nick John and Sarah Callaghan (through the audit plan of the LSCB)	**April 2019:** Commence auditing activity. **July 2019:** Audit activity complete and action plan developed for each agency available.	• There is an existing programme of activity in place for April 2019 to March 2020. • A multi-agency event has been scheduled for June 2019 to review the current threshold document.	
3.8	Utilise the learning from the programme of multi-agency audits to develop a shared understanding and consistent application of thresholds across all agencies.		**July 2019:** Review the learning from the multi-agency audit programme. **Jan 2020:** The appropriateness of referrals is evidenced in a reduction in the number that require no further action.	• Not yet started as auditing activity has not commenced.	

Buckinghamshire County Council

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Report to Cabinet

Title:	**Adult Social Care Update**
Date:	Monday 22 July 2019
Author:	Cabinet Member for Health and Wellbeing
Contact officer:	Gill Quinton, Executive Director
Local members affected:	All
Portfolio areas affected:	Health and Wellbeing

For press enquiries concerning this report, please contact the media office on 01296 382444

Summary

The purpose of this report is to provide Cabinet with an update of the national and local issues relating to adult social care in Buckinghamshire, covering December 2018 – June 2019.

Recommendation:

Cabinet is asked to NOTE:

i) The key national legislative changes relating to adult social care is facing and the uncertainty arising from delays of the Green Paper and
ii) The latest developments in relation to the adult social care transformation programme.

Adult Social Care Update

1. **The National Picture**

1.1. NHS Long-Term Plan

The NHS Long-Term Plan was published on 7th January 2019. The Plan explains how the NHS will use the additional government funding of £20.5 billion over the next five years. It outlines a set of national priorities which aim to improve health, redesign the model of care and support, and address issues of financial stability for the NHS.

The focus on expanding community care, support and prevention has been welcomed by the local government sector. However, the Plan makes little reference to the wider health and social care sector. It is disappointing that the Plan does not recognise the leading role that other partners play in promoting health, wellbeing and independence, particularly the role of local authorities. Partners will be critical to the successful delivery of the outcomes in the Plan.

Between February and April 2019, NHS England consulted on proposals for changing legislation to enable easier and faster implementation of the Plan. Again the proposals failed to acknowledge the key role of local authorities in the delivery of a strong health and care system.

The County Council responded to the consultation in two ways. Firstly, as a key partner, the Council's views were included in the formal response made by the local Integrated Care System (now the Integrated Care Partnership). In addition, the Cabinet Member for Health and Wellbeing wrote to Lord Prior, Chairman of NHS England, to express the Council's significant concerns about the lack of consideration of social care. It called on Lord Prior to champion the social care sector in NHS discussions.

1.2. Social Care Funding

The Adult Social Care Green Paper was delayed for a fifth time in March. The need for resolution of the long-term funding of publicly funded social care remains critical.

Indications are that proposals to address future financial sustainability may include direct taxation, either through a social care premium for people aged 40 and over, through income tax increases (locally or nationally) or through a national insurance increase. Other possibilities include a social insurance scheme and a care cap.

1.3. Workforce challenges

There remains a lack of staff coming into the care market to meet the levels of demand nationally and locally. In Buckinghamshire, recruitment of staff from European Union countries currently appears to be stable but this will continue to be monitored through the Council's workforce planning, through provider contract meetings and through provider forums over the coming months.

1.4. DoLS changes

Deprivation of Liberty Safeguards (DoLS) were intended to safeguard the rights and interests of people who lack the capacity to take often life-changing decisions, such as whether to move into a care home. However, the process has been heavily criticised for being too complex and bureaucratic, and does not necessarily provide the individual with safeguards or positive outcomes intended in the original legislation.

The Mental Capacity (Amendment) Act, passed in May 2019, replaces DoLS with a new scheme called the Liberty Protection Safeguards (LPS). The DoLS system will run alongside the LPS for up to a year to ensure those people subject to DoLS will be transferred to the new scheme in a managed way.

The changes include putting the onus on care home managers to organise assessments; extending the settings from just hospital and care homes to people living in the community receiving health and social care support; reducing the age

to cover people aged 16 and over, a reduction from the current 18 years plus; and a more person-centred approach. For adult social care there will be an increase in the number of people who will require LPS assessment and plans

2. Buckinghamshire Health and Social Care System

2.1. Information Technology: Integration with Health Project

To improve data sharing between public sector organisations for the benefit of Buckinghamshire residents, the Council is in the process of finalising children's and adult social care data for sharing with health colleagues.

The system to do this, called My Care Record, is already live and being populated with information from Buckinghamshire GPs. Hospitals, community health practitioners and mental health data will be included shortly. Access to look at health information will be rolled out to all social work teams by summer 2019.

2.2. Integrated Commissioning

Integrated Commissioning plays a key role in the health and care system, to keep residents well and independent. Integrated Commissioning creates the right mechanisms for providers to deliver those outcomes and avoid duplication.

The County Council and Buckinghamshire Clinical Commissioning Group (CCG) have restructured their Integrated Commissioning team which will then operate in the new Bucks Integrated Care Partnership (ICP). This will enable the service to move towards best-practice commissioning. It will also improve population outcomes by working across the CCG and public health, and by developing an all-age approach across services for children and adults.

The Integrated Commissioning intentions are set out across a suite of Market Position Statements, jointly developed by the Council and the Clinical Commissioning Group. The three Market Position Statements cover: prevention & early help; specialist housing; and technology. They set out the ambition for commissioning and include key challenges and service gaps. The Integrated Commissioning service is seeking to engage the market to explore how these could be delivered collaboratively.

A number of successes have already been achieved, including:

- Improved mental health services access for children in Buckinghamshire - the national ambition has been achieved, meaning that a third of our children with mental health needs are accessing services
- Established an integrated children's therapies service. This includes occupational therapy, physiotherapy, speech and language support
- A single approach between Child and Adolescent Mental Health Services (CAMHS) and Community Paediatrics in providing assessments for children with either autism or Attention Deficit Hyperactivity Disorder (ADHD)
- On track to improve the uptake of learning disability health checks in Buckinghamshire to 75% by 2020
- A successful bid for Mental Health Trailblazer funding for two years. This puts Buckinghamshire in a strong position to deliver on the mental health focus in new NHS Long Term Plan

- A new carers service for Buckinghamshire jointly commissioned with adults, children and health.

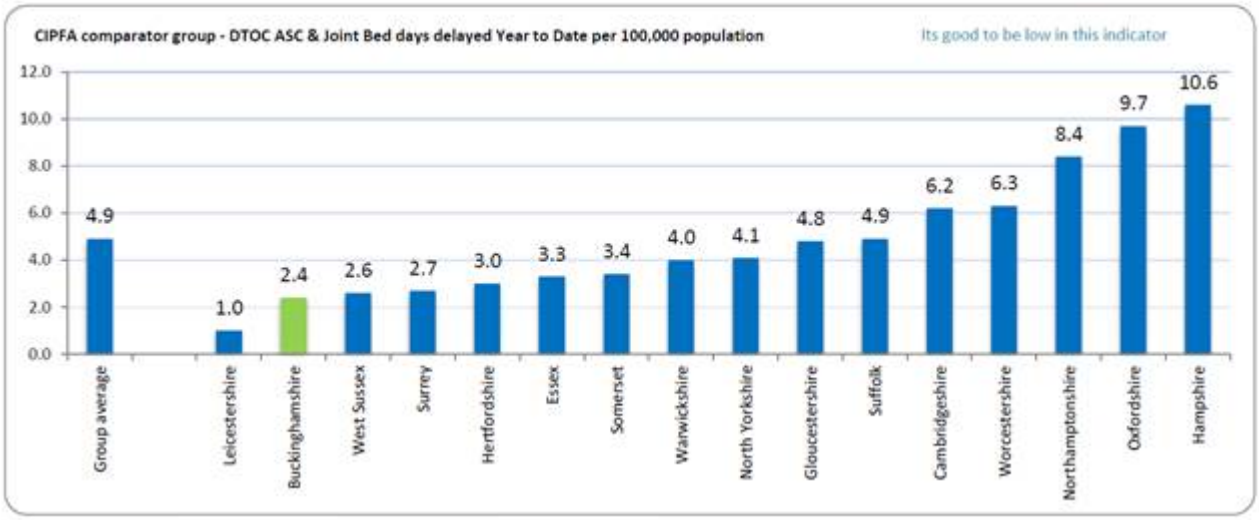
2.3. Better Care Fund

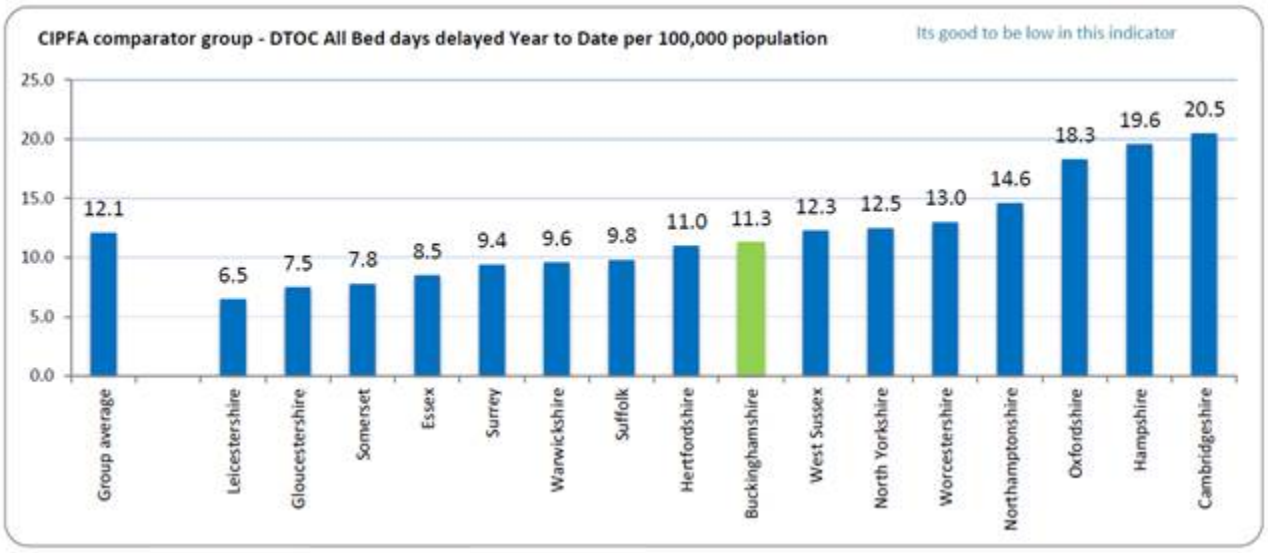
The national Better Care Fund (BCF) sets local targets to be met on the timeliness of hospital discharges, referred to as Delayed Transfers of Care. It has been confirmed that the Better Care Fund will continue into 2019-20 although the final allocations had not been confirmed by June 2019.

Returns required for 2019-20 have been reduced and it has been announced that there will be a review of the BCF during the year. At the present time no information on the scope of this review had been released.

The Improved Better Care Fund (iBCF) grant is a three year allocation and for the third year, 2019-20, the value to Buckinghamshire is £2.3m, a reduction of £1.3m from 2018-19. This has been built into Medium Term Financial Plan savings for 2019-20.

Targets for delayed transfers of care (DToC) are set nationally from September 2018 for the following year. The Buckinghamshire system performs better than its CIPFA group average and the County Council's social care function is the second best performing area in its CIPFA group. Buckinghamshire has been set a very challenging target nationally which the system is not meeting. However, the system continues to see an overall reduction in delays since despite a difficult winter for health and social care.





There are a number of initiatives that are being undertaken to improve hospital discharges as part of the High Impact Change Model approach Bucks partners have adopted. These include: implementing a 'home first' philosophy to support all individuals ready to leave hospital; and appointing a Director of Urgent and Emergency Care to ensure the system adopts best practice promoted by NHS England.

3. Adult Social Care

3.1. Self-funders

The 2014 Care Act explicitly gives responsible councils duties to make sure the needs of all its local residents can be met, not just the individuals whose support packages it directly funds. Work by the Competition and Market's Authority (CMA) into practices by some care homes led it to setting out obligations for providers at the end of 2018 and it is committing to test how well those standards are being met.

Buckinghamshire has a high proportion of people who pay for their own care. When funds become depleted, these individuals then become the responsibility of the Council. Often people enter residential care before it is necessary. The growth in preventative services and assistive technology means that there are alternatives that could be explored before resorting to residential care.

However, an increasing number of people are moving across to local authority support after their personal resources have been depleted through meeting care costs. It is important that individuals and their families have comprehensive and independent information on options available and adult social care is actively working to improve advice and guidance available through its work on the digital front door.

The high prevalence of self-funders in the south east has particular impacts on the operation of public and independent sector services. Exploring how this affects market management is an item on the regional Association of Directors of Adult Social Services (ADASS) work plan for this year. Across system partners in Buckinghamshire, work is underway to see how self-funders can be transferred from hospital in a timely way through the co-ordinated implementation of the Hospital Trust's choice policies and brokerage support services.

3.2. Better Lives: Transformation Programme

The Council remains committed to delivering the best quality support for residents and families who have care or support needs, within the resources available. The adult social care transformation programme is a significant programme of work to fundamentally refocus the way in which we support and enable people to live fulfilled lives, in line with the *Better Lives* Strategy.

Year one of the two year adult social care transformation programme completed in March 2019. The programme has had a positive impact on front door services. More people are effectively triaged and helped appropriately at first contact with the Council. There has also been a reduction in the numbers of people entering residential care. In addition, the programme delivered on required savings for 2018/19.

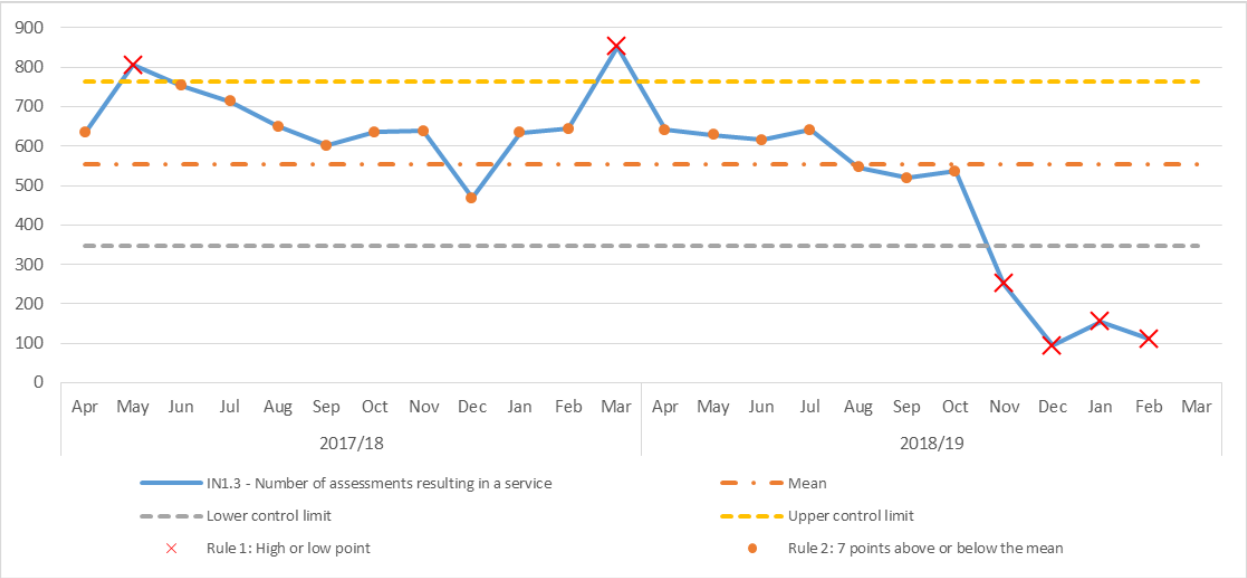


Table 1: Number of contacts progressed to assessment

3.3. Better Lives Strategy: Living Independently

3.3.1. *Prevention*

A shared model of prevention has been co-designed and agreed across Integrated Care Partnership organisations. It was presented to the Health and Wellbeing Board in March 2019. The shared model will enable partners to work more effectively together with the resources available, to produce better outcomes for those who live and work in the County. The prevention model aims to help people to maintain and improve their health, wellbeing and independence.

The delivery plan underpinning the model will focus on how a joint approach can address social isolation and loneliness.

3.3.2. *Community Capacity*

An online, searchable community assets map, the Bucks Online Directory, has been developed as a key resource for residents and professionals. The map enables people to find activities, groups and facilities in their local area. During 2019/20

work will continue on developing this asset map.

In addition, work will continue on expanding the successful 'Street Associations' and on delivering the Council's Social Prescribing action plan.

3.3.3. *Improving the Front Door*
A new Adults Early Help Service launched in February 2019. The service redesign involved Customer Service, Community Response and Reablement, and the In-Touch teams. The service aims to improve the experience of those people who contact the Council for advice on care. Since its launch, there has been an increase in referrals to more appropriate preventative services rather than automatic referral for social care services.

Work has begun with an exciting collaboration with the Local Government Association Design in Social Care Programme. Over the next year a radical redesign of digital information will take place so that more people will be able to 'self-serve'. This will include:

- Better information, advice and guidance (including for self-funders)
- New self-screening tools to help with care, financial and carers issues
- The development of an e-marketplace, with an initial focus on assistive technology
- A new professional zone for workers.

3.4. Better Lives Strategy: Regaining Independence

3.4.1. *Short Term Intervention*
The short-term intervention work involves transformation of services with Buckinghamshire Hospitals Trust (BHT) to improve services and outcomes for residents and make the most of public resources. There are a number of strands within this area:

- *New Crisis Support Service*: This service will bring together the Council's Reablement and Occupational Therapy teams with the teams from BHT's Rapid Response and Intermediate Care services under joint management. Preparatory work has taken place to inform a business case. This work has included a focus on three areas: admission avoidance; supported discharge; and extended support. Pilots have also taken place to trial the Trusted Assessor model and a different approach to community occupational therapy.
- *Integrated Discharge Service*: Under this workstrand, the Council and BHT's hospital discharge teams will be co-located and managed by a jointly-funded manager. A business case for the change is currently being developed.
- *Single Point of Access:* The outcome of this workstrand will a simpler route for professionals to refer to for short term and hospital discharge services. Implementation of the hub is expected by the end of 2019.

3.4.2. *Preparation for Adulthood*
The development of an integrated service for young people will improve our current support for young people transitioning from children's to adult social care services. A business case is being developed with anticipated implementation in summer 2019.

3.5. Better Lives Strategy: Living with Support

3.5.1. *Consultations*

Following our consultation earlier in 2018/19 on the joint short breaks strategy and on the short breaks policy, consultations on two further pieces of work have been undertaken:

Short Breaks Residential Service

The Council is proposing to build a new purpose-built facility to provide a modern and fully integrated health and care residential short breaks service. The aspiration is high - to release £3.4 million capital investment and build a new and very much improved residential short breaks service. The service will be of significantly improved quality and will be fully integrated across health and social care.

This will be the first time that residential short breaks in Buckinghamshire has had the opportunity to take full account of resources from both health and social care.

The aspiration for the build is to provide a modern design that will embrace best practice and which is built to meet the future needs of our users and carers. The previous designs and considerations from the Orchard House development which were developed in partnership with the carers and family members from Seeleys House service users, will be used as the basis for the design. These plans were developed bringing together stakeholders with expert architects in health and care provision, with a modern evidence base at its core.

For the proposed new and improved service, it will mean:

- Jointly commissioning the service with Buckinghamshire CCG.
- Temporary closure of Aylesbury Opportunities Centre (AOC) while building takes place.
- Identifying alternative placements for AOC day opportunities service users.

The consultation started on 16 January and following a decision by the Cabinet Member to extend by a further two weeks, closed on 13 March.

At its meeting in January, the Health and Adult Social Care Select Committee convened a Task and Finish Group to scrutinise the proposal and process in more detail. The Group has been supported to undertake a number of service visits and has received substantial information from officers on the proposals. The final report is expected in summer 2019.

Thrift Farm Consultation

Thrift Farm currently provides day opportunities and supported employment to around 75 people. Half of these are Buckinghamshire County Council clients. The Farm aims to support people to develop key skills and engage in meaningful activities.

Thrift Farm has been supporting adults with learning difficulties for over 40 years. However despite the strong commitment from the staff group, the service been unable to develop its potential and has become a cost pressure on adult social care.

On 4 February 2019, the Cabinet agreed to an 8-week consultation about the future of Thrift Farm. The consultation started on Wednesday 13 February 2019 and continued until 23 April 2019.

To make sure we involved and captured the views of clients, we arranged for our advocacy provider, Talkback, to hold sessions with service users. They worked with service users to help them to share and contribute their perspective and ideas into the process.

Three options were considered for the future of Thrift Farm. These were: to continue to be operated through the Council; to close the Farm; or for the Farm to be run by another provider. During the consultation viable proposals were actively sought for services to continue at the site and the level of interest received from a range of different organisations was welcome. Formal evaluation of the final submissions is currently being undertaken.

3.6.2. *Learning Disability Transformation*

Over a 20 year period the overall number of people in Buckinghamshire with learning disabilities will increase by about 500 to an overall population of roughly 7000. Within this number, there are large increases in the numbers of users that are likely to need intensive care management and service provision in the community. This includes:

- 30% increase in adults with profound and multiple learning disabilities.
- 50% increase in adults with a learning disability aged over 65.

This shift in demographics is driven by growth of the numbers of individuals with a learning disability surviving into old age, of the number of children with multiple disabilities surviving into adulthood and the continuation of national directives to transfer people from hospital provision such as the Transforming Care Programme.

As part of the second stage of the Better Lives transformation and in line with the national focus on people with a learning disability or autism particularly in the NHS Long Term Plan, a key programme has been set up to review and revitalise Bucks adult learning disability services. Through an invest to save bid, an expert senior project manager with extensive experience in learning disability services has been secured and will lead implementation of an improvement plan covering commissioned and operational services.

3.5.2. *Care market management & sustainability*

The fragility and ongoing exit from the care market by providers continues to be an area of focus and concern nationally. In November 2018 Allied Healthcare a national home care provider went into administration followed by the country's largest single care home group, Four Seasons Healthcare in April 2019. In May 2019, the press reported 1 in 5 frail or vulnerable people are being moved from care home placements to up to 450 miles away because beds are unavailable at home or are more affordable elsewhere.

Independent sector providers have continued to absorb challenges in relation to the increased complexity of need of new referrals, changes in law which add additional cost pressures to the delivery of care, and increases of regulator fee rates.

To bring stability to the care market, particularly for home care providers, uplifts continue to be reviewed for those providers who can demonstrate particular pressures arising specifically from legislative changes such as meeting the increases in the national living wage.

Despite these pressures and through better collaborative working with partners, the quality of regulated provision in Buckinghamshire continues to improve, according to the Care Quality Commission. In Bucks 80.6% of care homes are rated 'Good' or 'Outstanding' by the Care Quality Commission, an increase from April 2018 (72.9%).

At the beginning of May, the annual Dignity in Care awards ceremony was held to celebrate best practice in the county. It was inspiring to hear about and to congratulate teams that show huge dedication and commitment to improve the experiences of care for people with needs.

4. Safeguarding

Buckinghamshire Safeguarding Adults Board continues to process two Safeguarding Adults Reviews reported in the last update to Cabinet. These relate to:

- Adult L – a young man in his twenties who had learning disabilities and mental health issues
- Adult Z – who was in his seventies and was known to self-neglect

In relation the remaining Review, relating to Adult V who was known to misuse alcohol and not engage with health and social care services, the final report was presented and signed off at the March Board meeting. The recommendations from the report will be developed into an action plan.

In addition to the above, two new referrals have been made to the Board:

- Adult BB – an elderly female resident of a care home
- Adult CC – a man in his fifties who had mental health issues and misused alcohol

5. Practice Quality

5.1. Embedding the strengths-based approach

The strengths-based approach to practice focusses on the individual, what they can and want to achieve, and building on the positives around them to achieve their goals. Staff are being supported in adopting a strengths-based approach to social care practice in a number of ways including the creation of:

- A new case load report to help managers
- A new quality approach to auditing practice
- A range of new strengths-based assessment documents
- A new training and development programme

5.2. Improving practice

The adult social care service recognises the value of challenge to ensure our services are of a consistently high quality. To scrutinise improvement, a Practice

and Quality Board has been set up to oversee delivery of the Quality Assurance Framework. The Board's chairman, Iain MacBeath, is Director of Adult Care Services at Hertfordshire County Council and his appointment will provide external challenge to the social care improvement programme.

Sometimes the service does not deliver the high standards aspired to and it is important that the complaints system works effectively. In collaboration with our colleagues in the complaints team, a series of workshops with adult social care managers was held during December 2018 to improve the approach to complaints management. In 2017/18 our response time averaged 52 days. Since January this has reduced to 21 days. Our approach to early resolution of concerns has also improved. The majority of issues are now resolved within 48 hours and the number that progress to formal complaints has been reduced.

5.3. <u>iCares (adult social care case management and finance system)</u>
Following the advice from specialist solicitors Bevan Brittan the Council undertook mini-competition using a procurement framework to secure a replacement for the current case management system used by adult social care. The Invitation to Tender was published on 9th April and closed on 13th May. It is anticipated that the contract will be awarded in July.

In parallel, user stories have been translated into process and customer journey maps. These will form the basis for a service blueprint, inform the design of the new system and enable the development phase to start as soon as the procurement is completed.

7. Budget

At the end of the 2018/19 financial year there was a net overspend of £1.561m on a gross budget of £175.2m (0.09%). This was achieved despite the increased complexity and volume of clients experienced. Reasons for the increase in complexity and volume are due in part to a lower death rate than in previous years and an increase in the number of service users moving to social care after exhausting their own funds.

To mitigate a proportion of these pressures, a number of strategic and proactive decisions have been taken, totalling £1.7m. These included Public Health investment in the Prevention Matters project and a successful challenge to an Ordinary Residency case. The corporate contingency for adult social care pressures (£1.25m) was not released. This decision was taken to embed within the service a stronger approach to financial accountability and managing pressures.

The Adult Social Care Transformation efficiencies target of £5.236m was fully met. This puts the portfolio in a good position to manage its overall budget in 2019/20.

The 2019/20 budget is £180m gross and £136m net. To work within the cash envelope set for adult social care, the Business Unit has been required to set savings targets – the target for 2019/20 is £3.391m. Plans are in place through the Transformation Programme to achieve these savings in year.

The vast majority of the adult social care budget is spent on providing packages of care to service users:

- Direct Payments £19.6m
- Domiciliary Care £13.3m
- Nursing Placements £25.5m
- Residential Placements £49.3m
- Supported Living £23.0m
- Supported Accommodation £0.6m
- Social Isolation £0.8m
- Transport £2.0m

The portfolio faces a significant growth in demand and spending pressures in future years. This includes an increasingly elderly population and more complex support needs. There are also market pressures which impact on external providers, particularly in relation to recruitment and retention of staff.

Your questions and views

If you have any questions about the matters contained in this paper, please get in touch with the Contact Officer whose telephone number is given at the head of the paper.

If you have any views on this paper that you would like the Cabinet Member to consider please inform Democratic Services by 5.00pm on Friday 19 July 2019. This can be done by telephone (to 01296 382343), or e-mail to democracy@buckscc.gov.uk

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Buckinghamshire County Council
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Report to Cabinet

Title:	**Director of Public Health Annual Report**
Date:	Monday 22 July 2019
Author:	Cabinet Member for Community Engagement and Public Health
Contact officer:	Dr Jane O'Grady 01296 387623
Local members affected:	all
Portfolio areas affected:	all

For press enquiries concerning this report, please contact the media office on 01296 382444

Summary

It is a statutory duty for the Director of Public Health to produce an annual report on the health of their population. The report is an independent report for all partners in Buckinghamshire.

The theme of this year's annual report is the impact of alcohol on the health and wellbeing of our residents. It is estimated that more than 1 in 4 adults in Buckinghamshire drink at levels above the Chief Medical Officer for England guidelines. This equates to more than 100,000 adults in Buckinghamshire who are at risk of damaging their health. Most of these people are not dependent on alcohol and may not realise they have a problem.

The focus of this report is closely aligned to the following priorities in the Buckinghamshire Health and Wellbeing Strategy

- Priority 1: Give every child the best start in life
- Priority 2: keep people healthier for longer and reduce the impact of long term conditions
- Priority 4: Protect residents from harm
- Priority 5: Support communities to enable people to achieve their potential and ensure Buckinghamshire is a great place to live

Alcohol is widely consumed, legal and widely available and has been part of the social fabric of life for many years in England. However it also contributes to a wide range of physical and mental health problems including breast and bowel cancer, heart disease, stroke, liver disease, depression and dementia. From a health perspective there is no "safe" level of alcohol consumption only lower risk drinking. The more people drink, the higher the risk of

developing problems. Alcohol is the third leading risk factor for death and disability after smoking and obesity.

Alcohol misuse doesn't just affect the individual who is drinking too much but impacts on the people around them including their children and families and the wider community. Alcohol misuse contributes to domestic violence and child abuse, violent crime and road traffic accidents and deaths. The total national annual cost of alcohol to society is £21 billion, including £11bn on alcohol related crime, £7.3 billion due to lost productivity and £3.5 billion to the NHS.

Addressing the harms from alcohol requires national and local action. The report sets out a overview of alcohol in Buckinghamshire and the harms it can cause and includes stories from Buckinghamshire residents about the impact alcohol has had on their lives as well as stories from frontline staff about the issues they see due to alcohol in Buckinghamshire.

This report includes information about what services are available in Buckinghamshire and links to useful resources.

This report aims to stimulate conversation and action across partners and communities in Buckinghamshire to increase awareness of safer drinking levels and what we can do to help reduce the harms from alcohol. There is a role for all partners in this, but particularly for frontline staff in health and social care to routinely ask the simple questions that might result in someone getting the help they need and changing their life for the better.

Recommendation

Cabinet is requested to NOTE and ENDORSE the Director of Public Health Annual Report.

The recommendations in the Director of Public Health Annual report are:

1. Continue to develop multi-agency communications campaigns to
    - promote current advice on safer drinking,
    - raise awareness of the particular risks of drinking in groups at greater risk of harm (pregnant women, adults aged over 65 and young people)
    - promote the benefits of a completely alcohol free childhood
    - promote the full range of services available

2. Ensure that schools are prepared for the implementation of the statutory Health Education element (which includes education on alcohol) of the Personal, Social Health and Economic education, (PSHE curriculum).

3. Increase the knowledge and provide training for key frontline staff on the health risks and wider risks of alcohol and the importance of assessing alcohol intake.

4. Roll out training on identification and brief advice (IBA) across the health and social care integrated care system (ICS) and ensure all ICS partners have processes for assessing and recording alcohol intake through the use of the Audit C tool and increase early referral to appropriate services.

5. Undertake engagement work with target groups to increase uptake of alcohol treatment and support services for under-represented groups

6. Continue to develop and improve services for those with co-existing substance misuse and mental health problems.

7. Implement shared care for alcohol misuse between primary care and specialist services across Buckinghamshire.

8. Work with partners to promote safe drinking in their employees.

This report should be presented to the Health and Wellbeing Board to encourage all partners to support and adopt the recommendations in this report.

A. Narrative setting out the reasons for the decision

It is a statutory duty for the Director of Public Health to produce an annual report on the health of their population and for the local authority to publish it. This year's annual report focuses on the impact of alcohol on the health and wellbeing of the population. This is particularly relevant at a time when more than 1 in 4 adults in Buckinghamshire drink at levels above the Chief Medical Officer for England guidelines. This equates to more than 100,000 adults in Buckinghamshire who are at risk of damaging their health. A healthy population is vital for the economic and social success of Buckinghamshire and will help reduce the growth in demand on council services and other public sector services.

Adopting the recommendations of this report will contribute to the reduction of the harms of alcohol drinking.

B. Other options available, and their pros and cons

The recommendations aim to help maintain or improve the health of the population and if they are not supported there is potential that some opportunities to do this are missed with consequences for children, families, residents, communities and demand for council and partner services such as health and police.

C. Resource implications

This is a report setting out the high level evidence base on the impact of alcohol on the health and wellbeing of our residents. There are no direct financial implications of adopting this report.

D. Value for Money (VfM) Self Assessment

This is a high level report covering a diverse range of areas and therefore cannot be covered by a single value for money assessment. Individual policy decisions may flow from the report which will have individual value for money assessments.

E. Legal implications

No direct implications.

F. Property implications

No direct implications.

G. Other implications/issues

This report is for partners as well as Buckinghamshire County Council and will be disseminated and presented after approval by Cabinet in a variety of forums.

H. Feedback from consultation, Local Area Forums and Local Member views

The Cabinet Member for Community Engagement and Public Health has reviewed and approved the report. The report has also been shared with the Cabinet Member for Health and Wellbeing at the CHASC Business Unit Board.

Local Members will be sent copies of the report after Cabinet Decision and the report is also being presented at Health and Adult Social Care Select Committee and Health and Wellbeing Board.

I. Communication issues

Normal communication channels will be used to disseminate the report.

Your questions and views

If you have any questions about the matters contained in this paper please get in touch with the Contact Officer whose telephone number is given at the head of the paper.

If you have any views on this paper that you would like the Cabinet Member to consider please inform the Democratic Services Team by 5.00pm on Friday 19 July 2019. This can be done by telephone (to 01296 382343), or e-mail to democracy@buckscc.gov.uk

Director of Public Health Annual Report for Buckinghamshire 2019

Alcohol and Us
Key Messages

This year's Director of Public Health Annual Report focuses on alcohol. The full report includes stories from Buckinghamshire residents on the impact that alcohol has had on their lives and front line professionals who see the effects of alcohol in their work. It also includes the evidence and facts on alcohol use in Buckinghamshire and where to get help. This Key Messages document gives a quick summary of the main issues that are explained fully in the main report.

Key messages

1 Alcohol is part of many of our lives yet it contributes to a wide range of physical and mental health problems, including cancer, heart disease, stroke, liver disease, mental health problems, self-harm, suicide and dementia.

2 For those watching their weight, at 7kcal/g alcohol has the highest calorie content, second only to pure fat.

3 There is no "safe" level of alcohol consumption but the Chief Medical Officer for England recommends not drinking more than 14 units of alcohol per week whether you are a man or a woman. The more people drink the higher the risk of developing problems.

4 More than 100,000 people (1 in 4 adults) in Buckinghamshire are drinking above the recommended levels and risking their health, often without realising it.

5 Many people have heard of units of alcohol, fewer know what the recommended limit is and even fewer can correctly identify how many units are in a given drink. Studies also show that people under-estimate or under-report how much they drink by as much as half.

6 Alcohol affects not just the individual who is drinking too much but their families and wider community.

7 Alcohol misuse contributes to domestic violence, child abuse and neglect, violent crime and road traffic accidents, sickness absence, loss of employment and homelessness.

8 There is a two-way relationship between alcohol and unemployment - unemployment can lead to alcohol consumption and alcohol consumption can lead to unemployment.

9 The total national annual cost to society of alcohol is £21 billion. Nationally, productivity losses due to alcohol consumption cost £7.3 billion.

10 Alcohol related deaths occur at younger ages than deaths from all causes or smoking. The average age of people dying from alcohol related causes in England is 54.

What drives us to drink?

11 A mix of social, cultural, environmental and individual factors influence our levels of alcohol consumption.

12 At a societal level three factors are important in determining how much we drink, how affordable alcohol is, how easy it is to purchase and consume and the cultural and social norms around alcohol.

13 Since 1980 alcohol has become 64% more affordable and UK household expenditure on alcohol almost doubled between 1987 and 2017. When alcohol is more affordable levels of drinking and harm increase.

14 Alcohol is an acquired taste and for alcohol consumption to continue each new generation has to acquire the taste and habit. Marketing has a key role to play in this and young people are particularly influenced by alcohol marketing.

15 At an individual level, the home environment and parenting style influences young people's drinking behaviour.

16 The most common way children obtain alcohol is from their parents. Some parents give their children alcohol in the hope that it will help them in developing "sensible" drinking behaviours. However, parental supply of alcohol is associated with risky drinking in adolescents and children who start drinking early are more likely to become frequent and binge drinkers. The Chief Medical Officer for England advises that an alcohol free childhood is the best option.

17 Children who live with parents or family members with alcohol use disorders are more likely to develop alcohol use disorder themselves in later life. People who have experienced child maltreatment or trauma are also at increased risk of misusing alcohol in adulthood.

18 Some people drink alcohol as they think it will help manage stress or other mental health problems, however, overuse of alcohol can worsen the symptoms of many mental health problems and make treatment more difficult.

19 About a third of older people with drinking problems develop them for the first time in later life when alcohol may be used to cope with changing life circumstances, such as bereavement or illness.

Who is drinking above their recommended levels?

20 Men are twice as likely to drink over 14 units a week than women and also more likely to binge drink. In Buckinghamshire the alcohol-related hospital admission rate for men is 60% higher than for women, and alcohol-related deaths are more than twice as high in men.

21 The proportion of people drinking over 14 units a week is highest in the highest income households and in older age groups. The highest proportions of people drinking above recommended levels are women aged 55-64yrs and men aged 65-74 years. People over 65 have the highest rate of alcohol-related hospital admissions in Buckinghamshire.

22 The proportion of young people drinking is falling and young people aged 16-24 are less likely to drink than any other adult age group. When they do drink, consumption on their heaviest day is higher than other age groups. Alcohol specific admissions for people under 18 have almost halved over the last 10 years in Buckinghamshire and are 30% lower than the England and south east average for this age group.

Who is at most risk of harm from alcohol?

23 For a given level of alcohol consumption children and young people, women, older people and people from lower socio-economic groups are more at risk from the harmful effects of alcohol. Hospital admission rates for alcohol-related conditions are 57% higher in people living in the most deprived areas in Buckinghamshire.

24 Unborn babies are also at risk from harm if mothers drink alcohol during pregnancy.

25 People who smoke or are obese as well as drinking alcohol increase their risks of developing health problems to a greater extent than those who only drink alcohol.

Harm to others from alcohol consumption

26 In Buckinghamshire, 1 in 4 people receiving treatment for alcohol problems lived in a house with a child. Children living with an alcohol dependent parent are at greater risk of physical and mental health problems, may have difficulties at school and are more likely to become dependent drinkers themselves. They may also have to care for their parents or siblings. The risk of children suffering harm from parental alcohol misuse is reduced if children are from families with high levels of family support and a supportive relationship with a non-drinking parent. Family security such as a regular household income and helping children to develop resilience also helps reduce the harms from parental alcohol misuse.

27 In Buckinghamshire, 22% of children who had a completed children in need assessment had parental alcohol misuse as an identified need. There is a strong relationship between parent or carer alcohol misuse and child maltreatment.

28 Alcohol misuse is associated with a fourfold risk of violence from a partner and is an important contributor to other violent crime.

29 Between 2014-2016, in Buckinghamshire there were 102 alcohol-related road traffic accidents, and the proportion of road traffic accidents in Buckinghamshire where alcohol was involved is 25% higher than the England average.

What works to reduce harms from alcohol?

30 National policy is one of the most effective ways to reduce the harms of alcohol, which would include actions on price, marketing, hours of alcohol sales and enforcing drink driving legislation. Studies in Canada have shown that increase in minimum prices of alcohol reduced alcohol-related deaths, alcohol-related hospital admissions, alcohol-related road traffic violations and crimes against people.

31 Evidence is emerging that school-based drug and alcohol education programmes should be broad based and teach a wide range of general skills, such as problem solving, decision making and assertiveness skills. Information alone has not been shown to be effective.

32 Identifying people early who are drinking too much and giving them brief advice on how to reduce their drinking is effective and can reduce the amount people drink by 12%.

33 Evidence-based treatment services that address all the issues, such as employment, enable recovery from substance misuse.

Recognising and getting help for people who are drinking too much

34 If you think you or someone you know may be drinking too much sources of help are on page 61 or visit www.healthandwellbeingbucks.org/s4s/WhereILive/Council?pageId=2022

35 Many people who are drinking too much do not seek help for a variety of reasons.

36 People may be drinking too much without realising. Others wrongly believe that health problems only happen to "alcoholics" and that they do not fit the stereotype of an "alcoholic" or dependent drinker. However, we know that three quarters of the cost to the NHS from alcohol is incurred by people who are not alcohol dependent but their alcohol use is causing ill health.

37 Some are unable to admit that they have a problem or need help, and some believe there is stigma attached to having an alcohol problem.

What do we need to do?

38 We need to start changing the conversation around alcohol, increase awareness of safer drinking levels and challenge the current cultural norms that contribute to our drinking behaviour, such as it is normal for everyone to drink. The proportion of people not drinking alcohol at all is rising among younger age groups.

39 We need to abandon stereotypes that stop us recognising whether we or someone we know might be drinking at levels that might cause harm and stop people seeking help. People from all walks of life can find they are drinking too much. The proportion of people drinking above recommended levels is highest in the highest income groups and older people.

40 There is a role for all of us in this, but particularly for frontline staff in health and social care to routinely ask the simple questions that might result in someone getting the help they need and changing their life for the better.

41 We need to continue to offer effective treatment services that meet the needs of the wide range of people who may need their help, and their partners and families.

Recommendations for partners in Buckinghamshire

Recommendation 1

Continue to develop multi-agency communications campaigns to:

- promote current advice on safer drinking
- raise awareness of the particular risks of drinking in groups at greater risk of harm (pregnant women, adults aged over 65 and young people)
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Recommendation 8

Work with partners to promote safe drinking in their employees.

Director of Public Health Annual Report for Buckinghamshire 2019

Alcohol and Us

Contents

Acknowledgements

I would like to thank the following for their valuable contributions in putting this report together:

Tiffany Burch, Rebecca Hitch, Tracey Ironmonger, David Munday, Wayne Thompson, Sonia Storey, Nicola Higgins, Karen Bulmer, April Brett, Susie Cook, Faye Blunstone, Jo Howe, Elkie Dolling, Alex Dearden, Becky Beer, Si Khan, Katie McDonald, Cavelle Lynch, Becky Carlile, Heidi Denton, Beth Ruth, Tracy Braddock and Samena Bibi.

Foreword

This year my Director of Public Health report takes a closer look at our relationship with alcohol in Buckinghamshire, as it is a crucial influence on the health and wellbeing of individuals, families and communities.

Alcohol is part of many of our lives in the county. People drink for many reasons – to celebrate, relax or just through habit. However, it is estimated that more than 1 in 4 adults in Buckinghamshire drink at levels above the Chief Medical Officer for England's guidelines. This equates to more than 100,000 adults in Buckinghamshire who are at risk of damaging their health. Most of these people are not dependent on alcohol and may not realise they have a problem.

How did this happen?

This report hopes to shed some light on this question through a mix of evidence and stories from Buckinghamshire residents and frontline staff. There is a potent cocktail of societal, economic and commercial influences, cultural norms and individual factors at play.

Alcohol harms do not just affect health or the individual who is drinking too much but can impact on children and families and wider society, resulting in relationship and family breakdown, child neglect and abuse, domestic violence and other violent crimes and loss of employment.

Addressing the harms from alcohol requires national and local action. In Buckinghamshire we can start changing the conversation around alcohol, increase awareness of safer drinking levels and tackle the stereotypes that stop us recognising who might be drinking at levels that might cause harm. There is a role for all of us in this, but particularly, for frontline staff in health and social care to routinely ask the simple questions that might result in someone getting the help they need and changing their life for the better. This report includes information about what services are available in Buckinghamshire and links to useful resources so we can all start making a difference now. Are you, or someone you know, one of the 1 in 4?

Finally I would like to offer my profound thanks to all those who shared stories of their own particular journey with alcohol, which brings the issues to life more than my statistics ever could. I would also like to thank the people from a variety of organisations who gave us a glimpse of the issues they see due to alcohol and thank them for the vital work they do every day.

Dr Jane O'Grady

Key messages

1 Alcohol is part of many of our lives yet it contributes to a wide range of physical and mental health problems, including cancer, heart disease, stroke, liver disease, mental health problems, self-harm, suicide and dementia.

2 For those watching their weight, at 7kcal/g alcohol has the highest calorie content, second only to pure fat.

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41 We need to continue to offer effective treatment services that meet the needs of the wide range of people who may need their help, and their partners and families.

Recommendations

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Continue to develop multi-agency communications campaigns to:

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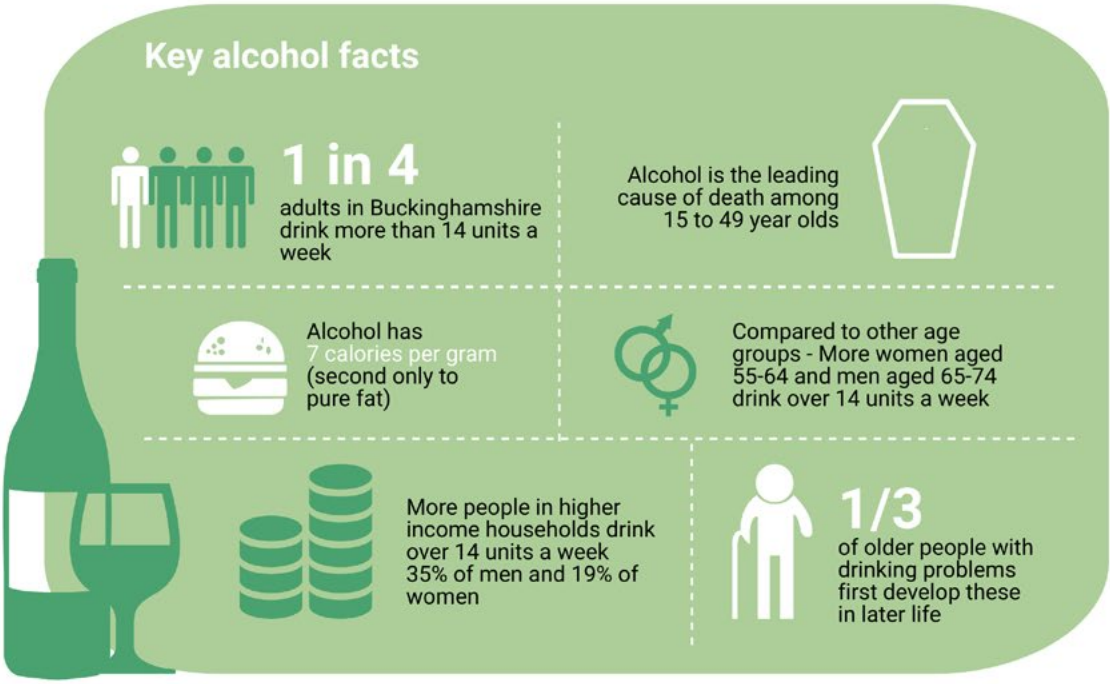
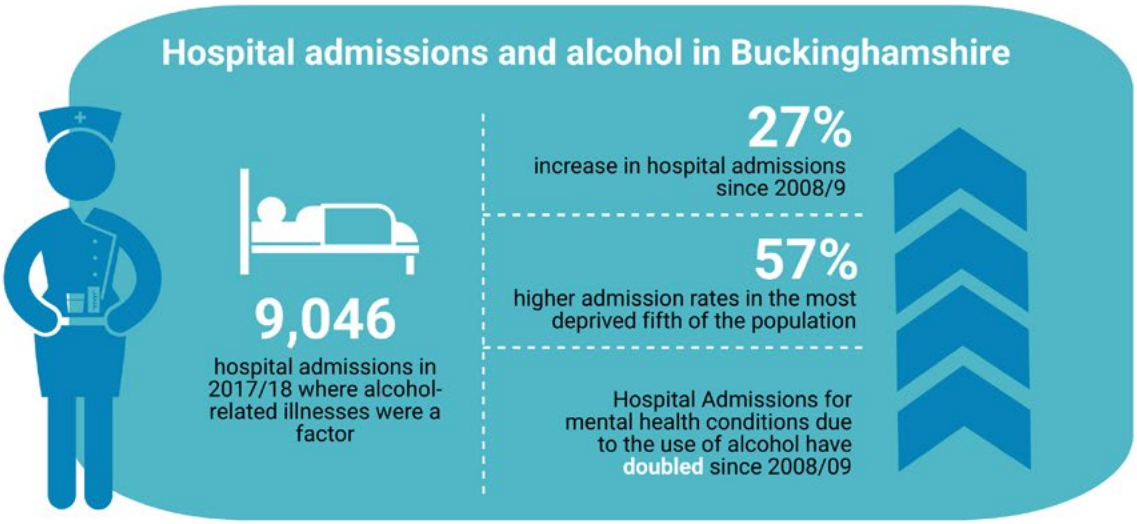
Chapter 1
Introduction

Alcohol is widely consumed, legal and widely available and has been part of the social fabric of life for many years in England. However, it also contributes to a wide range of physical and mental health problems, including breast and bowel cancer, heart disease, stroke, liver disease, depression and dementia. From a health perspective there is no "safe" level of alcohol consumption only lower risk drinking. The more people drink, the higher the risk of developing problems. Alcohol is the third leading risk factor for death and disability after smoking and obesity.

Alcohol misuse doesn't just affect the individual who is drinking too much but impacts on the people around them, including their children and families and the wider community. Alcohol misuse contributes to domestic violence and child abuse, violent crime and road traffic accidents and deaths. The total national annual cost of alcohol to society is £21 billion, including £11bn on alcohol-related crime, £7.3 billion due to lost productivity and £3.5 billion to the NHS.

Alcohol in Buckinghamshire - the local picture



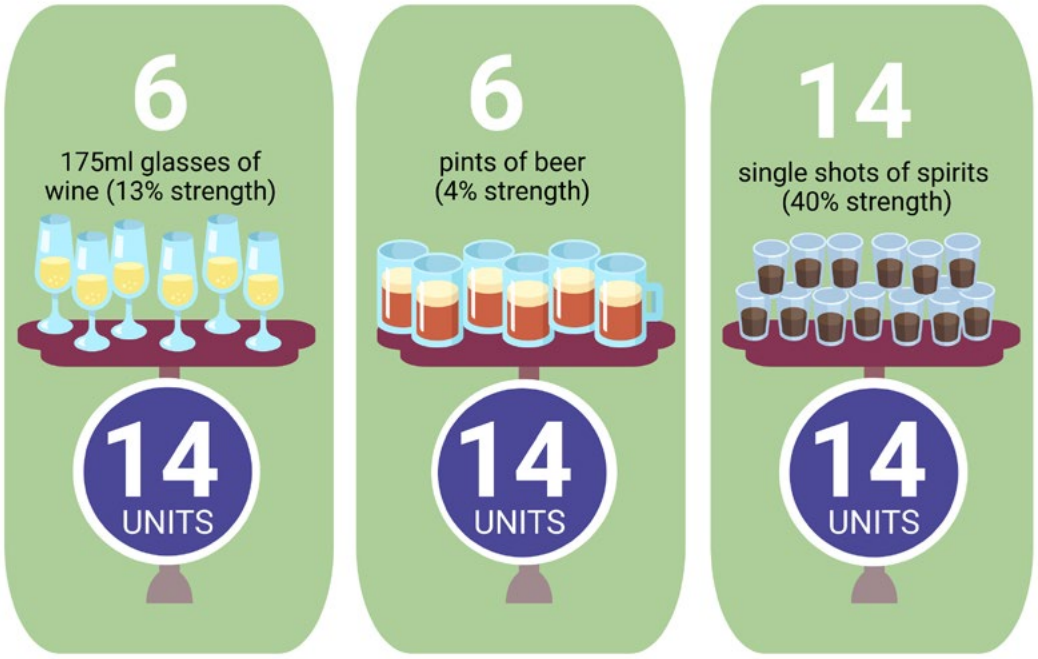


Chapter 2
Are you drinking too much?

2.1 It's all about the units

There is no "safe" level of alcohol consumption as alcohol is a known cancer causing agent. However, England's Chief Medical Officer advises that to keep harm from alcohol to a low level, people should not drink more than 14 units a week on a regular basis. This advice is the same for men and women. One unit is the same as 10ml or 8 g of pure alcohol. Different drinks have different strengths so this must be taken into account but the infographic below shows several examples of how much alcohol equates to 14 units.

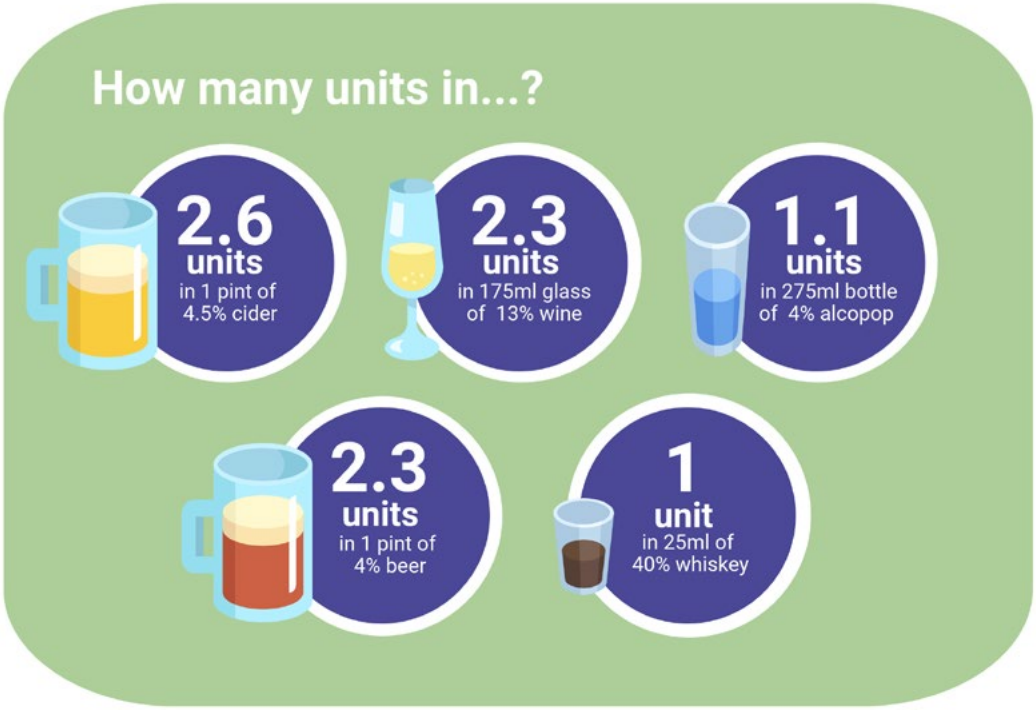
Three examples of the recommended 14 units per week



The CMO also advises drinks should be spaced out over the week and not consumed in one sitting. If you're pregnant or think you could become pregnant, the safest approach is not to drink alcohol at all to keep risks to your baby to a minimum.

2.2 What do people know about units?

A recent survey found 91% of people have heard of units[1], however only 19% of people in England are able to correctly identify the Chief Medical Officer's low-risk drinking level. Women are more likely to know the guidelines than men (22% versus 16%)[2]. Approximately 25% of people aged 50+ can correctly remember the recommended weekly units, but only 7% of 18-24-year olds can do the same.



People find estimating how many units are in a drink confusing. A survey of medical and nursing students found they were only able to correctly estimate the units in about 2.4 out of 10 drinks. Wine and premium strength beers were underestimated by over 50% of the students[3].

2.3 How can you tell what a unit is?

Alcoholic drinks come in different strengths and sizes, which can make estimation of units difficult but using the simple unit calculator from Alcohol Change UK can help people keep their drinking at safer levels.

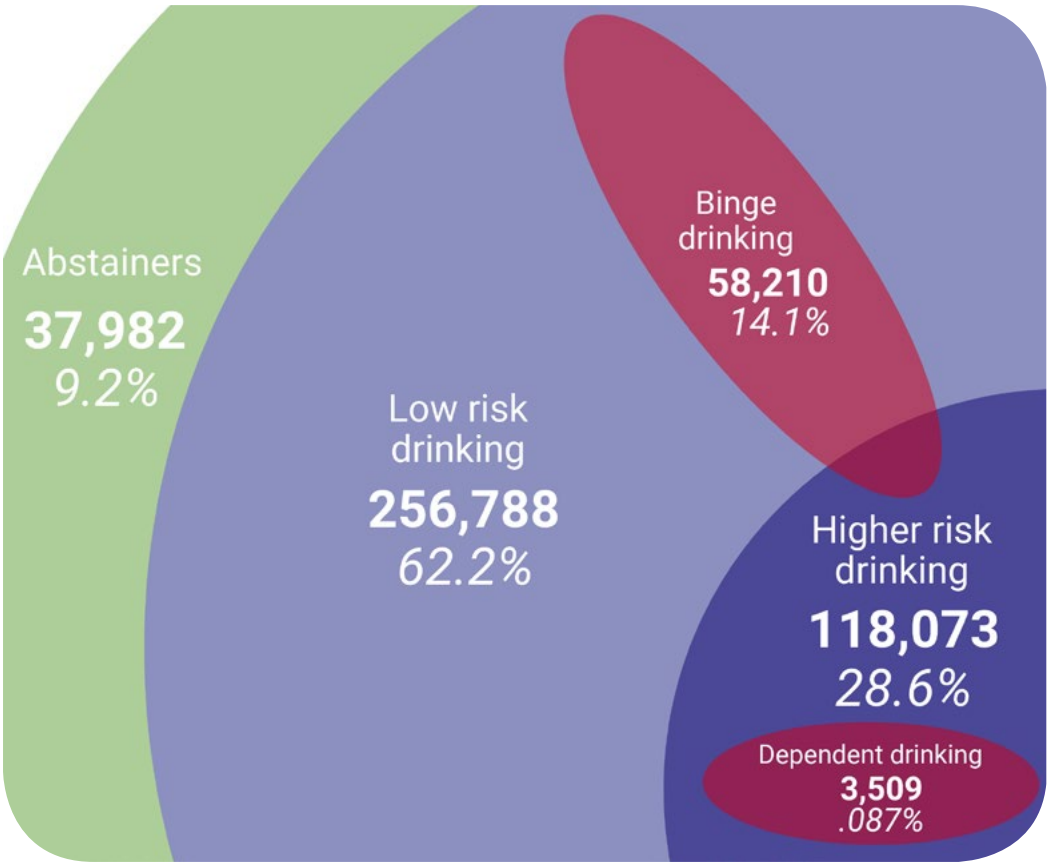
Chapter 3
What is harmful drinking?

Many people do not realise they are drinking at levels that can harm their health. Drinking more than 14 units in a week increases your risk of harm or illness from alcohol. The more alcohol people drink above this level the greater the risk of serious health consequences.

It is easy to see how this happens as someone who drinks a 175ml glass of wine seven days a week (16.1 units) is over the recommended level and would be increasing their risk of alcohol-related illness, including cancer and heart disease.

There are three types of harmful drinking described:

- People drinking at increased risk – More than 1 in 4 adults (118,073) in Buckinghamshire are drinking over the recommended 14 units per week.
- People who binge drink - 1 in 7 adults (58,210) in Buckinghamshire binge drink on their heaviest drinking day.
- People who are dependent on alcohol – There are an estimated 3488 adults (0.87%) in Buckinghamshire who have alcohol dependence[4].



The categories of drinking can overlap. For example, people who drink more than 14 units a week may also binge drink and/or they may be dependent on alcohol.

3.1 Binge drinking

In England binge drinking is defined as drinking eight units of alcohol for men or six units for women on a single occasion.

Six units is equivalent to drinking:

- 3 standard glasses (175ml) of 13% strength wine.
- 3 pints of 4% strength beer.

In Buckinghamshire, 1 in 7 (14.1%) adults binge on their heaviest drinking day[5]. This means there are 58,210 adults aged 18 years and older who binge drink.

Drinking too much, too quickly on a single occasion can increase your risk of:

- accidents resulting in injury, causing death in some cases;
- losing self-control and misjudging risky situations;
- alcohol poisoning and hospital admission;
- and ultimately death depending on how much has been drunk.

Binge drinking over longer periods increases the risk of a wide range of health conditions.

3.2 Alcohol dependence

Alcohol dependence is what some people call 'alcoholism'. Alcohol dependence describes a strong and often uncontrollable desire to drink, when drinking alcohol becomes an important part of daily life. In 2016/17 in Buckinghamshire, there were estimated to be 3509 adults (0.87%) with alcohol dependency[6].

Alcohol dependence is:
A cluster of behavioural, cognitive and physiological phenomena that develop after repeated alcohol use, including:

- A strong desire to drink alcohol
- Difficulties in controlling its use
- Persistent use in spite of harmful consequences
- Prioritising alcohol over other activities and responsibilities
- And with evidence of increased tolerance and sometimes a physical withdrawal state.

Recognising alcohol problems in Buckinghamshire – the doctors' perspective

A local hospital consultant and GP share what they see in Buckinghamshire around alcohol.

Our hospital consultant explains -

One of the biggest challenges we face is the 'I'm not an alcoholic' phenomena. Some of the patients I see do not define themselves as having a problem as they perceive an 'alcoholic' as someone who sits on a park bench drinking high strength alcohol. Many of these people are well educated and highly functional in their day-to-day life. Despite evidence that alcohol is causing them harm, such as a diagnosis of cirrhosis or the loss of their licence as a result of a drink driving conviction, they still refuse to accept that alcohol is causing them harm.

What we need is a national conversation/ campaign to broaden people's perceptions of what constitutes harmful drinking and help them understand that drinking is not always a free choice. It is my hope that if the stigma of 'alcoholism' was removed then it would allow more people to admit to themselves and others that there is an issue that needs addressing, which is the first step towards them making the lifestyle changes required to improve their health.

A local GP shared her experience about the lack of awareness of high risk drinking amongst her patients.

As a GP I see quite a lot of people drinking at a moderate level but not realising it is bad for their health in the long run. Often these are middle class men and women who are drinking in the evening at home, drinking half a bottle to a bottle of wine. Many of them share the wine with their partner, which legitimises their drinking. I see this pattern in working people aged 30s to 60s, and also in active retired people into their 60s and 70s.

When we talk about their drinking some people chuckle, but for lots of them they are surprised when I explain it's a bit too much, and for some it's a bit of a shock. In a way it's the silent socially acceptable problem but it shouldn't be. Alcohol affects people's mental health, and if they have some anxiety or depression it often makes it worse.

I think the public are more aware that guidelines have changed and alcohol levels that were considered acceptable in the past are now harmful, but they don't necessarily apply this to themselves. I think this is because alcohol is so readily available nowadays, its cheap and you can buy it in the supermarket, people think 'if you can buy it in a shop then it's ok'.

I've been a GP for a long time and it's only recently that I've seen active retired people drinking more alcohol. In the past the stereotypical picture was for older people to have a "tot" before bed but now working age people and retired people are drinking earlier in the evening. They have a glass of wine with a meal, and then finish the bottle because they don't want to waste it. I think this is because nowadays people's social life is at home.

Also as a GP I've become more aware of problem drinking as well as dependency, so maybe I've become more enquiring. I've been on a journey and so have my colleagues. One way I think GPs can help is to make asking and talking about alcohol along with smoking and physical activity normal. We need to capitalise on the opportunities open to us to have those conversations.

Recognising the problem – a resident's view

For a variety of reasons, some people take a long time to seek the right help but with the right treatment and support recovery is possible and people can turn their lives around. This was the case for one Buckinghamshire resident in his early 40s. His life is on the up following his recovery with One Recovery Bucks.

I had previously tried to come into a 12 step programme/AA in my mid-twenties. I had attended certain groups but had not listened and talked myself out of the fact I had a problem. I thought I could control it by myself.

I knew what I was in my 20's, but I masked it from friends and colleagues. I held down a job most of the time, but things were starting to slide. Days off work were happening more frequently, my behaviour was becoming erratic, but it wasn't until the last few years of active addiction that I became scared of my addiction and myself. I was quick to anger, irrational and would get myself in dangerous situations. I had drunk drove at certain times just to get to the shops to get more alcohol. My loss of control scared me, my addiction had taken over.

It took until my 40's to have a drastic rock bottom. Every day was a constant battle to either get through work to get another drink, or if off work I would drink constantly for weeks on end, all day every day. The physical effects took over, uncontrollable shakes in the morning, sleepless nights, not eating for days. I tried to detox on my own and the physical withdrawal saw me in A & E, twice. I was too scared to ask for help, I thought I would die on my own in bed.

After a dawn walk to a garage for alcohol, I forced down a bottle of wine and lay on my dirty unwashed bed, covered in my own vomit. I hadn't washed properly for weeks, I smelt. I simply just cried, uncontrollably I screamed out for help. It was 6am in the morning. I finally admitted to myself I had a problem. For some reason that morning, I started researching detox/ rehab units, and found a place which could take me a few days later. I went through a 7 day controlled detox, which allowed me a slightly clearer head to realise I must go back to AA.

That evening I went to my first AA meeting in 15 years. My recovery started there.

I attended two meetings a day for the first few months and then started working the 12 step programme. My GP recommended that I get in touch with One Recovery Bucks, for advice and support. I was sceptical, feeling let down by services in the past. This was not true of One Recovery. I called, they understood, and saw me the next day. I was assigned a key worker who I met with every other week. I was not judged, I was understood and I was listened to. I felt safe, it was the first time in years that I started to trust another person.

Throughout my recovery I have learnt some very important lessons. My drinking was in isolation towards the end, I didn't talk to many people. I had a good job, when I was able to work. I still had my home, drove a nice car and had a bit of money. If I'm honest, I was judgemental, I thought alcoholics are homeless or poor. Obviously this is not true. At One Recovery Bucks I met a lady in the waiting room. She was so kind to me. We were both the same as each other and I felt a relief and acceptance of who I really was.

Over the years I had given every excuse under the sun as to why I wasn't an alcoholic. I couldn't stop because social situations would be difficult, I wouldn't be confident, I would never get a partner, and I enjoyed it too much. The reality was I ended up in one room of my house, not going out, having not washed, drinking alone, talking to myself, no partner, spending money I didn't have. If I had carried on, I would have lost everything. If I had carried on, I would have died.

Life now has improved so much. Days are not dark, my liver is back to health, I have confidence in social situations, and I have friends, real friends. I still attend AA meetings 5 to 6 times a week. I have a sponsor and I love going to meetings. And I have confidence in the fact I know who I am these days.

It's one day at a time.

Chapter 4
What influences alcohol consumption?

Understanding what affects the amount of alcohol we drink at an individual level and a population level is important to help improve our health and limit the harms caused by alcohol. The amount we drink is influenced by the society we live in, cultural norms around alcohol and personal factors.

4.1 Societal influences

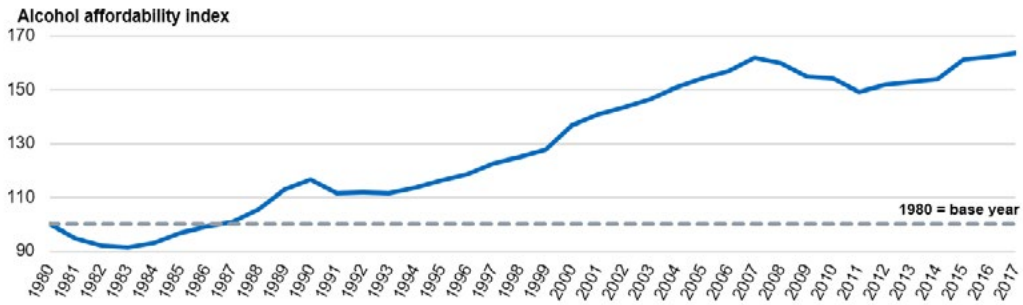
At a societal level, the level and pattern of drinking are influenced by economic and social factors. There are three main factors that have been shown to influence the level of alcohol consumption in a society according to a comprehensive evidence review by Public Health England[7]:

- How cheap alcohol is (affordability)
- How easy alcohol is to purchase and consume (availability)
- The cultural and social norms around alcohol (acceptability).

Affordability

The price of alcohol, particularly relative to income, is a key influence on consumption levels and the level of alcohol harm. Broadly speaking, when alcohol is more affordable levels of consumption and harm increase.

Since 1980 alcohol has become 64% more affordable[8]. The graph below shows the affordability index of alcohol since 1980. The greater the alcohol affordability index, the more affordable alcohol is.



UK household expenditure on alcohol has almost doubled from £9.7 billion in 1987 to £19.3 billion in 2017.

Alcohol sold in off-licences and supermarkets has been found to be more affordable compared to pubs and restaurants[9].

Availability

The availability of alcohol is a key determinant of alcohol consumption. Where alcohol is easily accessible, the population is more likely to consume alcohol in greater quantities. In areas where alcohol licensing is used to reduce the density of alcohol outlets, to regulate the hours alcohol is sold and/or to ensure that the alcohol trade is well managed, it has been shown that alcohol harms are reduced[10].

Acceptability

The cultural and social norms around alcohol are also very important. These norms influence how acceptable alcohol is for our society and culture.

Alcohol is an acquired taste, which means for alcohol consumption to continue each generation of young people have to learn to like the taste and acquire the desire to drink. Other people's behaviour influences our drinking behaviour, first as children and young people observing parental and family drinking patterns and then as adults the drinking behaviour of our peers influences our consumption.

Alcohol marketing can encourage new generations of drinkers to take up alcohol. Through advertising and sponsorship, alcohol producers associate their products with a wide range of activities from watching sport to celebrating holidays to relaxing after work. There is also evidence that young people are particularly influenced by alcohol marketing. Exposure to alcohol marketing increases the risk that children will start to drink alcohol, or if they already drink, will consume greater quantities[11,12].

Understanding social influences on drinking behaviour in Buckinghamshire – one resident's experience

A local Buckinghamshire resident in their 30s discusses his binge drinking and how social settings influence his behaviour. This resident is not in alcohol treatment.

When you are bingeing you think it's just a one off, so it's not a problem. The people who get cancer and liver disease are the people who drink four to five pints a day, not me and my mates.

I play a lot of sport so drinking is just what we do. We have a drink together after a match, or we go down the pub to watch a game. I always go out with the best intentions but after one or two it's easy to carry on. I know I should have gone home hours ago but it kind of just happens. I don't have kids or any responsibilities like that, so there's nothing stopping me.

I'm not really too sure what a binge is, I think it's about three pints, so if it is I binge quite a lot I guess, usually once a week on a Friday or Saturday night. If it's a big match I'll have several pints, and if there is travelling involved I will have more.

Drinking is a social thing for me, it's about being part of the group. None of my friends make me drink but if I decided not to drink and especially if it was a big event like a major match or someone's birthday they'd put pressure on me saying things like 'what's going on?' or 'are you going soft?'. I also think my mates wouldn't be as keen to invite me out, and I think it would get to the point where I wouldn't want to go out either.

I've grown up with alcohol, it's just normal to me, and it's socially acceptable. I know people who have a beer most lunchtimes, and the guys in their 50s and 60s in my football club say the only warm up they used to have was going round the back of the clubhouse and throwing up.

I do think things are changing though. I have a friend and he comes out with us but doesn't drink and if I've got a valid reason not to drink, like I'm on antibiotics, no one says anything. I'm sure it wasn't like that decades ago.

4.2 Influences acting at an individual level

Family factors

During childhood, the home and family are often where a child learns what is normal or acceptable drinking. Parents exert a powerful influence on drinking behaviour in their children[13,14]. Research suggests that parents have an influence on their children's drinking behaviour particularly children aged 5 to 12, but also older teenagers[15]. This influence can be positive or negative depending on the parents' behaviour.

Certain styles of parenting are associated with lower risks of harmful drinking in adolescence. Parents who set clear boundaries for behaviour, who discuss why those boundaries exist and what the difficulties in sticking to them might be, help to protect their children from developing harmful drinking behaviours. Parents who are aware of where their children go, what kinds of things they get up to, and who their friends are also help reduce the risks of harmful drinking in their children. Research shows that clear messages from parents that underage drinking is unacceptable delays drinking in teenagers[16].

The drinking behaviour and attitudes of parents or others in the household can affect children's subsequent drinking behaviour. The likelihood of the child drinking increases the greater the number of adults the child lives with who are drinking alcohol. Children with one parent who misuses alcohol are 2.5 times more likely to also misuse alcohol, compared to children whose parent does not misuse alcohol[17]. The drinking behaviours of children mirror those of the people with whom they live, not just their parents[18]. The more people who drank in the household, the more likely it was that the child drank alcohol in the last week.

Parental supply of alcohol

Some parents choose to give their children alcohol with the view that it will increase their child's resistance to peer influence and protect them from alcohol-related problems later in life[19]. Data from the 2016 Smoking, Drinking and Drug Use survey of school aged children in England shows that the most common way (70%) children obtain alcohol is from their parents[20].

Parental supply of alcohol has been shown to be associated with alcohol use, intentions to drink and risky drinking in adolescents[21,22]. Children who start drinking early are more likely to become more frequent and binge drinkers[23]. Underage drinking is also associated with school and educational problems, risky behaviours and consumption of illegal drugs[24,25].

Parental alcohol use disorders

Alcohol use disorder is a term used to describe when people are drinking at hazardous levels, as well as those who are dependent on alcohol. Children who live with parents or family members with alcohol use disorder are more likely to develop alcohol use disorder later in life. The likelihood of someone becoming dependent on alcohol and developing alcohol-related diseases (e.g. liver cirrhosis) has an inherited component. This is partly due to genetics but the family and social environment also play an important role[26].

Adverse childhood experiences

People who have experienced child maltreatment or childhood trauma are also more likely to misuse alcohol in later life, as well as develop a range of other problems[27].

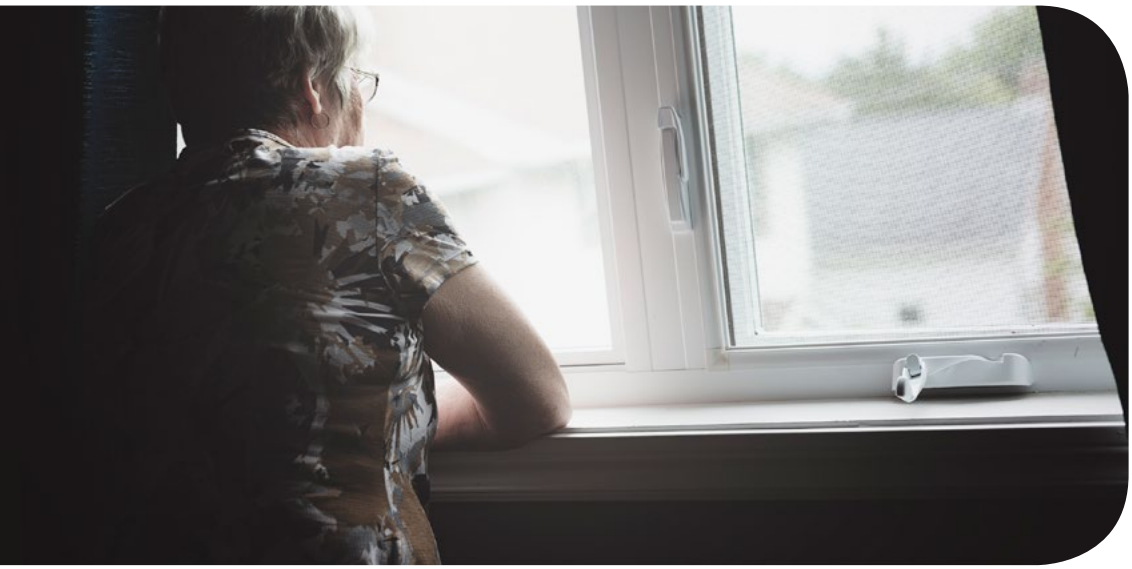
Teenagers and alcohol

The teenage years are a time of experimentation and risk taking. Research shows that some teenagers start to drink because they wrongly think "everyone is doing it!" Most teenagers only experiment with alcohol or use it for 'fun'. However, some may use alcohol in a way that is problematic. Drinking is also linked to self-harm and suicide in young people.

Stress, anxiety and depression

The relationship between alcohol and mental health is complex. Alcohol has been described as 'the UK's favourite coping mechanism', and some people drink as they think it will help manage stress, anxiety, depression or other mental health issues[28]. Unfortunately, although alcohol may help us relax the effects are short-lived and the long-term negative consequences of using alcohol in this way can be harmful.

Overuse of alcohol can worsen the symptoms of many mental health problems. In particular, it can lead to low mood and anxiety. Depression is one of the most common mental health problems, with around one in ten people suffering in the UK in any year[29]. Depression and heavy drinking have a close relationship in that either condition increases a person's chances of experiencing the other[30].



Life Events

Life events - marriage, having children, grief, illness or change in life role as we age often mark a change in people's drinking practices.

About a third of older people with drinking problems develop them for the first time in later life[31]. Drinking alcohol may be used to cope with bereavement, physical ill-health and social isolation. Drinking alcohol may then become part of daily routine and difficult to give up.

A study found that older people are more likely to drink too much when they are more affluent, engage in more social activities and have friends who approve of drinking[32].

Chapter 5
Who is drinking alcohol?

5.1 Current alcohol consumption

How we drink and consequently the amount of harm that alcohol causes in our society changes all the time. Drinking patterns in England have changed over the last 50 years. Fifty years ago, adults in the UK drank an average of 7.4 litres of pure alcohol every year. By 2004, this had risen to 11.6 litres, and currently stands at 11.4 litres.

Thirty years ago, most of the alcohol consumed in the UK was drunk as beer – and it was drunk in the pub, mostly by men. The proportion of alcohol consumed as wine has increased and much of what we buy is drunk in the home.

This increase was driven by increased alcohol consumption by women, a move to higher strength products and increasing affordability of alcohol. In 2017 alcohol was 64% more affordable than it was in 1980[33].

Drinking patterns in the population vary by age, gender, income and occupation. Much of the data on how much people drink is self-reported and prone to under reporting.

82% of adults in England drank alcohol in the last 12 months in 2014. 85% of men and 79% of women reported drinking alcohol[34] and 15.5% of all adults do not drink alcohol at all.

In Buckinghamshire, it is estimated that 9.2% of adults (37,982) do not drink alcohol, which is lower than the England figure.

In Buckinghamshire, according to the latest figures published by Public Health England, 28.6% of adults aged 18 and older drink over the recommended limit of 14 units of alcohol in a week, which amounts to 118,073 people (2011-2014)[35], which is slightly higher than the England average of 25.7% but not statistically significantly different.

Nationally, in recent year, self-reported alcohol consumption has declined and the proportion of people not drinking alcohol at all has increased[36].

5.2 Age and gender

Surveys of children aged 11 to 15 years also show a steady decrease in drinking among this group in recent years. In 2016, 44% of pupils aged 11 to 15 years said they had ever had a drink, compared with 61% of pupils of same age 2003. Older pupils were more likely to have consumed alcohol - 15% of 11 year olds compared to 73% of 15 year olds had ever had a drink[37].

Twenty years ago, much of the most harmful alcohol drinking was thought to be among younger drinkers[38]. However, since that time, drinking among young people has fallen considerably[39].

Young people aged 16 to 24 years in Great Britain are less likely to drink than any other age group but when they do drink, consumption on their heaviest drinking day tends to be higher than other ages. In England between 2005 and 2017, never drinking alcohol increased for those aged 16 to 44 years and decreased for those aged 65 and over.

Higher risk drinking (i.e. drinking more than 14 units of alcohol per week) is higher in older age groups in England from 55-64 and 65-74 years for women and men respectively.

More women are drinking now than in the past, which is resulting in a greater number of women experiencing alcohol-related health problems. However, men still consume more alcohol than women in England. Men are twice as likely to drink over 14 units a week as women and also more likely to binge drink.

The NHS Health Check is available for people aged 40 to 74 without a pre-existing condition. As part of the check, people are asked questions about their drinking. In Buckinghamshire, the NHS Health Check found that 24% of patients in this age group who reported they drink alcohol and completed an AUDIT C questionnaire are drinking too much[40].

5.3 Income and employment status

The proportion of people who report drinking alcohol in the last week increases with increasing income levels. Amongst people who earn over £40,000 per year, 79% report they drank alcohol in the last week compared to 47% of those who earn up to £9,999 per year[41].

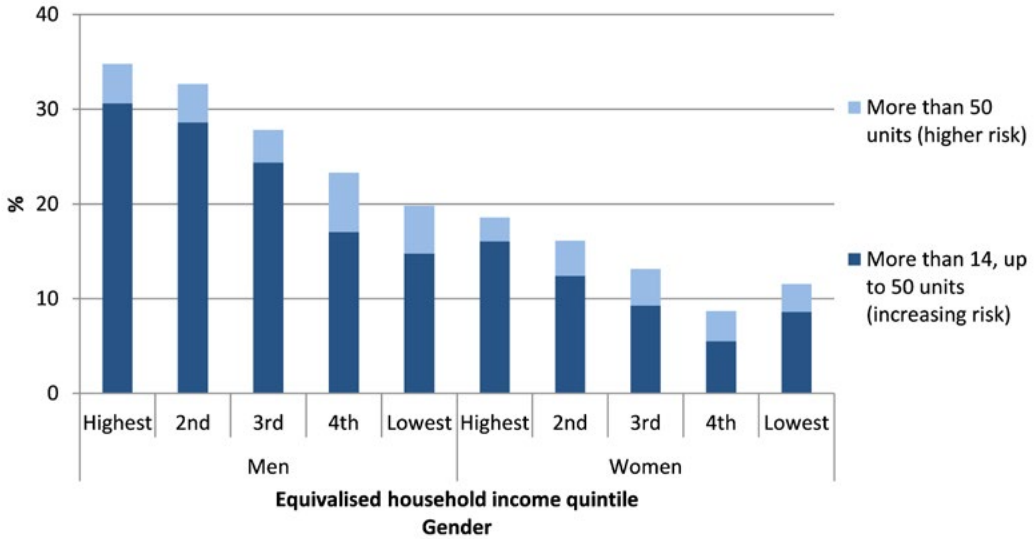
Drinking habits also vary by occupation, approximately 7 in 10 people (69.5%) in England, who said they worked in managerial and professional occupations, drank alcohol in the week before interview, compared to 1 in 2 (51.2%) people working in routine and manual occupations[42].

The Health Survey for England looked at those drinking over the recommended 14 units and divided them into increased risk (14-35 units for women a week and 14-50 units a week for men) and higher risk drinking (35+units for women and 50+ units a week for men).

The proportion of adults usually drinking at increased or higher risk of harm was highest in higher income households for both men and women, with 35% of men and 19% of women drinking at this level.

In the lowest income households, 20% of men and 12% of women drink at increased or higher risk of harm. When looking just at higher risk, there were no differences by income.

Percentage of those aged 16+ years drinking at increased or higher risk of harm, Health Survey for England, 2017



How life events can trigger harmful drinking – one resident's story

A resident of Buckinghamshire who has recently used the local One Recovery Bucks alcohol services provides his story. He discusses how redundancy impacted his drinking and the result on his wellbeing and his family.

Boredom and opportunity were my undoing – redundant in my early fifties, home alone a lot of the time and my enjoyment of alcohol were a pretty lethal combination.

We all know about the effects of occasionally drinking too much – the hangovers, the sickness and the dreaded next day haze of 'did I really say or do that?' What I didn't know, and did nothing about because I wasn't strong willed enough, was the effects that kick in once you've really started to hit the bottle.

It started with severe memory loss and mood swings. My mobility deteriorated to the point that I was walking with a stick and then there was the utter lack of sleep, loss of appetite, liver damage and the shakes. And depression too, although whether I was drinking because I was depressed or depressed because of my drinking I'm not quite sure.

I was so hooked that I ignored the signs that things were getting serious until I collapsed four or five times. The final collapse was the worst – I ended up in the middle of the night on the kitchen floor and simply couldn't move. My wife and son were away and found me in the early evening. By the time the ambulance came I had been on the floor for 24 hours.

Although I wasn't overly lucid, I realised that there was a simple choice – carry on (and no doubt drink myself to death and before that lose my family) or get better. The doctor who saw me in hospital took the time to understand my situation and she offered me immediate access to a detox programme – she offered me a lifeline.

Although all this happened only a few months ago, my life is transformed and I had forgotten how good life could be. Simple things like eating, sleeping and mobility are all back to normal. My energy levels are back again, the shakes have gone and my liver has regenerated. I do voluntary work in a charity shop and have a part time paid job, both of which I really enjoy and have given me back my lost sense of purpose. Now I do things because I want to, not to stop me being tempted to have a drink.

Is it easy? No, it's not, but do I want to go back to drinking like I was? Definitely not. Might I have a lapse or a relapse? Maybe I will but I've got plenty of positives and supports in my life that I hope will help me to prevent this happening. My family, my GP and the hospital staff have all been amazing and they really are there to help. Last, but very definitely not least, One Recovery have been fantastic.

Chapter 6
The harms of alcohol

Alcohol has been identified as a contributing factor for more than 200 health conditions and injuries, including cancer, heart disease, stroke, high blood pressure, cirrhosis of the liver, poor sleep, lowered immunity and susceptibility to infections, mental health and memory problems, and depression[43]. In England, alcohol misuse is the biggest risk factor contributing to early death, poor health and disability for people aged 15 to 49 years old[44]. In terms of the harms to health, there is no safe level of alcohol consumption and the harms increase with the amount of alcohol consumed.

The health harms due to alcohol vary according to a number of factors including a person's age, gender and body mass index (BMI), but also the pattern of their drinking, the volume of alcohol they drink and the length of time they have been drinking.

6.1 Who is most at risk of harm from alcohol?

For a given level of alcohol consumption some groups of people are more vulnerable to the harms of alcohol. These groups include children and young people, women, older people and from lower socio-economic groups. Unborn babies are also at risk of harm from their mothers' drinking, which can have profound effects on their development and lifelong health.

Children and Young People

Children are particularly vulnerable to the effects of alcohol and, if they drink, may be more at risk of developing alcohol-related problems when they are older.

The Chief Medical Officer in England advises parents and carers that an alcohol free childhood is the healthiest and best option[45]. There are risks associated with drinking alcohol for teenagers, including impacting their learning skills and long-term memory[46].

If a teenager drinks alcohol before they are 15 they are:

- Four times more likely to become dependent on alcohol than those who wait until age 21
- Seven times more likely to be in a car crash due to drinking alcohol
- 11 times more likely to suffer unintentional injuries after drinking[47]

Women

Overall women are more vulnerable to the ill effects of higher risk drinking levels. For example, women are twice as likely to die of liver cirrhosis (damage) when drinking the same amount as men[48].

Older Adults

As we age our bodies become less effective at processing alcohol. This means older people may have higher blood alcohol concentrations even if they drink the same amount as a younger person.

Therefore, when older people drink within the recommended lower risk guidelines, they may be over-drinking. There is very little research on alcohol and older people. Alcohol slows the brain's function to a greater extent in older people, impairing coordination and memory, and raising the likelihood of incontinence, hypothermia, accidents and self-neglect [49,50]. Drinking alcohol while taking certain medications can also result in harmful side effects.

As a result, older people are being admitted to hospital due to alcohol more frequently than before. Between 2008/09 and 2017/18, the rate of alcohol-related admissions in Buckinghamshire for people over 65 years old increased by 15.6%. This is slightly higher than England, which had a 13.9% increase for this age group. People over 65 years old have the highest rate of alcohol-related admissions in Buckinghamshire.

Co-existing lifestyle risk factors - smoking, obesity and drinking

As separate behaviours alcohol consumption and smoking increase the risk of getting cancer and other illnesses, but smoking and drinking together increases the risk of developing illnesses to a greater extent than either behaviour alone[51]. Obesity can also amplify the harmful impact of alcohol consumption on the liver. For a person with a body mass index greater than 35, the risk of harm to the liver doubles at any given alcohol intake. A similar synergistic effect is seen for smoking, alcohol and risk of stroke.

Socio-economic group

People who are less affluent often report lower levels of alcohol consumption. However, they experience greater levels of alcohol-related harm (e.g. liver disease) and appear to be more susceptible to the harmful effects of alcohol[52]. Less affluent people are more likely to die or suffer from a disease relating to their alcohol use[53]. In England, death rates from alcohol-related causes and alcohol-related liver disease increase as levels of deprivation increase[54,55,56].

This is known as the 'alcohol harm paradox' where disadvantaged populations who drink the same or lower levels of alcohol, experience greater alcohol-related harm than more affluent populations. The reasons for this paradox are not clear but could include different drinking patterns in different groups, lower resilience and/or compounding effects with other risk factors, e.g. smoking, health conditions or different use of health services.

6.2 Health harms

Alcohol misuse increases the risk of poor physical and mental health.

Physical health

Alcohol increases the risk of developing several types of cancer, including breast and bowel cancer, cancers of the mouth and throat, oesophagus, liver, stomach, pancreas, lung and gallbladder. For certain cancers, including breast cancer, any level of drinking increases your risk so there is no 'safe' level of drinking. It has been reported that just one extra drink a day increases your risk of breast cancer by 10%[57].

Alcoholic liver disease includes fatty liver disease, alcoholic hepatitis and cirrhosis. Death rates from alcoholic liver disease have increased 400% since 1970, and in people younger than 65 years have risen by almost five times[58]. In Buckinghamshire, the rate of hospital admissions due to alcoholic liver disease increased between 2008/09 and 2017/19 by 87.4% (38.2 to 71.6 per 100,000)[59]. This is almost double the increase over the same time period in England (47.8% increase).

Broadly speaking, high blood pressure increases in line with the amount of alcohol consumed, and high levels of alcohol consumption increase the risk of stroke and heart disease[60]. Binge drinking is also a risk factor for atrial fibrillation, which is characterised by an irregular heartbeat. Again, while alcohol consumption and smoking as isolated behaviours both increase the risk of stroke, people who smoke and drink alcohol increases the risk to a greater extent than either behaviour alone.

Drinking can affect people's sleep by disrupting sleep patterns and affecting their quality of sleep. It also reduces people's immunity to infection. For example, the risk of pneumonia increases with increasing alcohol consumption. People with high levels of drinking or alcohol dependence are eight times more likely to develop pneumonia[61].

Drinking alcohol can affect judgement and behaviour and memory loss can also be a problem during drinking and in the long term for regular heavy drinkers.

Mental health

Alcohol is linked to a range of mental health issues including aggression, anger, depression, memory loss and suicide[62]. In England, people who have anxiety or depression are twice as likely to drink heavily as those without depression or anxiety.

Current research suggests alcohol use disorders* increase the risk of depression, suicidal thoughts, attempted suicide and completed suicide. The rate of hospital admissions for mental and behavioural disorders due to alcohol use (narrow definition) in Buckinghamshire has doubled between 2008/09 and 2017/18[63].

Alcohol can change behaviour and has been found to play a significant role in suicide and self-harm. In Scotland, it was found that more than half of the people who came to hospital with self-harm had drunk alcohol almost immediately before or while they harmed themselves[64].

Studies show that 10% to 70% of people who have attempted or completed suicide tested positive for alcohol use, depending on the study reporting the findings[65].

Excessive alcohol consumption over a lengthy time period can lead to brain damage and may increase the risk of developing dementia. People who binge drink are more likely to develop dementia or Alzheimer's disease[66].

People with the most complex needs, such as those with both alcohol and severe mental health problems, can find it particularly hard to engage with services. They need services that are able to address their mental health and alcohol problems as part of a coordinated plan. Research has found that drinkers with complex needs are likely to become very frequent attenders at Accident and Emergency units, often because they have nowhere else to go in moments of crisis. Engaging such people in a treatment programme can dramatically improve their lives and bring an estimated return on investment of £3,400 in savings for every £1,000 spent.

** Alcohol use disorder is a term used to describe when people are drinking at hazardous and harmful levels, as well as those who are dependent on alcohol.*

Pregnancy

Although most women do not drink alcohol in pregnancy, those that do can cause significant harm to their babies, with higher levels of drinking causing greater problems.

There is no proven safe amount of alcohol to drink during pregnancy. If a woman drinks alcohol during pregnancy then some of the alcohol will pass through the placenta to the baby, which can lead to miscarriage or long-term harm to the baby.

Drinking more than 1.5 units of alcohol per day during the first three months of pregnancy is associated with an increased risk of miscarriage. Drinking more than one to two units per day during pregnancy increases the risk of babies being born at a low birth weight or prematurely. Drinking four to five units per occasion while pregnant resulted in an increased likelihood of child behaviour problems[67].

Drinking alcohol during pregnancy also increases the risk of birth defects in the baby and can lead to a range of clinical syndromes called foetal alcohol spectrum disorders (FASD). Children may have difficulties with learning, concentration, decision making, planning and memory. Children born with FASD may also go on to have poorer educational outcomes, mental health problems and substance abuse.

Current guidelines recommend that if you are pregnant or planning a pregnancy, the safest approach is not to drink alcohol at all, to keep the risks to your baby to a minimum.

Injury

The risk of injury resulting from alcohol consumption increases with the amount of alcohol consumed. Drinking too much alcohol increases the risk of road traffic crashes, poisoning, fall injuries, fire injuries, drowning, work or machine injuries.

Hospital admissions due to unintentional injuries resulting from alcohol have increased by 24.8% in Buckinghamshire between 2008/09 and 2017/18. There are now 139.7 admissions due to alcohol-related unintentional injuries for every 100,000 people in Buckinghamshire[68].

Hospital admissions due to alcohol

In 2017/18 there were 2,753 admissions to hospital primarily related to alcohol (narrow definition) and 9,046 admissions where alcohol related illnesses were listed as a factor.

The rate of alcohol-related admissions (narrow definition) was lower than the England average but similar to the south east average. In Buckinghamshire, there were 529 admissions for alcohol-related conditions per 100,000 population, compared to 515 for the south east region and 632 per 100,000[69] for England.

The rate of admissions in Buckinghamshire has increased by 27% since 2008, which is faster than the England rate of increase of 4% and south east increase of 4%. Admission rates for men are 60% higher than female admission rates but both men and women have seen similar increases in admission rates.

The highest admission rates in Buckinghamshire are in people over 65, followed by those aged 40-64. Admission rates for people over the age of 65 have increased by 15.5% since 2008/09, which is similar to the England rate rise of 14%.

Alcohol-related admission rates show a clear gradient across Buckinghamshire with the highest rates observed in the more deprived areas. Admission rates are 57% higher in the most deprived fifth of the population compared to the least deprived.

For almost one in five alcohol admissions, the ethnicity of the person was not recorded in Buckinghamshire. However, where ethnicity was recorded 91% were White/White British, 4% Asian/ Asian British and 1% Black/ Black British.

The rate of hospital admissions for mental health conditions due to the use of alcohol have increased by 110% since 2008 in Buckinghamshire, but the rate per 100,000 remains lower than the England and south east averages.

In Buckinghamshire, the rate of hospital admissions for alcoholic liver disease has almost doubled over the last 10 years. It has increased from 38.2 per 100,000 to 71.6 per 100,000 between 2008/09 and 2017/18.

Alcohol-specific admissions for young people under 18 have decreased by 42.8% over the last 10 years in Buckinghamshire. Over the same time period, the England average rate fell by 54.3%. In 2017/18, the admissions rate in Buckinghamshire (22.9 per 100,000) was 30% lower than in England and 29% lower than the south east region.

Alcohol-related deaths

Alcohol-related deaths typically occur at younger ages than smoking-related deaths and deaths from all causes. On average, the age of people dying from alcohol-related causes is 54.3 years old compared to the average age for all death causes of 77.6 years in England[70]. In the UK, the peak liver disease mortality age for women is around 55, twenty years younger than in France, where rates have fallen steeply in recent decades[71].

Men consume more alcohol than women nationally, and this is also reflected by the rate of alcohol-related deaths. In Buckinghamshire, the death rate from alcohol is more than twice as high in men than women (58.1 vs 21.4 per 100,000 people)[72]. In 2017 there were 198 alcohol-related deaths in adults (136 men and 62 women) in Buckinghamshire reflecting the natural picture of higher alcohol-related deaths in men.

In Buckinghamshire, there were 2029 years of life lost due to alcohol in persons aged under 75 (2017). This compares with around 2253 years of life lost due to tobacco in Buckinghamshire for the same year[73].

In England in 2017, the alcohol-related death rate for men in the most deprived tenth of the population was 55% higher than for men in the least deprived tenth. For women, the alcohol-related mortality rate was 45% higher in the most deprived tenth compared to the least deprived tenth.

Views from the NHS frontline

A Buckinghamshire paramedic shared his experience of helping people who have been drinking and require medical assistance.

Paramedic work isn't just the big emergencies that TV programmes like Casualty show. Most of the alcohol related situations we are involved in are people drinking at home.

We mostly get called to two types of alcohol related situations. The first is people, usually under 30, who have been binge drinking at a weekend and are unconscious or have been in a fight. There seems to be a culture of binge drinking spirits, such as gin or rum, at home with friends to get drunk. After this people seem to be going out and maintaining that level of drunkenness while out. We've also seen this culture of drinking spirits becoming fairly common among younger teens and children. The youngest I've seen was a group of 12 year olds one of which was unconscious due to alcohol.

More of the time we see entrenched alcohol drinkers at home. Alcohol is rarely the reason they call us, it's usually self-harm, suicidal thoughts, chronic pain, or accidents like falling down the stairs. People of all ages call us yet I'd say most are men in their 40s to 60s. They seem to be resigned to the fact they are alcohol dependent and don't want to change their lifestyle, they just want us to deal with the immediate solution. I've seen people deteriorate over the years, starting with supportive partners who then drift away, so they end up living on their own or with others who are alcohol dependent. I've also seen a dramatic decline in their mental health and their living conditions. We usually direct these people to their GP, but I'm sure there must be more we can do.

We are one of the few agencies who see people at home so maybe we can think about how that opportunity can be capitalised on, whether it is for the individual or their family.

The consultant liver specialist in Buckinghamshire supports a wide range of people who are suffering from liver disease.

As a hospital doctor with a specialist interest in liver disease, I care for people who have experienced physical harm from drinking alcohol. This ranges for reversible abnormalities in liver function to irreversible scarring of the liver (known as cirrhosis) which can be associated with complications, such as life-threatening gastrointestinal bleeding, fluid retention, liver failure, and liver cancer.

All aspects of society are represented amongst the patients that I see, from very successful business people to homeless people, men and women. As alcohol-related disease typically affects people at a younger age than other important conditions, such as cancer and heart disease, it is common for me to see people in their 40s and 50s, and sometimes their 30s. It is worth highlighting that as well as the impact that alcohol-related problems have on the individual and their family, as the affected individuals are frequently young and of working age, these conditions are associated with a disproportionately high economic impact on society.

The effects of alcohol on individuals are so variable. Some people have been drinking for only a handful of years before developing serious problems, whilst others drink for a lifetime without obvious ill-effects. There seems to be no pattern, it's very individual. Although, I mainly see people with damage to their liver and pancreas due to alcohol, this is only part of the picture as alcohol can affect other organs, including the brain, the nerves, the eyes and the heart, resulting in problems such as dementia, unsteadiness on walking, numbness and pain in the hands and feet, blindness, irregular heart rhythms and heart failure. In addition, alcohol has been linked to an increased risk of some cancers, and can contribute to falls in the elderly and accidental injury.

Views from the NHS frontline

A drug and alcohol worker discussed her experience working in a local hospital. This service provides mental health support for people who come to A&E. If someone has mental health problems and drug or alcohol issues, the service may be asked to see them.

We see all sorts of people with alcohol issues, from younger people in their 20s who have been binge drinking, to 35 plus professional people who are drinking more than they should and don't realise the risks, and older adults with long term conditions who are drinking for pain management and because of loneliness. We see hardcore dependent drinkers who have been dependent for some time and now have chronic problems like liver issues, and within this group there are people who have run out of alcohol and by the end of the night they are suffering withdrawal symptoms.

The number of people coming back into hospital is huge. Someone may not have diagnosed mental health issues but if they have suicidal thoughts, and are using alcohol to self-medicate, this can cause them to be less inhibited so they do more risky things like taking overdoses.

I've worked in this field for 20 years now and I think the way we drink alcohol has changed in that time. Everyone is drinking at home more than in the past. 30 to 40 years ago it would be men drinking in pubs and clubs, now women are drinking more and they drink wine, which they don't realise is higher strength and more potent than a couple of pints of fosters for example.

I firmly believe mental health and alcohol issues need to be assessed and treated simultaneously not sequentially. So, if mental health services and drug and alcohol services could work more together that would be far more beneficial to the person in need.

I see staff in my service and other services responding to people with higher levels of alcohol need, but those with lower level needs may not be recognised as these people aren't regularly asked about their alcohol intake. Everyone who comes into A&E or meets any healthcare professional should be asked about their alcohol intake.

Lots of people see a healthcare professional of some type for a health assessment. Asking people about their alcohol intake and why they drink should be common practice. People drink different amounts of alcohol and even if it's not a high level it could impact their health. If we don't find out about this at an early stage there will be more long term effects, such as serious health problems like liver disease, rising costs to society from things like alcohol related crime, and more deaths.

Chapter 7
Impact of alcohol on families and communities

Alcohol can have harmful health and social consequences not only for the drinker but also the people around them and wider society. Misuse of alcohol can have a powerful harmful impact on families, including financial problems, parenting difficulties, children missing school, family breakdown, child abuse and neglect and family violence. There is also an increased risk of accidents and injuries, involvement in violence and risky sexual behaviour.

The misuse of alcohol by parents can play a role in making some families less stable. When a parent overdrinks there may be arguments in the family or less money to buy the things the family needs; this can mean the children have poorer health and wellbeing. When parents misuse alcohol, their marriages are more likely to end in divorce[74].

Alcohol impact on other family members
- A Buckinghamshire view

The Prevention Matters is a free and friendly advice service linking eligible adults (over 18) in Buckinghamshire to social activities, volunteers and community services.

Prevention Matters is delivered by Connection Support on behalf of Buckinghamshire County Council.

Prevention Matters support includes the following:

- Help to get back into work, accessing Job Clubs and Job fairs.
- Support with loss of confidence/isolation.
- Access to community groups/activities.
- Access to a range of local support to include learning new skills/improving health.
- Referral into other organisations that can offer more specialist support i.e. One Recovery Bucks, AA Anonymous.

Some of the people who Prevention Matters support with an alcohol addiction have found that they don't want to be drinking. They are drinking because something traumatic has happened in their life, like a relationship breakdown, redundancy, or the loss of a child or a parent. Our clients come from differing backgrounds and drinking has become their way of coping with the difficulties faced in life.

We find that some people become really angry with their partner's drinking, others say 'I can't do this anymore, I cannot continue to live like this'. Some are very supportive but when their loved one doesn't fully engage with the help available, they are often left feeling like the drink is more important than they are. This can lead to breakdowns within the family, which causes increased drinking.

The effects of a family member drinking can effect the amount of income available for daily expenses. This can mean the family risks eviction, and they might not even be able to afford the basics like food, heating, lighting and clothes. Drinking can also lead to concerns by professionals about the safety of any children in the home, further impacting on the family.

Prevention Matters can work with people to meet their basic needs and linking them with other agencies who can provide things like food and basic household equipment. Part of the Prevention Matters service is to complete a strength-based assessment, which includes understanding the reason they are drinking, and showing them what support can be offered to enable them to see a brighter future.

Sadly, quite a few of the people keep coming back to Prevention Matters with differing ongoing issues. Accepting they have an alcohol problem is the first step to recovery, but unfortunately many do not acknowledge there is a problem and this has led to some of our clients passing away at home or in hospital.

When we support families after a death they can have mixed feelings. There can be a mixture of sorrow and relief as caring for a family member with alcohol issues can be a struggle, with people finding it hard to maintain jobs and relationships as well as their caring responsibilities.

7.1 Impact on children

Across England it is estimated that between 189,000 and 208,000 children live with an alcohol-dependent adult[75]. 14,000 of these children live with two alcohol-dependent adults[76]. In 2014/15, 26% of patients receiving treatment for alcohol problems in England lived in a house with a child. In Buckinghamshire, 25% of clients receiving treatment for alcohol problems live in a house with a child[77].

When a parent misuses alcohol, this can lead to disorganised and unpredictable parenting, disrupting the healthy development of the child.

Research shows that many children living with alcohol-dependent parents feel socially isolated[78]. Many of these children feel sad or anxious but are less likely to seek help because they feel embarrassed or guilty and they do not want to betray their parents.

Children of alcohol-dependent parents may also need to care for their parents or siblings. This responsibility can mean children miss school more often or are unable to complete their homework. A reported 7% of young carers are looking after a parent, caregiver or relative with a drug or alcohol problem. Amongst these children, 40% missed school or had other issues at school[79].

The impact of parents drinking alcohol is not limited to families with someone who is alcohol-dependent. The amount and frequency of drinking that is needed to impair parenting is not clear. However, a report found that for children of parents who aren't dependent on alcohol, 18% of children reported feeling embarrassed by seeing their parents drunk. Another 15% of children said their bedtime routines were disrupted due to their parents' drinking[80].

Physical and mental health impacts on children

A child's mental and physical health is impacted when their parent misuses alcohol. These children are more likely to be obese, have an eating disorder, have attention deficit hyperactivity disorder, be injured and/or be admitted to hospital[81]. Compared to other children, children of parents who are alcohol dependent are twice as likely to experience difficulties at school, three times more likely to consider suicide and four times more likely to become dependent drinkers themselves[82].

The risk of children suffering harmful consequences from parental alcohol misuse is reduced if children are from families with high levels of family support, where there is a non-drinking parent who can reduce the negative impact of the drinking parent and where there is security, for example a regular household income[83].

There is also evidence that resilience is important in helping children to cope with a parent drinking too much. There are a number of ways to help a child to develop resilience, for example through encouraging them to take part in activities outside the family home[84].

Until relatively recently, interventions for harmful drinking have tended to focus on the individual user. However, the vital role that family members can play in the treatment process is now well recognised as is the need for support for family members.

Neglect and abuse

There is a strong relationship between parent or carer alcohol use and child maltreatment. A study found that 61% of applications for care in England included the misuse of alcohol and/or drugs[85]. Alcohol misuse was also reported for 37% of cases of death or serious injury of a child through neglect or abuse in England between 2011 and 2014.

A recent analysis in England found parental alcohol use was present in 37% of all serious case reviews of child abuse[86].

Impact on Buckinghamshire's children

Social care referrals for children include a primary need for each child. In Buckinghamshire for 2017/18, 2% of all referrals included parental alcohol misuse as the primary need. A small number of referrals were due to the child misusing alcohol.

In Buckinghamshire, 22% of children who had a completed children in need assessment in 2017/18 had parental alcohol misuse as an identified need (2017/18)[87]. This is higher than England where 18% of completed assessments by children's social care have parental alcohol misuse identified as a need.

This data suggests strongly that alcohol misuse is not often recognised as one of the primary issues as to why a parent may not parent their child appropriately. However, assessment uncovers alcohol to be a factor in over 20% of open cases.

An audit in 2015 of looked after children in Buckinghamshire found 17% (24 of 141) of the cases reviewed had alcohol misuse as an issue at the time they came into care.

7.2 Domestic abuse and violence

Alcohol consumption can be both a cause and consequence of domestic abuse and violence.

Alcohol misuse is associated with a fourfold risk of violence from a partner and is commonly present where sexual violence occurred[88]. Binge or heavy drinking is most strongly associated with domestic violence.

Women experiencing domestic violence are up to 15 times more likely to misuse alcohol than women who are not victims of domestic violence[89]. Many women use alcohol to help them cope with domestic abuse, and some women are given alcohol by their partner in order to increase control over the women[90].

When both partners have been drinking, the violence may be more severe and women may be less able to protect themselves[91].

The impact on children in a household where there is domestic abuse can be long lasting. Emotional well-being, behaviour (including anti-social behaviour and bullying), educational attainment, risk-taking (including alcohol and substance misuse), and long term life chances may all be affected.

In Buckinghamshire, Women's Aid services work alongside the substance misuse services to refer people who need support for this part of their recovery.

Growing up with alcohol in Buckinghamshire
- a resident's view

The behaviour of families influences their children. One Buckinghamshire resident grew up in a family where alcohol was misused, and this impacted her own life into adulthood.

Alcohol was a huge part of my life growing up but always in a negative way. My dad was alcohol dependent, so was my grandfather, my step mum and her sister. In my early 20s I realised my mum also had a drink problem. I found her passed out on the bathroom floor, and I'd find empty sherry bottles down the side of the sofa. She'd get aggressive; I remember having to shut myself in the bedroom as she tried to kick the door down. I'd grown up with all these role models, and then as a young adult I met my first proper boyfriend. We were always out socialising, and looking back now he was an alcoholic too.

There's no single trigger point that started my drinking, I just always have drunk, and various things in my life have caused me to start or to stop.

I ran my own hairdressing business for ten years. When I found myself working 12 hours a day it was so stressful that I turned to drink to cope. I was a fully functioning alcoholic - I owned my own home and I ran my business. I drank in the evenings so it was hidden from others. In the end I sold my business and moved in with my mum to sort myself out. I stopped drinking for six months. I then got a job in hairdressing and started again.

When I met John, my husband, I stopped again. He was a good role model because alcohol is not part of his routine. When I had my daughter Sarah*, who has a learning disability, I didn't go to antenatal groups so I had no other young mums around and John was working away. I became socially isolated and started drinking again. Sarah is now eight, and I continued drinking. I've always picked my time, mostly drinking after she had gone to bed.*

Going to the gym has been a stress relief, but last year I broke my ankle (from a fall when drunk) and I was barely mobile for a year. I was in hospital having plaster put on my leg and I realised I was wasting my life. I didn't want to be like my mother, and I didn't want Sarah to experience what I have, so I called One Recovery Bucks.

My case worker has been brilliant. She encouraged me to come to group meetings. It's so humbling to listen to other's stories. I've realised I'm not the only one struggling and that's helped take the pressure off. When I heard others recovering I thought 'I can do that too'.

The first few weeks were the worst. I learned to distract myself until the craving pass, and to challenge the voice in my head encouraging me to drink. I've changed my routine so I don't see alcohol at my trigger time of day, which is when Sarah comes home from school. Now instead of me drinking, we have snacks together and then she does her homework. It's hard and I'm always worried that I'll have a relapse like before, but Sarah is my motivation. Without her it would have been much harder to turn myself around.

**Names have been changed.*

7.3 Impact on violence and crime

Crime and disorder

Research shows short term high alcohol consumption is associated with aggression and violence and alcohol increases the risk of impulsive and violent crime[93].

In England, victims of violent crime believed that the perpetrators were under the influence of alcohol in 46.2% of all violent incidents in 2016/17[94].

In 2016/17 in England and Wales, in 12.4% of theft offences, 20.6% of criminal damage, 21.5% of hate crimes were alcohol-related[95] and 35.8% of sexual assault cases the offender was under the influence of alcohol. In 2018/19 in Buckinghamshire, 1% of theft offences, 4% of criminal damage and 9% of sexual assaults (including rape) were deemed to be alcohol-related[96].

National research shows that violence is often associated with the sale of alcohol in pubs, bars and nightclubs, which are an important part of the night time economy. Although the night time economy generates business, there are often costs to individuals and the wider community, including crime and fear of crime, ambulance, hospital and A&E costs, street cleaning around late-night venues, takeaways and noise and light pollution.

Between 2014-2016 in England and Wales, alcohol-related violent incidents made up 67% of violent incidents that took place at the weekend and 68% of those that took place during the evening and night[97]. In 2014-2016 in England and Wales, 91% of violent incidents that took place in or near a pub or club were alcohol-related, and 67% of those that took place in public spaces were alcohol-related. Levels of public violence and disorder are associated with the number of pubs and clubs concentrated in an area, and increased number of premises is associated with increased levels of violence and public disorder[98].

Surveys in other parts of England have found nearly half of respondents avoid town centres at night due to drunken behaviour of other people and alcohol-related litter in their town centres[99].

In 2004/05, the prevalence of alcohol use disorders was much higher amongst people in prison compared to the general population. Of over 700 survey respondents, 63% of men and 57% of women in prison were identified as having an alcohol use disorder*, with over a third of all individuals scoring within the possibly alcohol-dependent range. Prevalence of alcohol use disorders in the general population for the same time period was 26%[100].

Youth offending

One effect of parental alcohol misuse is that their children are at an increased risk of involvement in crime[101]. In Buckinghamshire, 12.9% of assessments completed by the Youth Offending Service found the young person was using alcohol. Almost half of those who used alcohol began drinking at the age of 13.

7.4 Drink driving in Buckinghamshire

Road traffic accidents

The legal limit for alcohol when driving in the UK is 35 micrograms of alcohol per 100ml of breath. However, any amount of alcohol affects your ability to drive safely. The effects can include slower reactions, increased stopping distance, poorer judgement of speed and distance and reduced field of vision, all increasing the risk of having an accident or fatality[102].

There have been significant declines in alcohol-related road traffic crashes on Britain's roads. However, in 2014 there were over 5,600 alcohol-related crashes and over 8,000 casualties, of which 240 people were killed and over 1,000 people were seriously injured[103]. Men account for 70% of those killed or seriously injured on the road, and 25% of those killed or seriously injured are aged between 25 and 39 years.

Police may conduct breath alcohol tests for some crashes. According to Public Health England, in Buckinghamshire between 2014 and 2016 there were 102 alcohol-related road traffic accidents. This means for every 1000 road traffic accidents, 33 were alcohol-related which is 25% higher than the England average[104].

Alcohol and crime - a police officer's view in Buckinghamshire

A Thames Valley Police Constable in Aylesbury shared her thoughts on the impact of alcohol in domestic abuse incidents, violence and road traffic incidents:

Alcohol is ever present in our work and if I could put a statistic on how often it is linked to the cases we are called out for, I am sure the number would be significantly high. Alcohol is often involved in a variety of our town centre and domestic abuse incidents. Despite so much publicity about not drinking and driving, it is still a factor in many road traffic offences.

Alcohol is involved in a substantial number of the domestic abuse incidents we attend. It can be both partners who are drinking or just one, and it can be any time of the day or night. People may think that domestic abuse incidents, involving alcohol, are often among a couple in difficult economic circumstances, but this isn't always the case. I have attended incidents involving a number of family dynamics. I have attended impoverished addresses and large affluent properties. Issues involving alcohol consumption are not exclusive to any one community or type of person. However, there are now an amazing array of agencies and groups that support those looking for help and to make changes. When I started in this job I had the misconception that most drink driving offences would be among older people who were not aware of the 'don't drink and drive' campaign – I was wrong. There is no particular demographic. I have seen young people who have just passed their test, to professional people, to older people with a routine of doing this for a long time.

I think many people don't know how many units of alcohol they are actually consuming. They think they are alright to drive after drinking two pints, but they do not consider the strength of the alcohol they have consumed, or what food they have eaten. It is not understood that after drinking, your alcohol level increases and time is needed to elapse before it begins to go down. Also, younger people seem to be drinking more spirits and higher strength drinks, which I think could increase. I am trained to conduct evidential breath testing, and it is interesting to see that some people who appear to be fine, are actually well over the limit.

I think binge drinking has changed due to the rise in the price of alcohol in pubs and clubs. People now pre-drink at home, and just 'top up' when they go out. They come out later in the evening when they have consumed a lot of alcohol. This puts pressure on door staff who can turn them away for being drunk, before they have done anything they think is wrong. This can often be the cause of altercations. If a group is then split up, the drunk person is often left alone, which increases the risks to them, such as hypothermia, or being victim of a serious sexual or violent crime due to their vulnerability. The Street Angels do a great job helping people who are drunk, keeping them safe, warm, and getting home safely, but they can't help everyone. You might think this is more typical of women, but we frequently see this among men.

7.5 Impact on work and economy

Alcohol has an impact on the economy and the workforce. Estimates show the costs of alcohol misuse to the economy and workplace are high with absenteeism, unemployment and early death having the biggest impacts. The UK economy loses £7.3 billion annually due to lost productivity from drinking alcohol, according to the Cabinet Office[105].

People who misuse alcohol are more likely to take sick leave due to having a hangover or an alcohol-related illness[106].

At the population level, an increase in alcohol consumption of one litre per person results in a 13% increase in sickness absence among men[107].

Unemployment and alcohol

The relationship between alcohol-related problems and unemployment is complex. Unemployment can lead to alcohol consumption, and alcohol consumption can lead to unemployment.

Becoming unemployed increases the chance of developing an alcohol use disorder by six fold compared to those who remain in employment. Rates of alcohol and illicit drug misuse or dependence increases one to four times among young people after six months of unemployment compared to their employed peers. Unemployed adolescents and young adults have significantly higher rates of substance use compared to their employed counterparts[108].

Difficulties with employment are frequently experienced by those with alcohol dependence. People with an alcohol use disorder are at twice the risk of moving from employment to unemployment. Drinkers who consume alcohol at higher risk are six times more likely not to be employed than low risk drinkers. Studies show there are high unemployment levels for people with alcohol dependence (average 53% unemployed)[109].

In England in 2014/15, 73% of people seeking treatment for alcohol problems were not in paid employment at the start of their treatment[110]. In Buckinghamshire (2017/18), 60% of people seeking treatment for alcohol dependence from One Recovery Bucks were not in paid employment.

Economic impact of alcohol

The total annual cost to England and Wales from alcohol-related harm is over £21 billion[111]. The cost of alcohol to the NHS in England is £3.5 billion per year, and each year England spends £11 billion on alcohol-related crime[112].

Chapter 8
What works to reduce alcohol harms

Action to reduce alcohol consumption and its related harm needs national and local action. The greatest chance of improvement is when policies complement and reinforce each other because they create a 'critical mass' effect and change what is considered socially normal drinking to help reduce alcohol-related harm.

8.1 Changes to national policy

According to an extensive review of the international evidence conducted by Public Health England, one of the most effective ways to reduce the harms of alcohol is through national policy.

Taxation and alcohol sales

Changing national policy on alcohol tax and sales are some of the most effective and cost effective ways to prevent alcohol consumption, and reduce alcohol-related harm.

Studies suggest a 10% increase in the price of alcohol would lead to a 5% decrease in its consumption[116] and that doubling tax rates would decrease alcohol-related mortality by an average of 34.7%. For the same increase in taxation, traffic-crash deaths would decrease by 11.2%, sexually transmitted infections by 5.5%, and violence and crime episodes by 2.2% and 1.4% respectively[117]. However, for taxation to be effective the price increase must be passed to the consumer.

Minimum pricing is a direct price control set by government aimed at preventing the sale of alcohol below a certain price. This often affects the high-strength, cheap products sold in supermarkets, off licences and grocery stores. Minimum prices effectively reduce health and other harms, and these benefits affect the heaviest drinkers who experience the greatest harm. For example, studies in Canada have showed a 10% increase in minimum prices of alcohol reduced: consumption of all beverages by 8.4%[118]; wholly alcohol-related deaths within nine months by 32%; acute alcohol-related hospital admissions by 9%; and chronic alcohol-related hospital admissions by 9% two to three years after the policy was implemented[119]. In addition, alcohol-related road traffic violations were reduced by 18.8% and crimes against persons reduced by 9.4%[120].

National policy on marketing

Regulating how companies promote alcohol can reduce drinking among young people. There is a strong body of research which says that exposure to alcohol marketing increases the risk that children will start to drink alcohol, or if they already drink, will consume greater quantities. This is also the case for digital marketing.

National policy on hours of alcohol sales

Policies that reduce the hours during which alcohol is available for sale, particularly late night in pubs and clubs, can substantially reduce alcohol-related harm in the night-time economy. This is especially so when they are enforced and are targeted at the most densely populated areas.

National policies to reduce drink driving

Enforcing drink driving legislation reduces road traffic crashes, casualties and fatalities due to alcohol. This includes policies which specify lower legal alcohol limits for young drivers. These are effective at reducing casualties and fatalities in this group so they have the potential to reduce inequalities given that the vast majority of harm on the road is experienced by young drivers.

8.2 What works at a local level

Increasing public awareness of the harms of alcohol, increasing knowledge of units, managing the drinking environment and supporting young people to make informed choices about drinking alcohol can help reduce the harms from alcohol.

Public information and awareness

Increasing knowledge and awareness about the harms of alcohol is important, and it increases public support for changes which have a greater impact on decreasing the harms of alcohol.

Education in schools

The evidence of what works for school based alcohol education is emerging. The best available evidence suggests that to be effective school-based drugs and alcohol education should teach a wide range of skills, such as problem solving, decision making, self-control, coping, and general social communication and assertiveness skills. In addition, strategies to recognise and resist family influences, peer pressure and media pressure and prevent the 'normalisation' of drinking alcohol[121]. These should be part of wider programmes that target multiple risk behaviours, help build self-esteem and life skills[122].

There is considerably more and more robust evidence that shows what is ineffective in preventing alcohol and drug use amongst young people. This includes providing information on its own and without reference to a wider context, fear arousal approaches[123]; and using police officers in uniform[124]. Teachers were found to be better able to manage the interactive model of learning which is more effective[125].

Managing the drinking environment

Research on managing the drinking environment in the UK is still emerging. This aims to reduce alcohol-related harm and intoxication, rather than long term health effects. Research suggests that programmes to manage the drinking environment should have many components and be implemented by multi-agency partnerships.

Treatment and brief interventions

Identifying people who are already drinking and are at risk, and providing brief advice is effective in reducing alcohol consumption and harm. This is also the case for providing specialist treatment for those with harmful drinking patterns and dependence.

Training the workforce

The earlier alcohol misuse is identified, the better. Some interventions that have been shown to help reduce alcohol misuse before it becomes an embedded problem are as follows:

Identification and Brief Advice

Identifying people early and giving them brief advice on how to reduce their alcohol drinking has been shown to provide a return on investment[126]. Alcohol identification and brief advice (IBA) aims to find and support people who are at risk from harm due to their alcohol consumption.

Healthcare professionals can provide IBA as a short conversation, for example, while undertaking routine care in primary and community care or hospital.

IBA is best when it helps find and support the people who are not dependent on alcohol but they are drinking too much. IBA can reduce the amount a person drinks each week by 12% on average[127].

This level of reduction in drinking alcohol also saves £27 per person each year for four years due to fewer admissions to hospital related to their drinking[128]. By delivering IBA in the NHS Health Check, it is estimated that over the last five years there were almost 1900 fewer deaths attributable to alcohol in England[129].

Recovery

The majority of people who suffer from an alcohol misuse disorder can recover with the right care and support, but it can take time for full recovery.

People who have misused alcohol report that recovery is a very personal concept and for many the goal is being 'totally alcohol free' and for things to be 'less chaotic'[113]. Many studies in the USA and the UK have shown that the following things help achieve these goals: developing supportive relationships with peers, family and friends; getting a job; having somewhere to live; being able to manage income and domestic arrangements; taking part in meaningful activities; caring for ones-self; having overall good health; and taking part in one's community[114]. By doing these things the studies show that people are more likely to function better, remain abstinent from alcohol, have better quality of life and lower stress. Studies stress the importance of a range of different organisations working together towards recovery such as substance misuse services, employment services, employers, housing providers and groups like Alcoholics Anonymous[115].

The view from Buckinghamshire's alcohol services

Mark Prescott, the Clinical Lead at One Recovery Bucks, describes what recovery is and how One Recovery Bucks supports clients to recover from alcohol misuse.

There is a common belief that 'detoxing' from alcohol is a quick fix, where someone can press the reset button and get on with their lives. Often people come to us wanting us to rescue them. In reality recovering from alcohol misuse is so much more than detox, which is a relatively short intervention, and it involves people making their own choices and decisions based on being given good, evidence-based information, treatment and support services.

Recovery is individual to that person. Recovery starts with someone accepting that their life is affected by alcohol, wanting and feeling ready to change. If someone wants to recover they may need support from a wide range of people in their community and family and friends. If they have lost the support of people around them there is work needed to repair those relationships and build new ones. Recovery may involve getting support for employment, housing, benefits, finance management and other aspects of life, whatever the goals of the individual may be.

When people come to us and they are ready to change, we start with a full health assessment, looking not just at their use of alcohol, but all the aspects of their life that surround this such as their emotions, their thoughts and behaviours, what they eat, how they sleep, their positive and negative coping skills, relationships, finance, and employment. We work with them to identify what life could look like for them without alcohol and how they may sustain this when they are abstinent.

When people are ready we support them with detox. This can be a risky procedure so it is carefully managed and monitored. Some people, who have good support at home and no other related health problems, may be able to detox at home. They can only do this if there is someone with them 24 hours a day who can dispense them their medication and call us if help is needed. For many people detox at home isn't an option and they need hospital based detox. We have to make very complex decisions about people's care, and my wish would be to be able to offer detox to more people that is appropriate to their need.

Alcohol services have changed over the last ten years and although we have clinicians like me, we also have a huge range of specialist staff that supports our service users with all aspects of recovery. When people can be aware of and work on all aspects of their life (not only the action of drinking alcohol) it allows them to build support and learn skills in all areas, increasing the likelihood of them achieving their recovery.

Alcoholics Anonymous also supports residents in Buckinghamshire.

People use alcohol as an anaesthetic to life. Often AA is the last resort. It's usually when life has reached crisis and people are really desperate that they find us. Regrettably, alcoholism is a disease that tells you that you don't have it. The delusion is really strong, so for many people realising they have a problem and asking for help is not easy at all.

AA has 30 meetings in Buckinghamshire that take place on all days of the week and across the county. Probably about 600-700 people come to our meetings and the only requirement for membership is a desire to stop drinking. The disease is indiscriminate and people of all ethnicity, age, gender, and profession join our meetings. I've been part of AA for six years, and during that time I've seen an increase in the number of people attending. When I first started going to the Aylesbury meeting about 10 to 15 people came, now the number is about 20-30. Some meetings even have up to 50 or 60 people, although others often in rural areas are smaller with sometimes about five people. We are also seeing more and more people being referred from commissioned substance misuse services.

AA has a very good understanding of alcohol dependency, seeing it as having a physical aspect, such as cravings; a mental obsession whereby, between drinks, a person will frequently think about their next drink and obsessively think about all the reasons a drink is needed in a 'washing machine head' type way; and spiritual malady where people lack a meaningful, spiritual connection to life. Our 12 step programme helps people overcome all these three challenges, and many people stay connected to AA for years as it helps them through the challenges of life. Sadly, we can see people who leave us start drinking again months or years later with terrible consequences, though many do come back and find recovery.

The good thing about our recent growth is that as groups become bigger they have the potential to support people more effectively. When there are more people, new people find the wealth of experience, strength and hope in the meeting attractive and keep coming back. There are more people at different levels of their sobriety journey to help others and a lively atmosphere of smiling and laughing that is refreshing and enjoyable.

Chapter 9
What is happening in Buckinghamshire

A wide range of partner organisations in the public and voluntary sector in Buckinghamshire are working together to help people to reduce their drinking and get support when they need it. In 2016, these partners joined together to develop the Buckinghamshire Substance Misuse Strategy 2016-2019. This covers drugs as well as alcohol, and has four strategic priorities, which are:

1. **Prevention**: Develop, recommend or commission evidence based prevention initiatives and early interventions as recommended by national policy.
2. **Restricting supply**: Work in partnership (including but not exclusively) with licensing authorities and other statutory consultees to maximise the effective use of the Licensing Act 2003 and consider the impact of the availability of alcohol on the night time economy.
3. **Building recovery**: Ensure that treatment provision for substance misuse is accessible, effective, supports the individual's recovery from addiction and reduces the likelihood of future treatment being required.
4. **Supporting at risk groups**: Identify and support populations who are at increased risk of harm from substance misuse and may require additional support and tailored interventions.

Partners are now working together as the Buckinghamshire Substance Misuse Group to implement the Action Plan which will deliver change on these priorities. Work which is taking place includes:

9.1 Campaigns

Partners have agreed a set of six campaign days each year that they will promote. These have been chosen because they either promote messages of reducing drinking at important times in the year, or are issues for which dependent drinkers are at risk. This includes:

- Dry January
- Hidden Harm campaign
- Drinking during the summer and at sporting events
- Alcohol Awareness Week 19-25 November
- White Ribbon Day 25 November
- Drinking around Christmas, including drink driving

The group is working on agreeing a set of online support resources so people can assess how much they are drinking, and learn more about alcohol dependency, including where to get support.

9.2 Prevention in schools, colleges and universities

The Risk Avert Programme – year eight

In September 2018, a new secondary school-based drug and alcohol prevention programme began to for schools in Buckinghamshire. During 2018/19 it is focusing on challenging the social norm among young people that 'everyone is drinking'. During 2019/20, a health behaviour programme called Risk Avert is being offered. This is led by trained school staff and is designed for young people aged 12 and 13 in year eight who are already thinking about or taking risks, such as drinking alcohol, having unsafe sex, and smoking. Risk Avert helps them develop practical skills to manage all types of risks that they face in life. It helps them to stay safe and have better general well-being.

Support to colleges and universities

The adult substance misuse service called One Recovery Bucks has been working with Aylesbury College, Buckingham New University, and Buckinghamshire University to provide support for those who misuse alcohol. It trains staff to better identify people with alcohol problems and know which services to refer them to for support and how. One Recovery Bucks has been raising awareness of alcohol guidelines, and support services at events such as Fresher's Fayres. In addition, the partner organisations on the Buckinghamshire Substance Misuse Group are now jointly working with these colleges and universities to improve information and support for students.

9.3 Early identification of alcohol and brief advice

The Alcohol Change UK drinks checker helps people identify how much they are drinking. It provides them with advice on how to cut down their drinking. If they consent, it provides an automatic referral to local adult alcohol services, One Recovery Bucks, for specialist support.

One Recovery Bucks offers training to a wide range of organisations in Buckinghamshire on: drug and alcohol awareness, Identification and Brief Advice (IBA) and the treatment options for alcohol users, including how to refer. IBA training covers the consequences of alcohol consumption, drink driving and UK drinking guidelines, how to identify risky drinking and different levels of risk using the AUDIT C and full AUDIT tool, brief advice on how to inform and motivate people to reduce their drinking, and the treatment options for those who need support. Since April 2018, 940 professionals have been trained in drug and alcohol awareness, 59 in IBA and 82 in treatment options.

9.4 Support for children and young people who use alcohol

Switch Bucks started in October 2018. It supports children and young people age 10-18 years (and up to 25 years in exceptional cases) across Buckinghamshire who are experiencing substance misuse related issues, are at risk of developing problematic substance misuse, or are impacted by substance use of a parent or other family member.

The goals of Switch Bucks are to reduce risk, reduce harm, and help young people be better able to cope with the challenges they face in their lives. It offers one to one and group support, information and advice for parents and carers, general health and wellbeing support, life skills development and vocational qualifications, and supported access to local activities such as music, art and craft. The service has a presence in the town centres of High Wycombe and Aylesbury, and delivers support via community venues in Chiltern and South Buckinghamshire.

It is open five days a week from 9.30am-6.00pm.
switchbucks@cranstoun.org.uk

9.5 Support for adults who use alcohol

One Recovery Bucks is for people aged 18 or over who have substance misuse issues and/or who are affected by someone else's substance misuse. It offers a range of interventions and support to help individuals to recover from the misuse of alcohol and drugs enabling them to be full and active citizens. These services are provided by doctors, nurses, recovery case workers, community development workers and peer mentors and coaches. The interventions include information and advice, needle exchange, detoxification, substitute prescribing, talking therapies, health and wellbeing checks, peer support, and practical support, such as access to housing, training, and finance advice.

The service also closely supports families and carers who have been directly affected by someone else's alcohol and drug use.

The service has a presence in Aylesbury, High Wycombe, Chesham, Burnham and Buckingham and works in a number of community venues across the county to reach isolated service users. Services are available via the telephone, video conferencing and online.

One Recovery Bucks is available **five days a week, including three evenings** (up to 8pm on Mondays and Thursdays in High Wycombe, and Wednesdays in Aylesbury). Contact: 0300 772 9672

Working with GPs

When some people have successfully become abstinent from alcohol by receiving specialist support from One Recovery Bucks, their ongoing treatment can be managed by their GP, who can provide them with anti-craving drugs. Buckinghamshire County Council and One Recovery Bucks are working closely with the Clinical Commissioning Group and GPs to put in place a new agreement to enable GPs to support these people. The new agreement will be launched during 2019, and it is hoped that around 20-30 GPs across the county will sign up to offer this service.

Working together to support vulnerable people

One Recovery Bucks provides specialist support for people caring for someone with alcohol dependency. Other support for carers is also available via Carers Bucks.

People who have mental health problems are vulnerable to alcohol misuse, and people who misuse alcohol often have mental health problems. Having a mental health problem can make treatment for alcohol more complex. Both the alcohol misuse and the mental health problem need to be considered when any treatments are being planned. For example, some medications to treat depression can make overcoming alcohol addiction more difficult. It is therefore really important that mental health services and alcohol services work closely together.

One Recovery Bucks and Switch Bucks are working closely with Oxford Health NHS Foundation Trust which provides support and treatment for people with mental health problems in Buckinghamshire. Together they are improving referral pathways and coordination of treatment to ensure people with both these conditions can access both services when they need to, and receive the support they need for their mental health problems and their alcohol use at the same time.

9.6 Supporting families

Alcohol misuse can have devastating impacts on families, fracturing relationships, risking family income and causing intensive pressure. One Recovery Bucks and Switch Bucks are working closely together to support families where an adult family member or a young person is misusing alcohol or drugs.

Together they take a whole family approach offering support to all members of the family who are affected. This support includes information and advice via written publications, drop in sessions, online support and a helpline, group sessions, one to one support, safeguarding information, help to form and access community networks, parenting skill interventions for service users either via groups or one to ones, and support to family members and carers who wish to train as volunteers inside the One Recovery Bucks service.

9.7 Building recovery

One Recovery Bucks and partners across Buckinghamshire have developed a Recovery Network. This provides people at the end of their treatment journey support to find a job or training, to join a volunteering programme, to have somewhere to live, get support to look after their health, and build their social networks via groups such as Alcoholics Anonymous, Smart Recovery, and Al-Anon Family Groups.

9.8 Addressing access to alcohol

Buckinghamshire County Council Trading Standards works to identify illicit alcohol sales. They work closely with businesses, making visits to increase awareness of the law around illicit alcohol sales and how they can ensure staff are not inadvertently selling alcohol illicitly, such as by educating about till prompts to ask the age of the buyer, and what to do when the buyer refuses to share their age.

Trading Standards also works closely with Thames Valley Police and District Council Licencing Teams to share information about new sources of illicit alcohol.

Chapter 10
How to get help

If you are concerned that you or someone you know may need some help to reduce the harm from drinking alcohol, some resources are included below.

There are tools to check how much you are drinking and how this harms your health. The tools can also help you to reduce how much you drink. Below are several resources that may be used:

- One You – advice on easy ways to drink less
- Live Well Stay Well – talk with someone about your drinking and your lifestyle

If you or someone you love needs additional support with alcohol, below are a range of organisations that can help.

- One Recovery Bucks – local advice and support
- Alcoholics Anonymous – offers long term help and friendship to those in recovery via its 30 meetings in Buckinghamshire.
- Smart Recovery - Network of free self-help groups to help people sustain the recovery gains they achieve within treatment services.
- Buckinghamshire County Council – find local help and support

If you are pregnant or are a parent and are worried about a young person's alcohol use, these websites can help you.

- Advice on drinking while pregnant – learn how alcohol can affect your unborn baby
- Advice on talking to your child about alcohol – top tips for talking about alcohol, and what to do if your child comes home drunk
- Switch Bucks – local advice and support for young people who are drinking

If your family is being impacted by alcohol misuse, check out these websites:

- Switch Bucks and One Recovery Bucks– support for families affected by alcohol misuse in Buckinghamshire
- Adfam – advice and support to improve the lives of families experiencing the effects of alcohol misuse
- Al-Anon Family Groups - free and inclusive meetings for the benefit of the relatives and friends of drinkers
- Nacoa – advice and support for everyone affected by a parent's drinking

Chapter 11
Summary and recommendations

As this report shows the use of alcohol is widespread in our society and affected by the cultural norms around our drinking culture, which in turn is shaped by alcohol marketing, the availability and affordability of alcohol. Parental and peer influences affect our drinking behaviour in our formative years and alcohol use may also be a response to changing life events.

However, more than one in four adults in Buckinghamshire are drinking above the Chief Medical Officer's recommended guidelines and many of them may not realise they are harming their health. The harms caused by alcohol affects many aspects of life, including relationships, employment and, in some cases, results in the loss of homes and livelihoods or becoming involved in criminal acts. The harms may extend wider than the individual who is drinking too much, affecting families and children and wider society. However, change is possible; societal drinking habits can change over time, influenced by effective national policy and decades of research show that people can recover from alcohol addiction with the right support.

In Buckinghamshire we can start changing the conversation around alcohol, increase awareness of safer drinking levels and tackle the stereotypes that stop us recognising who might be drinking at levels that might cause harm. There is a role for all of us in this, but particularly for frontline staff in health and social care, where routinely asking simple questions about alcohol might result in someone getting the help they need and changing their life for the better.

These recommendations are particularly for the members of the multi-agency substance misuse strategy group, the organisations who are members of the Buckinghamshire Health and Wellbeing Board, the Buckinghamshire Integrated Care System and partners who have adopted the Buckinghamshire Shared Approach to Prevention.

Recommendation 1

Continue to develop multi-agency communications campaigns to:

- promote current advice on safer drinking
- raise awareness of the particular risks of drinking in groups at greater risk of harm (pregnant women, adults aged over 65 and young people)
- promote the benefits of a completely alcohol free childhood
- promote the full range of services available

Recommendation 2

Ensure that schools are prepared for the implementation of the statutory health education element (which includes education on alcohol) of the Personal, Social Health and Economic education, (PSHE curriculum).

Recommendation 3

Increase the knowledge and provide training for key frontline staff on the health risks and wider risks of alcohol and the importance of assessing alcohol intake.

Recommendation 4

Roll out training on Identification and Brief Advice (IBA) across the health and social care Integrated Care System (ICS) and ensure all ICS partners have processes for assessing and recording alcohol intake through the use of the Audit C tool, and increase early referral to appropriate services.

Recommendation 5

Undertake engagement work with target groups to increase uptake of alcohol treatment and support services for under-represented groups.

Recommendation 6

Continue to develop and improve services for those with co-existing substance misuse and mental health problems.

Recommendation 7

Implement shared care for alcohol misuse between primary care and specialist services across Buckinghamshire.

Recommendation 8

Work with partners to promote safe drinking in their employees.

Chapter 12
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Glossary

Alcohol Dependence is a cluster of behavioural, cognitive and physiological phenomena that develop after repeated alcohol use, including:

- A strong desire to drink alcohol
- Difficulties in controlling its use
- Persistent use in spite of harmful consequences
- Prioritising alcohol over other activities and responsibilities
- And with evidence of increased tolerance and sometimes a physical withdrawal state.

Alcohol Harm Paradox is the concept whereby disadvantaged populations who drink the same or lower levels of alcohol, experience greater alcohol-related harm than more affluent populations

Alcohol-related admission (narrow definition) is an admission to hospital where the primary diagnosis is an alcohol-related condition, or a secondary diagnosis is an alcohol-related external cause

Alcohol-related death are deaths from alcohol-related conditions based on the underlying cause of death as registered.

Alcohol-specific admission is an admission to hospital where the primary diagnosis or any of the secondary diagnoses are an alcohol-specific (wholly attributable) condition

Alcohol Use Disorder is a term used to describe when people are drinking at hazardous and harmful levels, as well as those who are dependent on alcohol.

Binge Drinking - In England binge drinking is defined as drinking eight units of alcohol for men or six units for women on a single occasion.

Body mass index (BMI) is a measure that uses your height and weight to work out if your weight is healthy (weight in kg divided by height in metres squared).

Child in Need is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired, without the provision of services; or a child who is disabled.

Foetal alcohol spectrum disorders (FASD) are a group of conditions that can occur in a person whose mother drank alcohol during pregnancy. These effects can include physical problems and problems with behaviour and learning.

Higher Risk Drinking means drinking more than the recommended 14 units of alcohol per week.

Looked after Child is defined under the Children Act 1989. A child is looked after by a local authority if a court has granted a care order to place a child in care, or a council's children's services department has cared for the child for more than 24 hours.

Parental alcohol misuse refers to a spectrum of problem drinking by those with parental responsibility for children.

Units of alcohol - Units are a simple way of expressing the quantity of pure alcohol in a drink.

Years of Life Lost due to alcohol-related conditions – the age-standardised rate of potential years of life lost in adults aged under 75 years due to alcohol-related causes.

By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

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