HEALTH SCRUTINY FORUM AGENDA

HARTLEPOOL BOROUGH COUNCIL

Tuesday, 9 March 2010

at 3.00 pm

in Council Chamber
Civic Centre, Hartlepool

MEMBERS: HEALTH SCRUTINY FORUM:

Councillors Barker, Brash, S Cook, A Lilley, G Lilley, Plant, Sutheran, Worthy and Young

Resident Representatives:
Mary Green, Jean Kennedy and Linda Shields

1. **APOLOGIES FOR ABSENCE**

2. **TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**

3. **MINUTES**

   3.1 To confirm the minutes of the meeting held on 19 February 2010 (to follow)

4. **RESPONSES FROM LOCAL NHS BODIES, THE COUNCIL, EXECUTIVE OR COMMITTEES OF THE COUNCIL TO FINAL REPORTS OF THIS FORUM**

   No items.

5. **CONSIDERATION OF REQUEST FOR SCRUTINY REVIEWS REFERRED VIA SCRUTINY CO-ORDINATING COMMITTEE**

No items.

6. **CONSIDERATION OF PROGRESS REPORTS / BUDGET AND POLICY FRAMEWORK DOCUMENTS**

No items

7. **ITEMS FOR DISCUSSION**

Scrutiny Investigation into 'Alcohol Abuse – Prevention and Treatment'

7.1 Evidence around impact and good practice

(a) Covering Report – *Scrutiny Support Officer*;

(b) Verbal Evidence from Cleveland Police;

(c) Evidence on the Impact on Licensing – *Principal Licensing Officer*; and

(d) Written Evidence from Balance North East.

7.2 Evidence from the Joseph Rowntree Foundation – Covering Report – *Scrutiny Support Officer*

8. **ISSUES IDENTIFIED FROM FORWARD PLAN**

No items.

9. **FEEDBACK FROM RECENT MEETING OF TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE**

9.1 Tees Valley Health Scrutiny Joint Committee Update– *Scrutiny Support Officer*

10. **ANY OTHER ITEMS WHICH THE CHAIRMAN CONSIDERS ARE URGENT**

ITEMS FOR INFORMATION

Date of Next Meeting:- Tuesday, 13 April 2010 at 3.00 pm in the Council Chamber, Civic Centre, Hartlepool

HEALTH SCRUTINY FORUM

MINUTES

19 February 2010

The meeting commenced at 3.00 pm at Greatham Community Centre, Hartlepool

Present:

Councillor: Jonathan Brash (In the Chair);

Councillors: Alison Lilley and Geoff Lilley

Resident representative:
Jean Kennedy

Officers: James Walsh, Scrutiny Support Officer
Denise Wimpenny, Principal Democratic Services Officer

Also Present: John Lovatt, Assistant Director of Adults, North Tees and Hartlepool Foundation Trust
Ali Wilson, Director of Health Systems and Estates Development, NHS Hartlepool
Linda Watson, Clinical Director of Community Services, North Tees and Hartlepool NHS Foundation Trust
Jennifer Jones, Health Visitor, North Tees and Hartlepool NHS Foundation Trust
Sharon Bartram, Health Trainer, North Tees and Hartlepool NHS Trust

112. Apologies for Absence

Apologies for absence were submitted on behalf of Councillors Barker, Plant and Young and Resident Representatives, Mary Green and Linda Shields

113. Declarations of Interest by Members

None

114. Minutes of the meeting held on 2 February 2010

Confirmed

115. Responses from the Council, the Executive or Committees of the Council to Final Reports of this Forum

None.

116. Consideration of request for scrutiny reviews referred via Scrutiny Co-ordinating Committee

None.

117. Consideration of progress reports/budget and policy framework documents

None.

118. Suspension of Greatham Clinic from 11 Front Street, Greatham – Written and Verbal Evidence from Hartlepool Primary Care Trust and North Tees and Hartlepool NHS Foundation Trust *(Scrutiny Support Officer)*

As a result of concerns raised by Members at the meeting of this Forum on 1 December 2009 that the Health Centre in Greatham had been closed without notification to residents, Members and staff working at the health centre, notification had been received from NHS Hartlepool (Hartlepool PCT) that the service had not been withdrawn but that 11 Front Street had been assessed as inappropriate for delivery of clinical treatments and that alternative arrangements were being sought, with interim measures in place for the delivery of the baby clinic from Greatham Community Centre and adult patients being offered home visits.

Due to the level of concerns regarding the feasibility of the interim arrangements at today's meeting representatives from NHS Hartlepool and North Tees and Hartlepool NHS Foundation Trust had been invited to attend to provide background information to the decision to suspend the service and provide information on the interim arrangements and future options for delivery of the service.

The Director of Health Systems and Estates Development was in attendance at the meeting and introduced representatives from the foundation trust responsible for setting up the clinic.

The Clinical Director of the NHS Foundation Trust provided a verbal update which focused on the following areas:-

(a) The reasons for suspension of the service/implications of continuing with the service from 11 Front Street – outcome of quality review

inspection of the premises and compliance with statutory regulations, significant problems identified in terms of clinical safety and health and safety

(b) Options for future provision of community services at Greatham

Discussion ensued in which the following issues were raised:-

(i) In response to a Member query regarding any issues of cross infection at the centre, the Director advised that whilst there had been no cross infection problems at the centre and acknowledging the frustrations of residents, compliance with statutory regulations was an issue that must be treated seriously.

(ii) Some concern was expressed regarding the timescales involved in the decision to close the centre and the communication of this decision to Councillor G Lilley that alternative premises would be available by the end of 2009. The Forum was advised that a number of alternative premises had been explored which had not been suitable and apologies were submitted for raising expectations that the service would be restored by the end of the year.

(iii) Reference was made to the NHS's statutory responsibility to consult with the Forum regarding any significant changes in service and the Forum indicated their concerns relating to the lack of consultation/communication with the Forum and service users in this regard. The Director of Health Systems accepted that informal notification to Councillor Lilley had not been an adequate form of consultation and acknowledged the joint responsibilities of NHS Hartlepool and the Foundation Trust in relation to effective community engagement. It was also noted that at the time of the suspension of service from 11 Front Street, there was a realistic hope that an alternative venue could be found quickly so negating the need for consultation with scrutiny over a significant change of service.

(iv) A representative from the Hospital of God commented on the communication problems experienced with NHS Hartlepool regarding the expiry of the lease to which no progress had been made. The Director agreed to discuss the details following the meeting and respond under separate cover.

(v) In response to a request for clarification, Members were advised of the inspection process as well as clinical and health and safety regulations that had been considered and contributed towards the decision to suspend the service.

The Assistant Director of Adults at the Foundation Trust went on to outline the operational framework which included services provided by the Health and Social Care Locality Teams and responsibilities of the Rapid Response Team to support the needs of people in Hartlepool.

The Director of Health Systems and Estates Development, NHS Hartlepool reported on additional service developments to support the needs of people in Hartlepool including the extension of GP services.

Further discussion ensued which included the following issues:-

(i) The Chair queried what services the patients who regularly attended the Greatham clinic were now receiving and whether there were any services they could not access. The Clinical Director reported on the types of services available to patients in the home, via the GP practice and the walk-in centre. The Clinical Director pointed out that the new Fens practice was considered a suitable practice for residents of Greatham.

(ii) A number of comments and queries were raised including the invaluable experience of the Health Visitor who provided the service at Greatham Clinic and benefits to the community, the estimated costs of bringing the Greatham clinic up to an acceptable standard, the level of use of the Greatham clinic and the need for health services in the south of the town.

(iii) Concerns were expressed that services were being extended in the centre of the town to the detriment of residents in the south. The Forum was advised that it was not possible to modify 11 Front Street to meet statutory regulations. The importance of decisions being based on health needs and health data for Greatham as well as cost were highlighted.

(iv) With regard to future service provision, a Member referred to temporary health services that had been provided from portacabins in other areas of the town and were of the view that a temporary facility of this type be explored for the village. Some concern was expressed regarding the disadvantages of accessing facilities at the Fens Practice, particularly for elderly residents as well as the cost implications of health professionals visiting patients at home. The Director advised that it was the cost of providing an appropriate building to provide a clinical service that was problematic and there was a need to discuss potential options to enable resources to be planned for the future.

(v) The Forum reiterated the importance of the original services being delivered in the village. In response, it was reported that NHS Hartlepool were currently in the process of developing an options appraisal with regard to a new facility, details of which were included in the report. Further feasibility work was currently being carried out in respect of the Community Centre and Florist Shop so that consideration could be given to required building improvements and their potential costs and value for money assessments.

(vi) Details of the type of services accessed were provided including population data by age group, unemployment and worklessness figures as well as levels of deprivation. Members were assured that no decision had been taken on the future of the service and that was a decision for the Board to determine based on local health needs and statistical data. A Member added that the statistics provided were based on ward information and were not an accurate reflection of the needs of Greatham residents. In order to identify future service requirements, the Director advised

that further statistical information was being collated including take up rates of services and reasons for attendance.

(vii) The Forum further discussed the suitability of premises, the options available and the availability and access to medical records.

(viii) A representative from the Health Trainer team outlined the role of health trainers which was primarily relating to prevention issues and advice and support on health related issues. The value of input from residents to develop community activities and encourage take-up of exercise was highlighted. A member of the public advised that there were a number of established groups in the community and indicated the priority for clinical services.

(ix) The Forum queried how residents could be involved in the process and how representations could be made to NHS Hartlepool regarding concerns relating to future service delivery. In response, Members were advised that the Chair could make direct representations on behalf of residents to the NHS Hartlepool Board if appropriate.

(x) The Chair queried if suitable premises were secured that met clinical governance standards whether these services could be provided. It was reported that this was a decision for the NHS Hartlepool Board to determine based on previous information on the level of demand for clinical services.

(xi) The importance of effectively communicating information relating to the interim service arrangements to patients accessing the service was emphasised. The Director agreed to ensure notices were displayed in appropriate locations and a mail shot distributed to all Greatham residents setting out the interim arrangements.

(xii) The Forum requested that an options plan together with costs of how the same level of service could be provided be submitted to a future meeting of the Forum.

(xiii) Details of the services provided at the clinic by type were outlined. In order to determine the most appropriate method of delivering future services a number of issues would be explored including level of take up of services, cost of service delivery, value for money and whether the service could be delivered in a different way.

(xiv) Following further discussion with regard to how services could continue in Greatham, the Chair clarified that it was envisaged that all services that did not require a clinical setting should resume in Greatham. In relation to services that required a clinical setting a consultation process should be undertaken with residents and shared with the Forum.

The Chair thanked the representatives for their attendance and responding to the Forum's questions.

Recommended

(i) That the information given, be noted and an options plan in relation future service provision be awaited.

119. Six Monthly Monitoring Update of Agreed Health Scrutiny Forum's Recommendations (*Scrutiny Support Officer*)

Details of progress made on the delivery of the agreed scrutiny recommendations against investigations undertaken by the Forum since the 2005/06 municipal year were presented to Members. A summary report, attached at Appendix A and C provided a break down on progress made by investigation and Appendix B and D provided a detailed explanation of progress made against each recommendation that was either expected to achieve target or not expected to achieve target.

In relation to the scrutiny investigation into Reaching Families in Need and the recommendation to roll out the Connected Care Programme, a Member requested that details of the complete independent evaluation be provided to all Members of the Health Scrutiny Forum. In response to this request, it was agreed to circulate this information directly to Forum Members and Resident Representatives electronically, where possible, and arrange for a hard copy to be available in the Members library.

Recommended

(i) That progress against the Health Scrutiny Forum's (incorporating the former Adult and Community Services and Health Scrutiny Forum) agreed recommendations since the 2005/06 municipal year, be noted.
(ii) Details of the independent evaluation be provided to all Members of the Health Scrutiny Forum.

120. Issues Identified from Forward Plan

None.

121. Joint Feedback from Recent Meeting of Tees Valley Health Scrutiny Joint Committee

None.

122. Date and Time of Next Meeting

It was reported that the next meeting would be held on Tuesday 9 March 2010 at 3.00 pm in the Council Chamber.

The meeting concluded at 2.15 pm.

CHAIRMAN

HEALTH SCRUTINY FORUM

9 March 2010

Report of: Scrutiny Support Officer

Subject: ALCOHOL ABUSE - PREVENTION AND TREATMENT – IMPACT AND GOOD PRACTICE – COVERING REPORT

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1. PURPOSE OF THE REPORT

1.1 To provide Members with an introduction to the final evidence gathering session around Impact and Good Practice as part of this Forum's investigation into 'Alcohol Abuse – Prevention and Treatment'.

2. BACKGROUND INFORMATION

2.1 Members will recall that at the meeting of this Forum on 1 September 2009, the Terms of Reference and Potential Areas of Inquiry / Sources of Evidence were approved by the Forum for this scrutiny investigation into 'Alcohol Abuse – Prevention and Treatment'.

2.2 Subsequently at today's meeting a number of presentations will be received by Members of the Health Scrutiny Forum surrounding those organisations involved in Treatment Services aimed at helping those people suffering from alcohol abuse and misuse.

2.3 Detailed below are the organisations and representatives who have agreed to provide evidence on their involvement in Treatment Services:-

(a) **Cleveland Police** – providing verbal evidence of the domestic impact of alcohol abuse on families, the role of magistrates and the impact on the night-time economy;

(b) **Principal Licensing Officer** – providing evidence on the implications of the Licensing Regulations 2003 and the findings of a recent survey into the night-time economy in Hartlepool;

(c) **Balance North East** – attached as **Appendix A** to this report is Balance North East's recent press release on strong, low cost alcohol. Attached as **Appendix B** to this report are Balance North East's key messages and attached as **Appendix C** to this report is Balance North East's complete report in relation to low cost alcohol.

3. RECOMMENDATIONS

3.1 That Members note the content of this report and the presentations from the representatives detailed in section 2.3, seeking clarification on any relevant issues where felt appropriate.

Contact Officer:- James Walsh – Scrutiny Support Officer
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Hartlepool Borough Council
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BACKGROUND PAPERS

The following background paper was used in the preparation of this report:-

(i) Report of the Scrutiny Manager titled 'Scrutiny Investigation into 'Alcohol Abuse – Prevention and Treatment' – Scoping Report,' presented at the meeting of the Health Scrutiny Forum of 1 September 2009.

NEWS RELEASE **7.1(a)**

03 March 2010 **Appendix A**

EMBARGOED UNTIL 00:00 HOURS THURSDAY, FEBRUARY 4

Strong, cheap alcohol is ruining the North East's health and wealth

Alcohol sold for pocket money prices is seriously damaging the health and wealth of the North East, according to the region's alcohol office.

Balance today (w/c January 25) publishes its price survey report *Selling alcohol at pocket money prices* which investigates how cheaply supermarkets and off licences are selling strong alcohol.

As part of a worrying trend for super-low prices, the report reveals that a two-litre bottle of cider is available from three of the big four supermarkets for £1.21, or just 14p per unit of alcohol, and is even cheaper at the region's discount outlets.

Across the North East, lager is being sold at 22p a can, a 70cl bottle of vodka for as little as £6.98 and cans of super strength lager and industrial white cider, which contain the daily safe alcohol limit for an adult male, for less than a loaf of bread.

Colin Shevills, Director of Balance, said: "Alcohol is being sold at pocket money prices. In fact, armed with the UK average pocket money of £6.24, young consumers can purchase enough alcohol to drink twice the recommended daily limit for an adult male, every day of the week.

"Cheap alcohol is fuelling the North East's problem with drink. Alcohol is a primary instigator in violent crime. It increases hospital admissions which drain vital NHS resources. It encourages absenteeism and causes disability which increases the amount of benefit claims.

"Research shows the more we consume, the more of a problem alcohol becomes. Supermarkets are central to our increased consumption, aggressively promoting alcohol which they routinely sell below cost to encourage shoppers through their doors. The ridiculously low prices set out in our report make it clear that alcohol pricing cannot be left to supermarkets and off licences alone."

Jon Stoddart, Chief Constable of Durham Constabulary and member of the The North East Strategic Alcohol Board, said: "While illegal drugs tend to get all the headlines, the issue of alcohol misuse presents us with serious problems right across the whole spectrum of criminality, ranging from minor nuisance, disorder, violence and damage up to rape, organised crime and murder. We need to get to the root of this problem and address the issue of cheap, strong alcohol as set out in Balance's report."

The survey was conducted in supermarkets, discount supermarkets and off licences across the region in November 2009. In addition to prices, *Selling alcohol at pocket money prices* contains new figures which reveal the extent of the damage which alcohol misuse is inflicting upon the North East. Across our region:

- alcohol specific hospital admissions are up to 62% higher than the national average
- rates of death from chronic liver disease increased by 15% for men and 5% for women between 2004 and 2008
- alcohol related issues cost the economy more than £1bn a year or £400 for every man, woman and child in the North East
- nearly half of all violent crime is alcohol related
- almost half of all adults believe alcohol is a major cause of crime
- between 2008 and 2009 the region's three police forces dealt with more than 6,000 domestic abuse incidents where alcohol was a factor
- claims for incapacity benefit and severe disablement allowance due to alcoholism are the second highest in the country.

Balance is using *Selling alcohol at pocket money prices* to support the introduction of a minimum price per unit of alcohol, which would link the price of an alcoholic drink to its strength. The report has been accompanied by an open letter to Government from the North East's directors of public health which calls for the introduction of a minimum price.

Colin explained: "Information, education and individual responsibility are clearly all part of tackling the UK's serious problem with alcohol, but we cannot ignore the clear link between alcohol price and consumption and need to address the widespread availability of cheap alcohol."

Research carried out by the University of Sheffield shows that a minimum price of 50p per unit would cut consumption and consequentially deaths, crimes and hospital admissions and reduce the economic burden. It also suggests that if a minimum price of 40p a unit was introduced, moderate drinkers would only be estimated to spend an extra 21p per week on alcohol.

"A minimum price is about ensuring alcohol is not available for pocket money prices. It will have greatest effect on strong, cheap alcohol, for instance, the introduction of a minimum price would have no effect on the price of a pint in your local," added Colin.

Headline findings from the report

It comes as no surprise that alcohol is widely and cheaply available. However, some of Balance's findings show just how low supermarkets and off licences in the North East are prepared to go to attract customers.

- Cider is the cheapest alcoholic drink, available in discount supermarkets for just 12p per unit and 14p per unit from the big four supermarkets and off licences (both independent and chains).

- Own brand lager and bitter (2%, between 0.9 and 1 unit) is available for as little as 22p a can.

- Cans and bottles of leading brand lager and bitter (1.5 – 1.8 units) are available for less than £1 at most supermarkets – cheaper than a 500ml bottle of a leading cola.

- Own brand vodka can be purchased for as little as 27p a unit, or £6.98 for an entire bottle (containing 37.5 units).
- Using the average weekly pocket money of £6.24, young consumers can buy five bottles of dry cider with a combined total of 42 units, twice the recommended safe weekly limit for an adult male, with change to spare.
- A 500ml can of 7.5% Diamond White Cider, containing the daily safe limit for an adult male, is routinely available at off licences across the region for less than the price of a 500ml bottle of a leading cola.
- A two litre bottle of cider (containing 8.4units) or a can of leading brand super-strength lager can be purchased for less than the price of a loaf of bread or six eggs.

Notes to editors
Balance is the North East of England's alcohol office, the first of its kind in the UK. It aims to encourage people in the North East to reduce how much alcohol they drink so they can live healthier lives in safer communities.

- ENDS -

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Minimum price report

Key messages

1. Our problem with alcohol – some context

In the North East, almost a third of men and a quarter of women are drinking at above recommended limits (3-4 units of alcohol a day for a man or 2-3 units for a woman).

Alcohol misuse is damaging the health, wealth and wellbeing of North East families and communities.

Alcohol specific hospital admissions are up to 60% higher than the national average.

The number of deaths from alcoholic liver disease rose by almost a third between 2004 and 2008.

Importantly it's not just harming the individual. We are all suffering:

- 46% of all violent crime is alcohol related
- between 2008 and 2009, the region's three police forces dealt with 6,468 domestic abuse incidents where alcohol was a factor
- alcohol-related issues cost our economy more than £1bn a year – that's £400 for every man, woman and child in the region.

The more we drink, the bigger our problems.

2. The link between price and consumption

Sir Liam Donaldson has called on Government to set a minimum price for a unit of alcohol this has been backed by research conducted by the University of Sheffield.

Alcohol is 75% more affordable today, in relative terms, than it was in 1980 while alcohol consumption has more than doubled over the last 40 years.

In the North East, one in three of us admits that discounts and drinks promotions increase the amount we consume.

3. Alcohol is too cheap

The Balance survey shows alcohol is available for pocket money prices from supermarkets and off licences across the North East. Survey headlines include:

- Cider sold at 12p a unit
- Cans of lager at just 22p
- Vodka for £6.98 for a 70cl bottle
- 500ml can of 7.5% superstrength cider, containing the daily safe limit for an adult male for less than the price of 500ml bottle of a leading cola.
- Using the average weekly UK pocket money of £6.24 young consumers and heavy drinkers can buy five bottle of supermarket brand cider (a total of 42 units

– twice the recommended weekly safe limit for an adult male) with change to spare.

At these pocket money prices, it's little wonder that sales from the off trade now account for almost half of all alcohol sold in the UK and that home drinking in the UK increased by 18% between 1997 and 2007.

4. What we must do

The North East needs to act now to reduce its alcohol consumption and the damage it is doing. We need to look carefully at introducing a minimum price at which alcohol can be sold, as part of a wide-ranging package of measures.

5. Why a minimum price

A minimum price would increase the price of drinks which have high alcohol content but are usually very cheap.

It is based on the number of units contained within the drink. The more units it contains, the stronger it is and the more expensive it would become if a minimum price was introduced.

Research shows that a minimum price of 50p per unit would cut consumption and consequentially deaths, crimes and hospital admissions and reduce the economic burden.

6. What a minimum price would do

If a minimum price of 40p a unit was introduced, moderate drinkers would only be estimated to spend an extra 21p per week on alcohol.

A minimum price will have a greater effect on heavy and younger drinkers as these are the groups which traditionally buy cheap alcohol. Generally speaking, it will have little or no impact on the price of a pint in the pub. At around £2 and containing 2-3 units, a pint is priced above the level required by a minimum price set at 40p or 50p a unit.

The introduction of a minimum price would have a significant effect on the price of cheap strong alcohol sold by the off trade. For instance, a supermarket brand cider, sold for £1.85 a two litre bottle and containing 10.6 units (17p a unit) would increase in price to £5.30 a bottle should a minimum price of 50p a unit be introduced.

All of us stand to gain from the introduction of a minimum price. Heavy drinkers would drink less, benefitting themselves and their families. The pub trade will see a reduction in the threat to their business from cheap off trade alcohol. Small retailers will be on a level playing field with supermarkets. Moderate drinkers will face minimal effect (as little as 21p extra a week) but stand to gain from savings made by reducing policing, health and social care costs.

7. What a minimum price is not

Minimum price has been misrepresented as a tax on alcohol. It is not. The Government won't receive a penny. A minimum price is a floor below which retailers cannot sell alcohol.

Some have argued that a minimum price would contravene UK competition law. The Office of Fair Trading has ruled that minimum pricing imposed by a Government body is within competition law, as it is not engaging in economic activity.

8. Support for minimum price

Supporters of a minimum price include the Chief Medical Officer Sir Liam Donaldson, The House of Commons Select Committee for Health, the BMA, the Association of Chief Police Officers and even some in the drinks industry, Molson Cours and Tenants for example.

9. Balance's plans for the price survey

The report has been issued to those organizations which see some of the greatest impact of our alcohol misuse – health trusts, police forces and local authorities, who we have asked to contact their MP to voice their support/have their say.

Anyone can register their support/opinion at

http://www.balancenortheast.co.uk/campaigns-lobby/

The survey has been accompanied by an open letter which has been sent to the Government calling for a minimum price. The letter has been *supported by an open* letter to the national press by all the region's Directors of Public Health.

11. About the report

Balance, the North East Alcohol Office, has been collecting evidence to support the introduction of a minimum price to clamp down on cheap alcohol sales. In November 2009, we visited each of the 12 local authority areas, gathering information on the price of alcoholic drinks in supermarkets, discount supermarkets and off-licences.

12. About Balance

Balance is the North East of England's alcohol office, the first of its kind in the UK. It aims to encourage people in the North East to reduce how much alcohol they drink so they can live healthier lives in safer communities.

BALANCE
Getting the measure of alcohol

SELLING ALCOHOL
AT POCKET MONEY PRICES

ABOUT BALANCE

Balance is the North East of England's alcohol office, the first of its kind in the UK. It aims to encourage people in the North East to reduce how much alcohol they drink so they can live healthier lives in safer communities.

The true cost of alcohol

Cheap alcohol is fuelling a surge in alcohol harm across the North East.

While we all love a bargain, irresponsible loss leading or selling below cost in the name of competition is seriously damaging the health and wealth of our region. In the North East:

- 30% of men and 24% of women drink at levels of increasing risk of harm (3-4 alcohol units a day for men or 2-3 units a day for women).[1]
- Alcohol specific hospital admissions are up to 62% higher and alcohol related hospital admissions are 40% higher than the national average.[2]
- 46% of all violent crime is alcohol related.[3]
- Between 2008 and 2009 the region's three police forces dealt with 6,468 domestic abuse incidents where alcohol was a factor.[4]
- The number of deaths from alcoholic liver disease in the North East has increased from 235 to 309 (31%) between 2004 and 2008.[5]
- Alcohol-related issues cost our economy more than £1bn a year.[6]
- Claims for incapacity benefit and severe disablement allowance due to alcoholism are the second highest in the country.[7]
- Alcohol is related to more than 60 different medical conditions.[8]
- Almost half of all adults believe alcohol is a major cause of crime.[9]

Alcohol is too cheap

This report reveals that alcohol is being sold by the off-trade at prices which enable children, receiving the national average weekly pocket money, to drink twice the recommended safe limits for an adult male, every day of the week.

During November 2009, we visited supermarkets and off licences across the region. Our aim was to reveal the price at which alcohol is being sold to encourage customers through the door. This report exposes the fact that alcohol is widely available at pocket money prices.

The results provide major cause for concern, with the big four supermarkets routinely selling alcohol for as little as 14p per unit and discount supermarkets for 12p per unit.

We discovered that a 500ml can of 7.5% Diamond White Cider, containing the daily safe limit for an adult male, is routinely available at off licences across the region for less than the price of a 500ml bottle of a leading cola.

Super strength lager and own brand cider are cheaper than traditional components of the weekly shop, such as a standard sized loaf of bread. Because of this, we used an 800g Warburton's Seeded Batch as a control for this survey due to its widespread availability and consistency of price.

At such low prices, today's young people, armed with the national average of £6.24 a week pocket money[10], could drink twice the daily recommended amount for a man or a woman every day.

Speaking at an alcohol awareness day in County Durham for those aged 11-16, a young participant said: "You can get hammered for £3. There isn't much else you can do around here for £3." The young people present agreed, remarking that most activities were expensive and only lasted a short while, whereas drinking was cheap.

Drinking by young people is seen as a huge problem across the region. Youths drinking in parks and on street corners was a concern for nine out of 10 people questioned as part of the North East Big Drink Debate, conducted by Balance in June and July 2009.

National research carried out by the Institute of Alcohol Studies in 2008 shows that 15% of both boys and girls aged 13-15 reported drinking alcohol in the last seven days.

It's important to note that it's not just young people taking advantage of alcohol sold so cheaply.

Balance contends that the availability of alcohol at pocket money prices is at least partly a result of supermarkets promoting alcohol as a loss leader. To demonstrate the scale of the loss leading, Asda sells a 70cl bottle of own brand vodka for £6.98. From that, alcohol duty of £5.94 and VAT of 91p must be paid, leaving just 13p to cover manufacturing, packaging and distribution.

Asda and Tesco have admitted selling alcohol below cost price. Asda's head of licensing Rob Chester said: "Price is always going to be an issue. We will certainly at times sell alcohol below cost." While Alan Brown, Tesco's director for group loss, prevention and security, said: "We have no policy but in response to competition we will sell below the market price."

Cheap alcohol increases consumption

Today, alcohol is 75% more affordable, in relative terms, than it was in 1980[11].

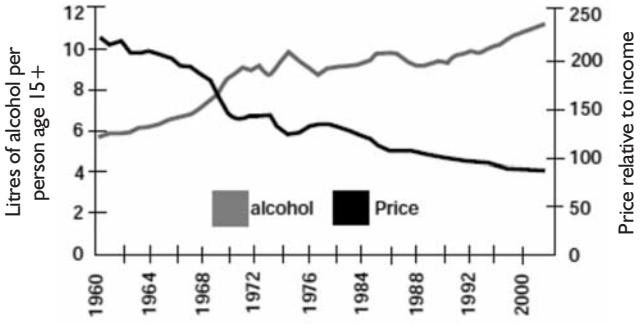
Sales from supermarkets and off licences now account for almost half of the alcohol sold in the UK[12].

The North East Big Drink Debate showed us that one in three of those surveyed said discounts and drinks promotions increased the amount they consumed.

Young men today consume twice as much on a regular basis as their grandfathers did[13], while home drinking in the UK increased by 18% between 1997 and 2007.[14]

In his latest report on the state of public health in England, Chief Medical Officer Sir Liam Donaldson, noted that over the preceding 20 years, the country's disposable income had risen faster than alcohol taxation, and alcohol had become ever more affordable. As a result, alcohol consumption had risen, and so too had the level of alcohol related harm.

There is no doubt that a strong relationship exists between price and consumption, an assertion supported by the Academy of Medical Sciences. In its report Calling Time, the Academy demonstrated the link between price and consumption in the following table:



Source: Tighe 2003

Support for increasing the price of alcohol

The introduction of a minimum price, or linking the price of alcohol to its strength, has already attracted high profile support – even amongst those in the drinks industry.

In November, Scotland once again led the way in improving public health (it was first to introduce legislation to tackle tobacco) when its Government put a bill before the Scottish Parliament suggesting a raft of measures, including the introduction of a minimum price. The Scottish Government's Alcohol Bill is particularly relevant to the North East. In terms of our relationship with alcohol, you could argue that our region has more in common with its next door neighbour than with areas of southern England.

Sir Liam Donaldson has called on Government to set a minimum price for a unit of alcohol. Backed by research conducted by the University of Sheffield, he has said that if a minimum price of 50p per unit was set, consumption by high risk drinkers would fall by more than 10% and by more than 3% among low risk drinkers. He argued that after 10 years a 50p minimum price per unit would:

- reduce the annual number of deaths from alcohol related causes by more than a quarter
- reduce the number of crimes by 46,000
- reduce hospital admissions by nearly 100,000
- save an estimated £1billion a year, by reducing hospital admissions, crimes, absenteeism and unemployment.

In its report Under the Influence – the damaging effect of alcohol marketing on young people, the British Medical Association (BMA) concluded that 'alcohol marketing communications have a powerful effect on young people'. The BMA supports a minimum price on a unit of alcohol.

At the time this report was being published, the National Institute for Health and Clinical Excellence, an independent organisation responsible for providing guidance on promoting good health and preventing and treating ill health, was consulting on a number of recommendations designed to prevent alcohol harm, including the introduction of a minimum price.The House of Commons Health Select Committee issued a report urging the Government to introduce a minimum price for alcohol, a rise in the duty on spirits and industrial white cider and tighter regulation of alcohol promotion. Minimum price has also been supported by the Royal College of Physicians and others in the medical profession, as well as some in the drinks industry.

The publican magazine launched its own campaign in support of minimum pricing – Make it Minimum, which included an online petition on the Number 10 website that had 1,069 signatures by the time it was submitted on October 21, 2009.

About this report

Between the 10th and 17th of November 2009, Balance visited supermarkets and off licences across the North East to examine how alcohol is promoted and sold. This report is the result of that work.

We visited 12 locations across the North East, corresponding to the 12 local authority and NHS Primary Care Trust boundaries. The specific locations were: Morpeth, Newcastle, Gateshead, Whitley Bay, South Shields, Easington, Sunderland, Darlington, Middlesbrough, Hartlepool, Redcar and Stockton.

At each location we captured data on the price of alcohol from a number of shopping outlets and took photographic evidence of how certain products were being promoted. In each area, where possible, we visited:

- one of the big four supermarkets (Morrisons, Tesco, Sainsbury's, Asda)
- a discount retailer (Lidl, Aldi, Netto)
- an off licence – independent or national chain.

We gathered price information on a basket of alcohol products, both branded and own label. To provide context, our chosen 'control' was a standard sized (800mg) loaf of Warburton's Seeded Batch (£1.47-8) and half a dozen eggs (£1.37-55) as these are products sold at all supermarkets and for a broadly similar price. They are also seen as staples of the weekly shop. Alarmingly, in each of the big four supermarkets you can buy six cans of own brand lager (2%) for less than a loaf of bread.

We were only able to capture data and compare prices of those products available in each store. At some smaller outlets, a certain brand of alcohol was not always available in the same volume or at all. In these cases, we chose the same brand in a different volume or a similar brand.

At some of the smaller discount shops, the types of drinks available were not always as broad compared to some of the larger stores – for example, at one store there was no cider on sale and in these cases we could not collect any data for that category of drink.

Therefore, we do not claim that this exercise has been exhaustive. It is meant only as a snapshot of the availability and affordability of alcohol in supermarkets and off licences in the North East.

Alcohol promotions

The report concentrates on price rather than offers and promotions, though these have been taken into account. We captured details of special promotions and offers at each store, for example volume deals, lowest price or money off discounts. We also noted Christmas-focused promotions.

Alcohol offers and promotions were prominently located and aggressively marketed at all the major stores, in a concerted bid to attract more customers and to sell product.

Importantly, alcohol promotions are not confined to the alcohol aisles. Frequently promotional displays are found at the entrance of supermarkets. We felt that there were more promotions dedicated to alcohol in each of the big four supermarkets than for any other type of product.

A variety of deals were on offer at all stores, including volume multi-pack offers, 2-for-1 type promotions on spirits, as well as mix and match promotions of alcopops, beer and lager, and 'better than half price' or three for £10 offers on wines.

In mid-November, all the supermarkets were gearing up for the festive period, with Morrisons locating its alcohol aisles alongside its 'Christmas Market' and Tesco promoting traditional 'Christmas' drinks such as a litre of Irish Cream for £8. The promotions all clearly placed alcohol at the heart of an enjoyable Christmas.

Some headline findings

It comes as no surprise that alcohol is widely and cheaply available. However, some of our findings show just how low retailers in the North East are prepared to go to attract customers.

- Cider is the cheapest alcoholic drink, available in discount supermarkets for just 12p per unit and 14p per unit from the big four supermarkets and off licences (both independent and chains).
- Own brand lager and bitter (2%, between 0.9 and 1 unit) is available for as little as 22p a can.
- Cans and bottles of leading brand lager and bitter (1.5 – 1.8 units) are available for less than £1 at most supermarkets – cheaper than a 500ml bottle of a leading cola.
- Own brand vodka can be purchased for as little as 27p a unit, or £6.98 for an entire bottle (containing 26.25 units).
- Using the average weekly pocket money of £6.24, young consumers can buy five bottles of dry cider with a combined total of 42 units, twice the recommended safe weekly limit for an adult male, with change to spare.
- A 500ml can of 7.5% Diamond White Cider, containing the daily safe limit for an adult male, is routinely available at off licences across the region for less than the price of a 500ml bottle of a leading cola.
- A two litre bottle of cider (containing 8.4 units) or a can of leading brand super-strength lager can be purchased for less than the price of a loaf of bread or six eggs.
- Alcopops are the most expensive of the alcoholic drink categories.
- Supermarkets are generally cheaper than off licences.

Cider

At each of the supermarkets, cider was the cheapest drink available, with prices as low as 14p per unit at Asda and Tesco Extra.

A 2ltr bottle of own brand cider can be purchased from Sainsbury's, Asda and Tesco for less than the price of a loaf of bread. When it came to the major brands, prices began at just 18p per unit of alcohol for Orchard Hills Medium Dry Cider.

OWN BRANDS

Supermarket	Product	Volume	Strength	Price	Units	Price per unit
Morrisons Newcastle and Morpeth	Morrisons Dry Cider	2ltr	5.3%	£1.85	10.6	17p
	Morrisons White Cider	2ltr	5.3%	£2.33	10.6	22p
Sainsbury's Gateshead	Sainsbury's Basics White Cider	2ltr	2.1%	£1.21	4.2	29p
Morrisons Whitley Bay	Morrisons White Cider	2ltr	5.3%	£2.33	10.6	22p
Asda South Shields, Easington, Sunderland, Darlington, Stockton, Middlesbrough	Asda Smart Price Dry Cider	2ltr	4.2%	£1.21	8.4	14p
Tesco Extra Hartlepool	Tesco Value Cider	2ltr	4.2%	£1.21	8.4	14p

MAJOR BRANDS

Supermarket	Product	Volume	Strength	Price	Units	Price per unit
Morrisons Newcastle	Magners Cider	568ml	4.5%	£2.00	2.56	78p
	Strongbow	2ltr	5.3%	£2.78	10.6	26p
Morrisons Morpeth	Bulmers	568ml	4.5%	£1.67	2.56	65p
Asda South Shields, Easington, Sunderland, Darlington, Stockton, Middlesbrough	Diamond White	2ltr	7.5%	£3.07	15	20p
	Magners	2ltr	7.5%	£3.07	15	20p
Tesco Extra Hartlepool	Diamond White	2ltr	7.5%	£3.07	15	20p
	Bulmers	568ml	4.5%	£1.55	2.56	61p
Tesco Redcar	Bulmers	568ml	4.5%	£1.55	2.56	61p
	Diamond White	2ltr	7.5%	£3.07	15	20p
	Orchard Hills Medium Dry Cider	2ltr	5%	£1.79	10	18p

Beer and lager

A 440ml can of 2% own brand lager ranged from 22p-24p, with own brand bitter priced at 24p.

Premium lager and ales showed more variation in terms of cost per unit of alcohol – for example, a 440ml can of 9% Tennants Super Strength lager ranged from 32p per unit at Asda to 38p per unit at Tesco. Likewise, a bottle of Stella Artois ranged in cost per unit of alcohol from 39p to 56p. Conversely, the most expensive item, Marstons Pedigree, was calculated at a consistent 67p per unit at three of the big four where it was on sale at the time of the survey. A 440ml can of John Smith's Original was available at 41p-42p per unit.

OWN BRANDS

Supermarket	Product	Volume	Strength	Price	Units	Price per unit
Morrisons Newcastle, Whitley Bay	Morrisons Value Lager	440ml	2%	22p	0.9	24p
	Morrisons Best Bitter	440ml	3.5%	57p	1.6	36p
Morrisons Morpeth	Morrisons Lager	440ml	3.5%	60p	1.58	38p
	Morrisons Value Lager	440ml	2%	22p	0.9	24p
	Morrisons Value Bitter	440ml	2%	24p	0.9	27p
Sainsbury's Gateshead	Sainsbury's Basics Lager	440ml	2%	22p	0.9	24p
	Sainsbury's Basics Bitter	440ml	2%	24p	0.9	27p
Asda South Shields, Easington, Sunderland, Darlington, Stockton, Middlesbrough	Asda Smart Price Lager	440ml	2%	23p (24p at M'boro)	0.9	26p (27p at M'boro)
	Asda Smart Price Bitter	440ml	2%	24p	0.9	27p
Tesco Extra Hartlepool	Tesco Value Lager	440ml	2%	23p	0.9	26p
	Tesco Value Bitter	440ml	2%	24p	0.9	27p

MAJOR BRANDS

Supermarket	Product	Volume	Strength	Price	Units	Price per unit
Morrisons Newcastle, Whitley Bay and Morpeth	Tennants Super Strength	440ml	9%	£1.37	4	34p
	Stella Artois	330ml	5%	96p	1.7	56p
	Marstons Pedigree	500ml	5%	£1.67	2.5	67p
	John Smiths Original	440ml	3.8%	75p	1.8	42p
Morrisons Morpeth	Stella Artois	284ml	5%	60p	1.48	41p
Sainsbury's Gateshead	Tennants Super Strength	440ml	9%	£1.41	4	35p
	Stella Artois	330ml	5%	67p	1.7	39p
	Marstons Pedigree	500ml	5%	£1.67	2.5	67p
	John Smiths Original	440ml	3.8%	74p	1.8	41p

MAJOR BRANDS (Beer and lager cont.)						
Supermarket	**Product**	**Volume**	**Strength**	**Price**	**Units**	**Price per unit**
Asda Easington, Sunderland, Darlington, Stockton, Middlesbrough	Tennants Super Strength	440ml	9%	£1.29	4	33p
	Stella Artois	330ml	5%	82p	1.7	48p
Asda South Shields	Stella Artois	330ml	5%	70p	1.7	41p
Asda Sunderland	Tennants Super Strength	440ml	9%	£1.30	4	32p
	Stella Artois	330ml	5%	70p	1.7	41p
Asda Middlesbrough	Marstons Strong Pale Ale	500ml	5%	£1.67	2.5	67p
Asda Easington, Darlington, Stockton, South Shields	Wychwood Hobgoblin	500ml	5.2%	£1.67	2.6	64p
Asda Sunderland and Stockton	Wychwood Hobgoblin	500ml	5.2%	£1	2.6	38p
	John Smiths Original	440ml	3.8%	73p	1.8	41p
	John Smiths Extra Smooth	440ml	3.8%	97p	1.8	54p
Asda Darlington	John Smiths Extra Smooth	440ml	3.8%	85p	1.8	47p
Asda Easington	John Smiths Extra Smooth	440ml	3.8%	97p	1.8	54p
Asda South Shields	John Smiths Extra Smooth	440ml	3.8%	85p	1.8	47p
Tesco Extra Hartlepool and Tesco Redcar	Tennants Super Strength	440ml	9%	£1.50	4	38p
	Stella Artois	330ml	5%	88p	1.7	52p
	Marstons Pedigree	500ml	5%	£1.67	2.5	67p
	John Smiths Original	440ml	3.8%	74p	1.8	41p
	John Smiths Extra Smooth	440ml	3.8%	97p	1.8	54p

Spirits

In terms of spirits, own brand vodka is sold by the big four between 27p and 32p per unit.

A 70cl bottle of Smirnoff ranged from 32p per unit of alcohol at Morrisons to 48p per unit at Sainsbury's and Tesco.

OWN BRANDS

Supermarket	Product	Volume	Strength	Price	Units	Price per unit
Morrisons Newcastle, Morpeth, Whitley Bay	Morrisons Imperial Vodka	70cl	37.5%	£8.38	26.25	32p
Sainsbury's Gateshead	Sainsbury's's Basics	70cl	37.5%	£7.48	26.25	28p
Asda South Shields	Asda Vodka	70cl	37.5%	£8.36	26.25	32p
Asda South Shields, Easington, Sunderland, Middlesbrough, Stockton	Asda Smart Price Vodka	70cl	37.5%	£6.98	26.25	27p
Asda Darlington	Asda Smart Price Vodka	70cl	37.5%	£7.47	26.25	28p
Tesco Extra Hartlepool, Tesco Redcar	Tesco Value Vodka	70cl	37.5%	£7.48	26.25	28p

BRANDED SPIRITS

Supermarket	Product	Volume	Strength	Price	Units	Price per unit
Morrisons Newcastle, Whitley Bay	Smirnoff Vodka	70cl	37.5%	£12.49	26.25	48p
Morrisons Morpeth	Smirnoff Vodka	1ltr	37.5%	£12	37.5	32p
Sainsbury's Gateshead	Smirnoff Vodka	70cl	37.5%	£12.49	26.25	48p
Asda South Shields, Easington, Sunderland, Middlesbrough, Stockton	Smirnoff Vodka	70cl	37.5%	£11.73	26.25	45p
Tesco Extra Hartlepool, Tesco Redcar	Smirnoff Vodka	70cl	37.5%	£12.49	26.25	48p

Alcopops

Of those drinks we tested, alcopops are the most expensive per unit. They cost on average approximately 30p per unit of alcohol more than wine.

Supermarket	Product	Volume	Strength	Price	Units	Price per unit
Morrisons Newcastle,	WKD	275ml	4.5%	£1.05	1.24	85p
	Smirnoff Ice Red	275ml	4%	£1.08	1.1	98p
	Bacardi Breezer	275ml	4%	£1.05	1.1	95p
Morrisons Morpeth, Whitley Bay	WKD	275ml	4.5%	£1.05	1.24	85p
	Smirnoff Ice Red	275ml	4%	83p	1.1	75p
	Bacardi Breezer	275ml	4%	£1.05	1.1	95p
Sainsbury's Gateshead	WKD	275ml	4.5%	£1.12	1.24	90p
	Smirnoff Ice Red	275ml	4%	95p	1.1	86p
	Bacardi Breezer	275ml	4%	£1	1.1	91p
Asda South Shields, Easington, Sunderland, Middlesbrough, Stockton	WKD	275ml	4.5%	£1.05	1.24	85p
	Smirnoff Ice Red	275ml	4%	£1.05	1.1	95p
	Bacardi Breezer	275ml	4%	£1.05	1.1	95p
Tesco Extra Hartlepool	WKD	275ml	4.5%	£1.02	1.24	82p
Tesco Redcar	WKD	275ml	4.5%	£1.05	1.24	85p
Tesco Extra Hartlepool,	Smirnoff Ice Red	275ml	4%	95p	1.1	86p
Tesco Redcar	Bacardi Breezer	275ml	4%	£1.05	1.1	95p

Wines

Lambrini Bianco is by far the cheapest price per unit of alcohol in the wine category at 22p-28p across the supermarkets.

Widely available at pocket money prices, sweet tasting and available in a range of flavours, including cherry and bucks fizz, Lambrini is an underage favourite. Desktop research carried out by Balance revealed a review of Lambrini on a price comparison website, carried out by a young person who stated: "Overall this product is great for getting drunk cheaply. A lot of people say it doesn't taste nice but I am fond of it. I would advise it for teenagers and young adults." Asda was the cheapest for both Jacob's Creek Shiraz and Chardonnay varieties of wine, as well as for Lambrini.

Supermarket	Product	Volume	Strength	Price	Units	Price per unit
Morrisons Newcastle,	Jacob's Creek Chardonnay	75cl	13%	£6.74	9.8	69p
	Jacob's Creek Shiraz	75cl	14%	£5.98	10.5	57p
Morrisons Morpeth, Whitley Bay	Jacob's Creek Chardonnay	75cl	13%	£6.74	9.8	69p
	Jacob's Creek Shiraz	75cl	14%	£6.72	10.5	64p
	Lambrini Bianco	75cl	7.5%	£1.58	5.63	28p
Sainsbury's Gateshead	Jacob's Creek Chardonnay	75cl	13%	£6.70	9.8	68p
	Jacob's Creek Shiraz	75cl	14%	£6.72	10.5	64p
	Lambrini Bianco	75cl	7.5%	£1.50	5.63	27p
Asda South Shields, Easington, Sunderland, Darlington, Middlesbrough, Stockton	Jacob's Creek Chardonnay	75cl	13%	£4.00	9.8	41p
	Jacob's Creek Shiraz	75cl	14%	£5.48	10.5	52p
	Lambrini Bianco	75cl	7.5%	£1.24	5.63	22p
Tesco Extra Hartlepool, Tesco Redcar	Jacob's Creek Chardonnay	75cl	13%	£6.70	9.8	68p
	Jacob's Creek Shiraz	75cl	14%	£6.72	10.5	64p
	Lambrini Bianco	75cl	7.5%	£1.48	5.63	26p

DISCOUNT SUPERMARKETS

We carried out the same survey in cheaper supermarkets and tried to compare the prices of the same branded products at the big four supermarkets. However, Lidl, Aldi and Netto buy products in bulk and may not stock all of the same items or even all of the same products week by week.

In Whitley Bay, there is not a Netto, Aldi or Lidl, therefore, our researchers looked at prices at The Cooperative.

Offers and promotions at the discount supermarkets were similar to the big four in terms of types of deals, but were much more limited in choice of products. Deals were also promoted within and outside the store in an effort to drive footfall. The discounted stores sold products that were among the very cheapest of the whole survey.

Cider

Several brands of cider were being sold at just 12p per unit of alcohol across Aldi, Netto and Lidl with two other varieties available for just 13p per unit of alcohol. The cheapest ciders were found at Lidl and Aldi.

Bulmers, one of the big name cider brands, ranged in price from 39p per unit of alcohol at The Cooperative, to 54p per unit at Netto. Other ciders (Churchwoods, Orchard Hills, Merrydown, Amber and Taurus) all had unit prices of alcohol at the upper end of that price range.

MAJOR/OTHER BRANDS

Supermarket	Product	Volume	Strength	Price	Units	Price per unit
Lidl Newcastle, Morpeth and Hartlepool	Scimitar Cider	2ltr	7.5%	£1.79	15	12p
Netto Gateshead	Bulmers	568ml	4.5%	£1.39	2.56	54p
	Merrydown Cider	440ml	7.5%	75p	3.4	22p
	Amber Dry Cider	2ltr	5.3%	£1.79	10.6	17p
	Super Strength White Cider	2ltr	7.5%	£2	15	13p
The Cooperative Whitley Bay	Bulmers	568ml	4.5%	£1	2.56	39p
	White Star Cider	1ltr	7.5%	£1.49	7.5	20p
Aldi Darlington and Redcar	Orchard Hills Cider	568ml	4.5%	£1.19	2.56	46p
	White Star	2ltr	7.5%	£1.79	15	12p
Lidl Easington	Churchwoods Original Cider	568ml	4.5%	99p	2.56	39p
	Scimitar Cider	2ltr	7.5%	£1.79	15	12p
Netto Sunderland and Stockton	Bulmers	568ml	4.5%	£1.39	2.56	54p
	Diamond White	2ltr	7.5%	£1.99	15	13p
	Super Strength White Cider	2ltr	7.5%	£2	15	13p
Aldi South Shields and Middlesbrough	Orchard Hills Cider	568ml	4.5%	£1.19	2.56	46p
	White Star	2ltr	7.5%	£1.79	15	12p
	Taurus Cider	440ml	5%	46p	2.2	21p

Beer and Lager

Stella Artois was sold at most of the outlets visited and was considerably cheaper than the big four supermarkets.

No Marstons Pedigree (5%) was available but Wychwood's similar strength (5.2%) Hobgoblin was sold at most stores, with a price per unit of 50p-57p. John Smiths Original bitter was priced at 40p-42p per unit of alcohol. Other beers and lagers were sold from between 30p-46p per unit of alcohol.

MAJOR BRANDS

Supermarket	Product	Volume	Strength	Price	Units	Price per unit
Lidl Newcastle, Morpeth, Hartlepool	Stella Artois	284ml	5%	44p	1.48	30p
	Wychwood Hobgoblin	500ml	5.2%	£1.48	2.6	57p
Netto Gateshead	Stella Artois	330ml	5%	77p	1.7	45p
	Wychwood Hobgoblin	500ml	5.2%	£1.29	2.6	50p
	John Smiths Original	440ml	3.8%	72p	1.8	40p
	John Smiths Extra Smooth	440ml	3.8%	95p	1.8	53p
	Marstons Burton Bitter	500ml	3.8%	99p	2	50p
The Cooperative Whitley Bay	Stella Artois	330ml	5%	£1.14	1.7	67p
	John Smiths Extra Smooth	440ml	3.8%	£1.12	1.8	62p
	Morland Old Speckled Hen	500ml	5.2%	£1.69	2.6	65p
Aldi South Shields, Darlington and Redcar	Stella Artois	330ml	5%	65p	1.7	38p
	Wychwood Hobgoblin	500ml	5.2%	£1.39	2.6	53p
Lidl Easington	Stella Artois	284ml	5%	56p	1.48	38p
	Wychwood Hobgoblin	500ml	5.2%	£1.48	2.6	57p
Netto Sunderland	Stella Artois	330ml	5%	77p	1.7	45p
	Wychwood Hobgoblin	500ml	5.2%	£1.29	2.6	50p
	John Smiths Original	440ml	3.8%	76p	1.8	42p
	John Smiths Extra Smooth	440ml	3.8%	95p	1.8	53p
	Carlsberg	440ml	3.8%	72p	1.7	42p
Aldi Middlesbrough	Premium – Stella Artois	284ml	5%	65p	1.5	43p
	Sneck Lifter Ale	500ml	5.1%	£1.39	2.5	56p
	Boddingtons Bitter	440ml	4.1%	72p	1.8	40p
Netto Stockton	Stella Artois	330ml	5%	77p	1.7	45p
	Wychwood Hobgoblin	500ml	5.2%	£1.29	2.6	50p
	John Smiths Original	440ml	3.8%	72p	1.8	40p
	John Smiths Extra Smooth	440ml	3.8%	95p	1.8	53p
	Marstons Burton Bitter	500ml	3.8%	99p	2	50p

OTHER BRANDS						
Supermarket	**Product**	**Volume**	**Strength**	**Price**	**Units**	**Price per unit**
Lidl Newcastle, Morpeth, Hartlepool	Shepherd Neame Christmas Ale	500ml	7%	£1.49	3.5	43p
	Hatherwood Premium Bitter	440ml	4%	57p	1.8	32p
Netto Gateshead and Stockton	Oranjeboom Lager	500ml	4.5%	95p	2.25	42p
	Gold Label	330ml	8.5%	£1	2.8	36p
	Stones Bitter	440ml	3.7%	75p	1.63	46p
Aldi South Shields, Darlington, Middlesbrough and Redcar	Galahad Premium Lager	500ml	3.9%	60p	2	30p
	Shipsterns Original Bitter	440ml	3.6%	57p	1.58	36p
Lidl Easington	Hatherwood Premium Bitter	440ml	4%	57p	1.8	32p
Netto Sunderland	Gold Label	330ml	8.5%	£1	2.8	36p

Spirits

Smirnoff Vodka was only available in four of the 12 discount supermarkets visited, and prices ranged from 42p-43p per unit of alcohol. However some lesser known labels were available at all the outlets, ranging in price from just 28p to 32p per unit of alcohol.

MAJOR/OTHER BRANDS						
Supermarket	**Product**	**Volume**	**Strength**	**Price**	**Units**	**Price per unit**
Lidl Newcastle, Morpeth, Hartlepool	Rachmaninoff Vodka	70cl	40%	£9.79	28	35p
Netto Gateshead and Stockton	Smirnoff Vodka	70cl	37.5%	£11.39	26.25	43p
The Cooperative Whitley Bay	Smirnoff Vodka	70cl	37.5%	£10.99	26.25	42p
Aldi South Shields, Darlington, Middlesbrough, Redcar	Tamova Vodka	70cl	37.5%	£7.89	26.25	30p
Lidl Easington	Rachmaninoff Vodka	70cl	40%	£7.79	28	28p
Netto Sunderland	Smirnoff Vodka	70cl	37.5%	£11.39	26.25	43p

Alcopops

Once more, we found alcopops to be the most expensive alcoholic beverage on sale of those we tested (in terms of cost by alcohol), with major brands commanding the highest prices. Again, not all the brands were available at all stores, but WKD, Barcardi Breezer and Smirnoff Ice was available across the outlets. WKD ranged in price from 73p to £1.21, with Smirnoff Ice ranging from 75p to £1.36 per unit of alcohol. Barcardi Breezer also had the upper cost per unit of £1.36.

Balance acknowledges that price is not the problem with branded alcopops (which are the most expensive alcoholic drinks in terms of price per unit). Alcopops pose a threat because they are attractive to young people due to taste and brand image.

Under the Influence – the damaging effect of alcohol marketing on young people, a report published by the British Medical Association in 2009, concluded that alcohol marketing communications have a powerful effect on young people. The effect of this promotion is to reinforce and exaggerate strong pro-alcohol social norms.

The BMA says that alcopops are more appealing to young people because they are seen as refreshing, better tasting, less likely to taste of alcohol and trendier than other forms of alcohol.

A number of lesser known alcopop-type drinks were available for sale, such as VHF, and some of these were sold in party packs. These items were significantly cheaper than the better known brands, and price per unit of alcohol ranged from 41p-49p.

MAJOR BRANDS

Supermarket	Product	Volume	Strength	Price	Units	Price per unit
Netto Gateshead and Stockton	WKD	275ml	4.5%	90p	1.24	73p
	Smirnoff Ice	275ml	4%	82p	1.1	75p
The Cooperative Whitley Bay	WKD	275ml	4.5%	£1.50	1.24	£1.21
	Smirnoff Ice	275ml	4%	£1.50	1.1	£1.36
	Bacardi Breezer	275ml	4%	£1.50	1.1	£1.36
Netto Sunderland	WKD	70cl	4.5%	£2.79	3.15	89p
	Smirnoff Ice	275ml	4%	82p	1.1	75p

OTHER BRANDS

Supermarket	Product	Volume	Strength	Price	Units	Price per unit
Lidl Newcastle, Morpeth, Easington, Hartlepool	Rachmaninoff Vodka Ice - Lemon	275ml	5.6%	79p	1.6	49p
	Rum Tropical Orange	275ml	5.6%	79p	1.6	49p
Netto Gateshead and Stockton	VHF Party Pack	4x70cl	4%	£1.25 each	2.8 per bottle	45p
	Red Russian Blue	70cl	4%	£1.69	2.8	60p
Aldi South Shields, Darlington, Middlesbrough, Redcar	Tamova Vodka Twist – Lemon	275ml	4%	45p	1.1	41p
Netto Sunderland	VHF Party Pack	4x70cl	4%	£1.25 each	2.8 per bottle	45p

Wine

The three chosen wines being compared were only sold at Netto. Jacob's Creek Shiraz was priced at 48p per unit of alcohol, while the Chardonnay was 51p-66p per unit. Lambrini Bianco and Lambrini original were 24-26p per unit alcohol at all three outlets. Other varieties of wine were available and these are listed in the 'other brands' table below. These were all priced from 34p-54p per unit of alcohol.

MAJOR BRANDS

Supermarket	Product	Volume	Strength	Price	Units	Price per unit
Netto Gateshead and Stockton	Lambrini Bianco	75cl	7.5%	£1.46	5.63	26p
	Jacobs Creek Shiraz	75cl	14%	£4.99	10.5	48p
The Cooperative Whitley Bay	Jacob's Creek Semillon Chardonnay	75cl	12.5%	£6.25	9.5	66p
	Lambrini	75cl	7.5%	£1.35	5.63	24p
	Jacob's Creek Shiraz	75cl	14%	£4.99	10.5	48p
Netto Sunderland	Jacobs Creek Chardonnay	75cl	13%	£4.99	9.8	51p
	Lambrini Bianco	1.5ltr	7.5%	£2.91	11.25	26p
	Jacobs Creek Shiraz	75cl	14%	£4.99	10.5	48p

OTHER BRANDS

Supermarket	Product	Volume	Strength	Price	Units	Price per unit
Lidl Newcastle, Morpeth, Easington, Hartlepool	Chardonnay Vin de Pays	75cl	12.5%	£3.78	9.4	40p
	Lambrusco Bianco	75cl	4%	£1.89	3	63p
Netto Gateshead and Stockton	Stowells Chardonnay	75cl	13%	£3.29	9.8	34p
Aldi South Shields, Darlington, Redcar	Chardonnay Torrontes	75cl	13%	£3.49	9.8	36p
	Shiraz Bonarda	75cl	13%	£3.99	9.8	41p
Aldi Middlesbrough	Australian Columbard Chardonnay	75cl	13%	£3.49	9.8	36p
	Chardonnay Torrontes	75cl	13%	£3.49	9.8	36p
	Shiraz Bonarda	75cl	13%	£3.99	9.8	41p

OFF LICENCES

Wherever possible our researchers aimed to find independent off licences around the North East region but this wasn't possible in all 12 locations. In these instances, a national chain off licence was chosen.

What has become clear throughout this survey is that some of the off licences are struggling to compete on price with the big four supermarkets and the discount stores, despite some attractive offers being available. At the time of this survey, two outlets – The Local and Thresher – were in the process of going into administration or closing down and as a result had less choice of products available. It is this category which has shown the widest price difference on the same branded products. Alcopops were once again the more expensive items on sale, with cider being the cheapest available product. The majority of the off licences did not sell bread so we looked at the price of Coca Cola as a comparison. Almost all the drinks available, with the exception of some alcopops, were cheaper than a 500ml bottle of coke (89p-£1.15).

Cider

In the vast majority of cases, cider was the cheapest, with White Star being calculated at 13p and 15p per unit of alcohol at two independent off licences. Three more ciders were costed at 16, 17 and 18p per unit of alcohol.

MAJOR/OTHER BRANDS

Off licence	Product	Volume	Strength	Price	Units	Price per unit
Bargain Booze Newcastle, Morpeth	Magners	568ml	4.5%	£2.10	2.56	82p
	Diamond White	500ml	7.5%	99p	3.75	26p
Drinks Express Gateshead	Magners	568ml	4.5%	£2.99	2.56	£1.17
	Bulmers	568ml	4.5%	£1.99	2.56	78p
Home Bargains Whitley Bay	Rekordelig Pear Cider	568ml	4.5%	78p	2.56	30p
Discount Wine Centre South Shields	Bulmers	568ml	4.5%	£1.39	2.56	54p
	Diamond White	500ml	7.5%	99p	3.75	26p
	White Star	2ltr	7.5%	£2.25	15	15p
Easington Wine Stores Easington	Bulmers	568ml	4.5%	£1.99	2.56	78p
	Diamond White	275ml	7.5%	97p	2.06	47p
	Omega Cider	1.125ltr	7.5%	£1.49	8.44	18p
Thresher Sunderland	Bulmers	568ml	4.5%	£2.05	2.56	80p
	Hereford Orchard Cider	2ltr	5%	£2.25	10	23p
Oddbins Darlington	Magners	568ml	4.5%	£2.19	2.56	86p
	Westons Organic Cider	500ml	6%	£1.89	3	63p
The Local Middlesbrough	Bulmers	568ml	4.5%	£2.05	2.56	80p
Manors Wines Hartlepool	Magners	568ml	4.5%	£1.99	2.56	78p
	White Star	2ltr	7.5%	£1.99	15	13p
Racecourse Wine Lodge Redcar	Magners	568ml	4.5%	£1.99	2.56	78p
	White Storm	2ltr	7.5%	£2.55	15	17p
	Diamond White	500ml	7.5%	99p	3.75	26p
McColl's Off Licence Stockton	Bulmers	568ml	4.5%	£1.97	2.56	77p
	Diamond White	500ml	7.5%	£1.19	3.75	32p
	Moonshine White Cider	3ltr	7.5%	£3.49	22.5	16p

Beer

In this category we found a wide variety in price amongst the independent and chain off licences. For example, a can of 9% Tennants Super Strength varied in price per unit of alcohol from as little as 25p to as much as 36p, while Stella Artois was calculated at 58p to 66p per unit of alcohol. A 500ml bottle of premium Marston's Pedigree, while not available everywhere, varied from 44p to 72p per unit of alcohol, while John Smith's original was 48p-55p per unit of alcohol.

MAJOR/OTHER BRANDS

Off licence	Product	Volume	Strength	Price	Units	Price per unit
Bargain Booze Newcastle, Morpeth	Stella Artois	330ml	5%	£1.09	1.7	64p
	Marstons Pedigree	500ml	5%	£1.79	2.5	72p
	John Smiths Original	440ml	3.8%	99p	1.8	55p
	John Smiths Extra Smooth	440ml	3.8%	£1.15	1.8	64p
Drinks Express Gateshead	Kestrel Super Strong Lager	500ml	9%	£1.10	4.5	24p
	Stella Artois	284ml	5%	89p	1.48	60p
	John Smiths Extra Smooth	440ml	3.8%	97p	1.8	54p
Home Bargains Whitley Bay	Marstons Pedigree	500ml	5%	£1.09	2.5	44p
	John Smiths Original	440ml	3.8%	87p	1.8	48p
Discount Wine Centre South Shields	Tennants Super Strength	500ml	9%	£1.13	4.5	25p
	Stella Artois	660ml	5%	£1.59	3.4	47p
	Skol Lager	500ml	3%	89p	1.5	59p
	Hobgoblin	500ml	5.2%	£1.59	2.6	61p
	John Smiths Original	440ml	3.8%	99p	1.8	55p
	John Smiths Extra Smooth	440ml	3.8%	£1.09	1.8	61p
	Stones Bitter	500ml	3.7%	89p	1.75	51p
Easington Wine Stores Easington	Skol Super Strength	500ml	9%	£1.79	4.5	40p
	Stella Artois	330ml	5%	99p	1.7	58p
	John Smiths Original	440ml	3.8%	95p	1.8	53p
	John Smiths Extra Smooth	440ml	3.8%	£1.15	1.8	64p
Thresher Sunderland	Stella Artois	330ml	5%	£1.12	1.7	66p
	Old Speckled Hen	500ml	5.2%	£1.99	2.6	77p
	John Smiths Extra Smooth	440ml	3.8%	£1.12	1.8	62p
Oddbins Darlington	Premium Stella Artois	440ml	5%	£1.49	2.2	68p
	DAB	440ml	5%	£1	2.2	45p
	Williams Brothers Red Ale	500ml	4.5%	£1.69	2.25	75p
The Local Middlesbrough	Tennants Pilsner	440ml	3.1%	63p	1.4	45p
	Stella Artois	330ml	5%	£1.12	1.7	66p
	Skol Lager	500ml	3%	75p	1.5	50p
	Hobgoblin	500ml	5.2%	£1.99	2.6	77p
	John Smiths Extra Smooth	440ml	3.8%	£1.49	1.8	83p
Manors Wines Hartlepool	Kestrel Super	500ml	9%	£1.50	4.5	33p
	Stella Artois	330ml	5%	99p	1.7	58p
	Hobgoblin	500ml	5.2%	£1.79	2.6	69p

MAJOR/OTHER BRANDS (Beer cont.)						
	John Smiths Original	440ml	3.8%	90p	1.8	50p
Racecourse Wine Lodge Redcar	Stella Artois	284ml	5%	54p	1.48	36p
	John Smiths Original	440ml	3.8%	99p	1.8	55p
	John Smiths Extra Smooth	440ml	3.8%	£1.05	1.8	58p
McColl's Off Licence Stockton	Tennants Super Strength	500ml	9%	£1.63	4.5	36p
	Stella Artois	330ml	5%	92p	1.7	54p
	Newcastle Brown Ale	550ml	4.7%	£2.15	2.5	86p
	John Smiths Extra Smooth	440ml	3.8%	£1.39	1.8	77p

Spirits

Smirnoff Vodka was sold in 70cl, 37.5% bottles in most off licences but, once again, prices per unit of alcohol varied, ranging from 38p to 51p. Other less well known brands were also on sale in 70cl, same-strength bottles, with price per unit ranging from 30p to 52p per unit of alcohol.

MAJOR/OTHER BRANDS						
Off licence	**Product**	**Volume**	**Strength**	**Price**	**Units**	**Price per unit**
Bargain Booze Newcastle, Morpeth	Smirnoff Vodka	70cl	37.5%	£9.99	26.25	38p
	Russian Standard	70cl	40%	£10.49	28	37p
Drinks Express Gateshead	Smirnoff Vodka	70cl	37.5%	£12.99	26.25	49p
	Glens Vodka	70cl	37.5%	£8	26.25	30p
Discount Wine Centre South Shields	Smirnoff Vodka	70cl	37.5%	£11.29	26.25	43p
Easington Wine Stores Easington	Smirnoff Vodka	70cl	37.5%	£13.49	26.25	51p
	Glens Vodka	70cl	37.5%	£9.49	26.25	36p
Thresher Sunderland	Smirnoff Vodka	70cl	37.5%	£10.99	26.25	42p
	Imperial Vodka	1l	37.5%	£12.99	37.5	35p
Oddbins Darlington	Smirnoff Vodka	70cl	37.5%	£12.99	26.25	49p
	Stolichnaya Vodka	70cl	40%	£13.99	28	50p
The Local Middlesbrough	Smirnoff Vodka	1l	37.5%	£18.49	37.5	49p
	Glens Vodka	70cl	37.5%	£9.99	26.25	38p
Manors Wines Hartlepool	Smirnoff Vodka	70cl	37.5%	£12.69	26.25	48p
Racecourse Wine Lodge Redcar	Smirnoff Vodka	70cl	37.5%	£12.55	26.25	48p
	Imperial Vodka	70cl	37.5%	£9.19	26.25	35p
McColl's Off Licence Stockton	Smirnoff Vodka	70cl	37.5%	£13.29	26.25	51p

Alcopops

We found that among the off licences, bottles of alcopops were more expensive than other products but that the price difference varied more in this category. For example, the price per unit of WKD was found to be anything from 79p to £1.28, with bottles of Smirnoff Ice priced between 89p and £1.50 and Barcardi Breezer from 89p to £1.45p price per unit of alcohol.

MAJOR/OTHER BRANDS						
Off licence	**Product**	**Volume**	**Strength**	**Price**	**Units**	**Price per unit**
Bargain Booze Newcastle, Morpeth	WKD	275ml	4.5%	£1.59	1.24	£1.28
	Smirnoff Ice	275ml	4%	£1.69	1.1	£1.54
	Bacardi Breezer	275ml	4%	£1	1.1	91p
Drinks Express Gateshead	Smirnoff Ice	275ml	4%	£1.12	1.1	£1.01
Home Bargains, Whitley Bay	VHF Vodka Ice	275ml	4%	65p	1.1	59p
Discount Wine Centre South Shields	WKD	275ml	4.5%	£1.29	1.24	£1.04
	Smirnoff Ice	70cl	4%	£2.79	2.8	£1.00
	Bacardi Breezer	70cl	4%	£2.99	2.8	£1.07
Easington Wine Stores Easington	WKD	275ml	4.5%	£1.49	1.24	£1.20
	Smirnoff Ice	275ml	4%	£1.49	1.1	£1.35
	Bacardi Breezer	275ml	4%	£1.49	1.1	£1.35
Thresher Sunderland	WKD	70cl	4.5%	£2.50	3.15	79p
	Smirnoff Ice	70cl	4%	£2.50	2.8	89p
	Bacardi Breezer	70cl	4%	£2.50	2.8	89p
The Local Middlesbrough	VK Vodka Blue	70cl	4%	£2.99	2.8	£1.07
Manors Wines Hartlepool	WKD	275ml	4.5%	£1.25	1.24	£1
	Smirnoff Ice	275ml	4%	£1.39	1.1	£1.26
	Bacardi Breezer	275ml	4%	£1.39	1.1	£1.26
Racecourse Wine Lodge Redcar	WKD	275ml	4.5%	£1.45	1.24	£1.17
	Smirnoff Ice	275ml	4%	£1.55	1.1	£1.41
	Bacardi Breezer	275ml	4%	£1.59	1.1	£1.45
McColl's Off Licence Stockton	WKD	70cl	4.5%	£3.75	3.15	£1.19
	Smirnoff Ice	70cl	4%	£3.85	2.8	£1.38
	Bacardi Breezer	70cl	4%	£3.35	2.8	£1.20

Wine

Jacob's Creek Chardonnay was available at seven outlets and we calculated a variation in cost per unit of alcohol from 46p to 92p. Likewise, a bottle of Jacob's Creek Shiraz was calculated as representing a price per unit of alcohol ranging from 47p to 71p across six stores. Lambrini Bianco was sold at a wide range of prices from just 27p to 42p per unit.

Off licence	Product	Volume	Strength	Price	Units	Price per unit
Bargain Booze Newcastle, Morpeth	Jacob's Creek Chardonnay	75cl	13%	£4.99	9.8	51p
	Lambrini Bianco	75cl	7.5%	£2.69	5.63	48p
	Jacob's Creek Shiraz	75cl	14%	£4.99	10.5	48p
Drinks Express Gateshead	Chardonnay Veneto	75cl	12%	£3.99	9	44p
	Lambrini Bianco	75cl	7.5%	£1.59	5.63	28p
	Bellabrusco Bianco	75cl	7.5%	£1.49	5.63	26p
Home Bargains, Whitley Bay	Lambrini Cherry	75cl	5.5%	£1.99	4.13	48p

Conclusion

Our society has a major problem with alcohol.

Alcohol is a primary instigator of violent crime. It increases hospital admissions which drain vital NHS resources. It encourages absenteeism.

Research shows the more we consume – the more of a problem alcohol becomes. It also highlights that the cheaper alcohol is sold – the more we as a society will consume.

Supermarkets are central to our increased consumption. They aggressively promote alcohol. They use alcohol as a loss leader. In the North East, they sell it for pocket money prices, for as little as 14p a unit. Supermarkets sell six cans of their own lager for less than the price of a loaf of bread, while off licences sell cans of high strength cider for less than the price of a 500ml bottle of leading brand cola.

We believe that this report proves that alcohol pricing cannot be left to supermarkets and off licences alone. Balance therefore calls on the Government to act and a minimum price for alcohol.

ABOUT BALANCE

Balance is the North East of England's alcohol office, the first of its kind in the UK. It aims to encourage people in the North East to reduce how much alcohol they drink so they can live healthier lives in safer communities.

To achieve that we will raise the profile of alcohol-related issues; coordinate good practice across the region and push for appropriate changes in laws, regulations and pricing policy. Key to achieving our goals will be close partnership working with the region's PCTs, police, local government and other agencies and stakeholders.

We will co-ordinate media campaigns to raise alcohol misuse in the minds of people in the North East, pointing out its influence on health, crime and disorder and the economy of the region. We will champion the good services and campaigns being delivered at a local level within the region, and raise the needs of the North East on a national level.

Our aim is not to judge or stop people enjoying a drink, but to help people find the right balance. We're here to help make sure you are safe when you do drink and that you understand the dangers if you don't treat alcohol with respect. We're here to tell you all about alcohol so that you can get the true measure of it.

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11. HM Revenue & Customs alcohol factsheet
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A Police overview of Alcohol Related Violence in Hartlepool

by Andy Summerbell

District Commander
Hartlepool Police

Working in partnership with the Safer Hartlepool Partnership to achieve the following aim;

'Make Hartlepool a safer place by reducing crime and anti-social behaviour, and tackling drugs and alcohol misuse '

'Nationally 25% of all adults claim to have been victim to alcohol related violence 14% in a pub, 4% in the street and 7% in the home'

http://www.crimereduction.homeoffice.gov.uk/toolkits/ar020101.htm

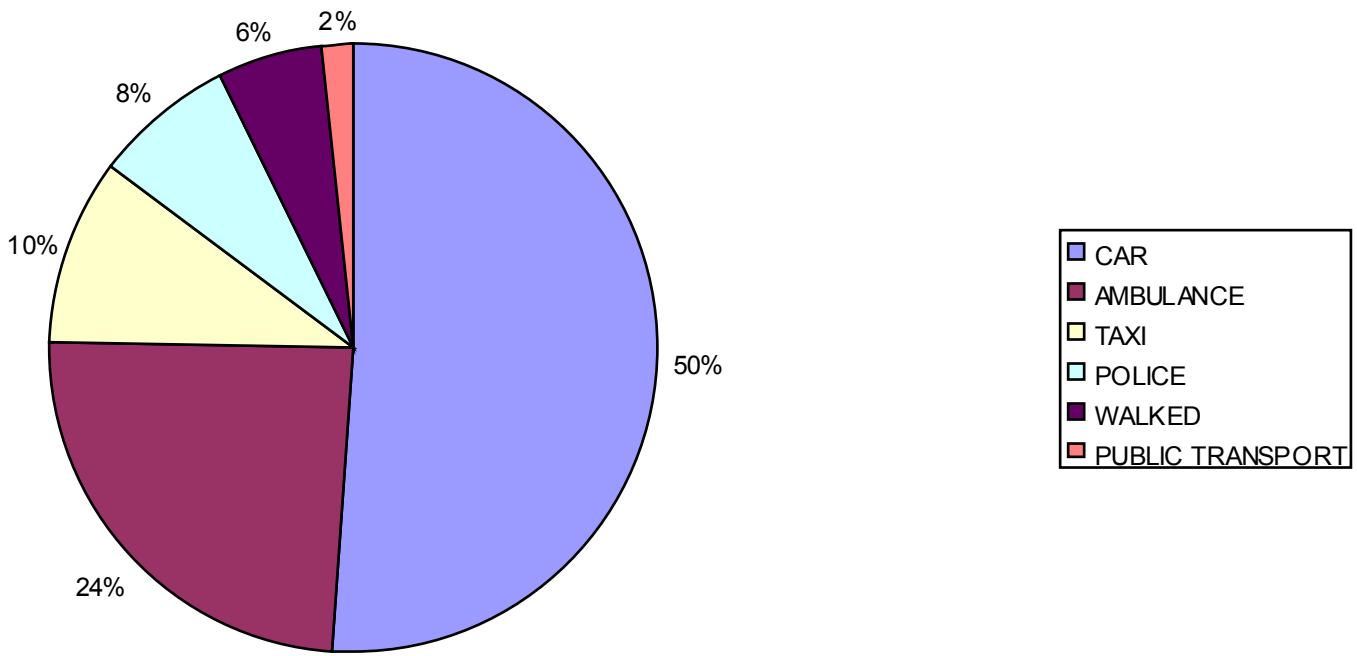
The Cardiff Model

CDRPs work in partnership with Emergency Departments at NHS centres to effectively prevent violence by sharing anonymised data about precise locations of violence, weapon use, assailants and day/time of violence. This aids targeted policing, reducing licensed premises and street violence and reduce A&E violence related attendances. This approach has reduced violence in Cardiff by 40% since 2002 and maintained the safest city in its 15 city group for three years.

The Cardiff Model in Hartlepool

- The Cardiff Model was implemented in North Tees and Hartlepool NHS Trust A&E Departments on the 1st May 2009.
- Between 1st Oct 2009 – 31st December 2009 there have been 247 Assault Presentations to the University Hospital of Hartlepool A&E Department.
- 48% of Assault Presentations were alcohol related.
- One in four Assault Presentations were linked to licensed premises.
- 4% of Assault Presentation were linked to domestic abuse, committed by a partner/spouse/ex-partner.
- Over half (60%) of Assault Presentations over a 12 month period occur over the weekend (Friday, Saturday and Sunday) period, with nearly half (46%) of these presentations being alcohol related.
- 8% of Assault Presentations over a 12 month period involved the patient being transported to the A&E department by the Police

Modes of Transport to A&E



Hotspot for Violence in Hartlepool

Data for 3mth period 1/10/09 – 31/12/09

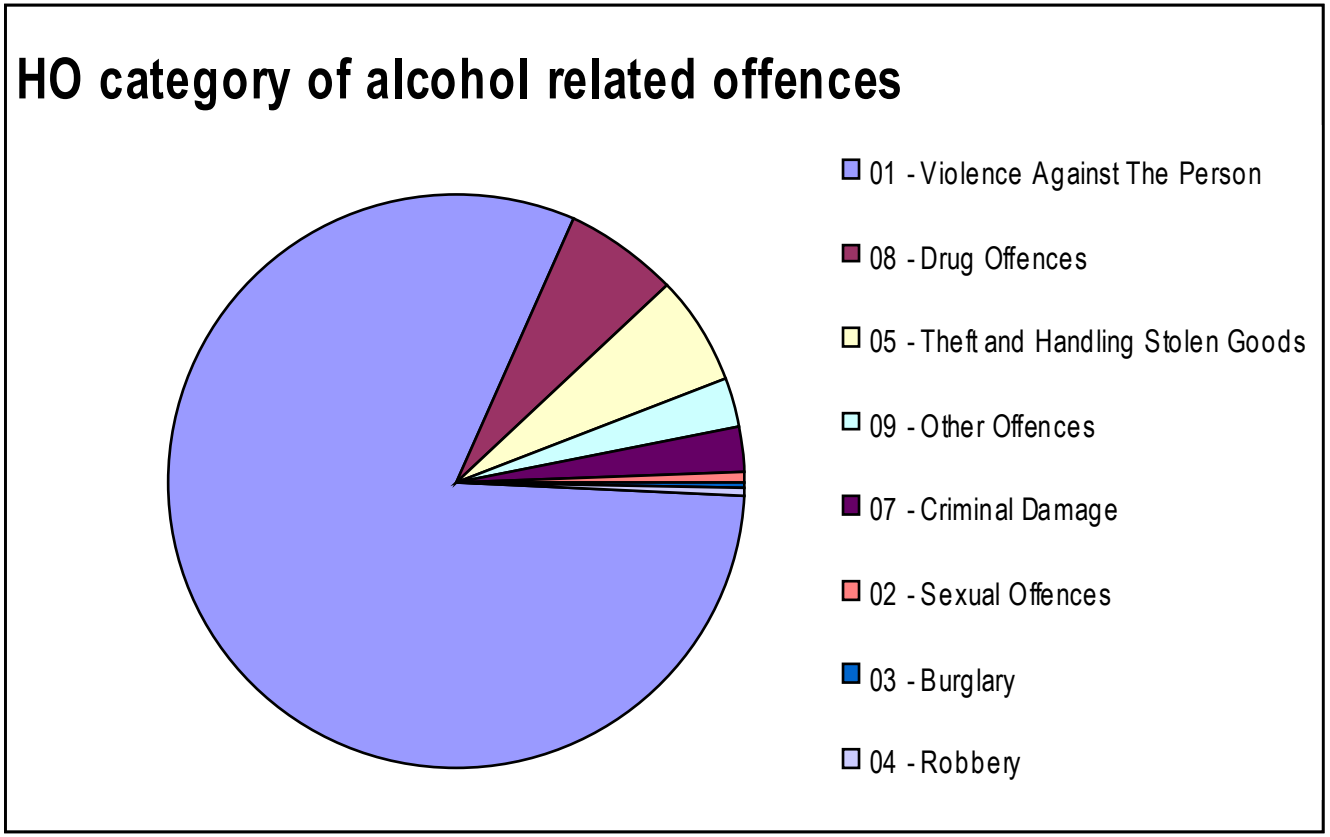
30% of all offences are committed within the Town Centre boundary

Friday, Saturday and Sundays are the busiest days between 23:00 and 05:00hrs

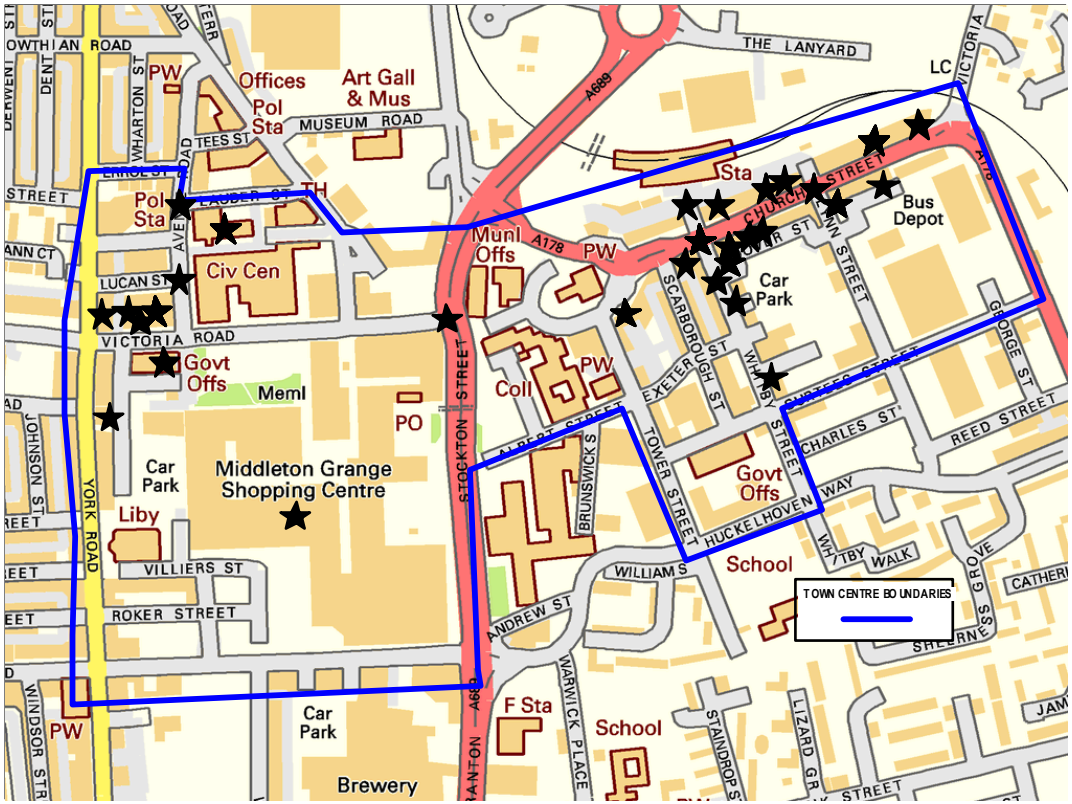
Of the 1700 offences 13% were committed in licensed premises or were committed under the influence of alcohol 213/1700. This shows an increase of 4% on the same period the previous year.

Of the 213/1700 offences 81% were classified as violence against the person

32% of all violent offences are domestic related


HO category of alcohol related offences
01 - Violence Against The Person
08 - Drug Offences
05 - Theft and Handling Stolen Goods
09 - Other Offences
07 - Criminal Damage
02 - Sexual Offences
03 - Burglary
04 - Robbery

Area highlighted for most offences



QUESTIONS?

The Licensing Act 2003

Ian Harrison
Principal Licensing Officer

The Licensing Act 2003

- The Licensing Act 2003 was implemented in November 2005 and was seen as a transfer of licensing powers from Magistrates Courts to local councils.
- In reality, the transfer of power has been for non-contentious matters only. Any licensing decision can still be appealed to the Magistrates Court.

The Role of the Local Authority

- Consider licence applications for the sale and supply of alcohol (and other 'licensable activities' such as music, singing and dancing)
- To consider the ongoing fitness of a licensed premise through the 'review' process
- Work with licensees and Responsible Authorities to promote the four licensing objectives
- Publish a licensing policy every three years detailing how it will discharge its functions under the Act
- Establish a licensing committee consisting of 10-15 members
- To administer and enforce the Act

The Licensing Act 2003

- The Act is based around the promotion of four fundamental objectives - ‘the licensing objectives’
  - Prevention of crime and disorder
  - Public safety
  - Prevention of public nuisance
  - Protection of children from harm

Licensed Premises

- As of November 2009 Hartlepool had 199 premises licensed for ‘on-sales’ and 82 for ‘off-sales’
- This equates to one ‘on-licence’ per 457 residents and one ‘off-licence’ per 1109 residents

Night Time Economy

- HBC's Principal Licensing Officer is the Chairman of the Night Time Economy Operational Group
- This is a multi agency group with representatives from Cleveland Police, HBC, Cleveland Fire, A&E and others when needed

Night time Economy Group

- Improve Evidence Gathering
- Identify problem premises and implement action plans
  - Door Staff
  - CCTV
  - Layout
  - Training
  - Drinks Promotions
  - Occupancy Limits

Night time Economy Group

- Remove problem individuals
- Improve environment: -
  - Removal of ‘planters’ in Church Street
  - Cutting back trees to improve CCTV
  - Proposal for alley gates in Victoria Road/Lucan Street
  - Improved street lighting
  - Improved taxi ranks
  - Closure of Church Street to night time traffic

Strategy

- Reduced late night opening – voluntary or Council Policy?
- Saturation Policy – to include Church Street?
- Alcohol Disorder Zone
- Purple Flag

Evidence Led Solutions

- First report commissioned in 2004/5 prior to implementation of new Act
- Subsequent report commissioned in 2009/10 to measure impact
- Interim report published December 2009

ELS Report Findings

- Premises now open later and stay open later
- People come out later and have been drinking before they come out
- Many people drink less when they are out because they have ‘pre-loaded’ on cheap alcohol from off licences
- The general opinion from stakeholders is that longer hours have been a bad thing

ELS Report

- There is a general demand for a reduction in opening hours
- Longer hours have resulted in an increased demand for emergency services in the early hours (0300 – 0500 hours)
- Violent and other ASB has ‘shifted’ into the early hours (0300 – 0500 hours)

HEALTH SCRUTINY FORUM

9 March 2010

Report of: Scrutiny Support Officer

Subject: ALCOHOL ABUSE - PREVENTION AND TREATMENT – EVIDENCE FROM THE JOSEPH ROWNTREE FOUNDATION – COVERING REPORT

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1. PURPOSE OF THE REPORT

1.1 To provide Members with evidence collated by the Joseph Rowntree Foundation into Young People and Alcohol.

2. BACKGROUND INFORMATION

2.1 Members will recall that at the meeting of this Forum on 1 December 2009, a presentation was received from the Parenting Commissioner entitled 'Young Persons Alcohol Misuse – Prevention'. During discussions Members were referred to the publication of a recent document by the Joseph Rowntree Foundation into Young People and Alcohol.

2.2 Subsequently attached as **Appendix A** to this report is a summary of the findings of the Joseph Rowntree Foundation' investigation into 'Children, Young People and Alcohol: How they learn and how to prevent excessive use"

3. RECOMMENDATIONS

3.1 That Members note the content of this report and the findings of the Joseph Rowntree Foundation attached as **Appendix A** to this report.

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BACKGROUND PAPERS

The following background paper was used in the preparation of this report:-

(i) Joseph Rowntree Foundation (2009) *Children, Young People and Alcohol: How they learn and how to prevent excessive use*, Available from: http://www.jrf.org.uk/sites/files/jrf/children-and-alcohol-use.pdf [Accessed 13 January 2010]

Children, young people and alcohol: how they learn and how to prevent excessive use

Findings
Informing change

November 2009

Two linked research reviews examine: how young people acquire their knowledge, attitudes, expectations, and intentions about alcohol; and what interventions work best to prevent excessive use of alcohol.

Key points

- Key influences are:
  - family processes and structures;
  - while there is less consensus about the influence of peers, key processes include peer selection and mutual influence;
  - direct (advertising) and indirect (media representations, product placements, etc) marketing and cultural representations of alcohol;
  - country, ethnicity and race, religion, socio-economic status, and other cultural factors.
- Many of these ideas have been used to develop interventions. The most effective are those based on the family. These have generally worked on a number of aspects of family processes aimed at enhancing family bonding and relationships.
- Interventions based around altering peer influence can work too, although less well. Those linked with ones that also involve the family appear to work best.
- Despite a wealth of evidence that advertising and the media are dominating influences very few preventative interventions have been based on these ideas.
- The review concludes that what is needed is an integrated, planned and implemented community prevention system. Such a universal prevention programme needs to be started when children are young, not when families are starting to consider how to prevent teenage drinking.

The research
By Richard Velleman, University of Bath

JOSEPH ROWNTREE FOUNDATION

www.jrf.org.uk

Background

Children start to learn about alcohol from an extremely young age. They learn a great deal from general observation of the media and wider society. However, basic knowledge, attitudes, expectations and intentions are initially most influenced by their families – especially parents, but including others such as grandparents and siblings. Other important influences include peers, school, community, and religious and cultural influences.

Influences

Key family processes and structures have been shown to influence how young peoples' knowledge, attitudes and subsequent behaviour develop. It seems relatively clear that the family can continue to be a moderating influence throughout adolescence and even young adulthood, with parents usually also affecting long-term values.

There is increasing recognition that the influences of family and peers are interdependent. Rather than seeking to determine which has the greater influence, it may be more productive to examine how these two forces interact.

Overall, some processes protect young people, tending to slow down the risk that young people will initiate drinking earlier, and /or will move into heavier or more risky drinking styles; others tend to increase these risks. Each of these issues cannot be examined isolation.

As children grow, the primary influences usually change from parental influence towards societal as a whole then towards peer influence. However, parental and family factors hold huge sway over how much influence these other factors have, and at which stages they will start to predominate. As young people grow older, their involvement in their community also plays a prominent role in their relationship towards alcohol, again heavily influenced by parental (and later peer) factors.

Parenting style

Protective factors include: 'responsive parenting' (parents who expect a lot from their children and provide them with a sense of self-reliance); consistent child-management, balancing 'care' and control', with clear, consistent and enforced rules; high levels of parental supervision or monitoring; parental modelling of appropriate alcohol use; and clear and open communication of both expectations about alcohol use (or non-use) and potential disapproval if expectations are not met.

Family cohesion

Protective factors include: higher levels of family support and bonding (including eating together five or more times per week); a child liking or being satisfied with relationships with a parent; a child wanting to be like a parent; and a high level of family co-operation.

Sibling behaviour

Older siblings' willingness to use substances, and their actual substance use, are both robust predictors of later use by younger siblings.

Peers

There is less consensus about the influence of peers. What is clear is that it is not so much that young people are influenced by their peers but that they select like-minded peers leading to a process of mutual influence.

Marketing

Marketing and cultural representations of alcohol – whether direct (advertising) or indirect (media representations, product placements, etc) – exert a very significant influence on young people. Well-designed longitudinal studies show that marketing is a significant factor in the rise in young people's alcohol consumption. Not surprisingly, young people who see, hear and read more alcohol advertisements and endorsements are more likely to drink, and to drink more heavily, than their peers.

It is clear that the influence of the media is massive, in turn affecting the influence of parental and family relationships, especially with children where family controls are less apparent. It is generally accepted that:

- Frequent exposure to persuasive alcohol portrayals via a huge range of media has a major impact.
- The impact of these portrayals can be mediated by the parental and family factors reviewed above. In particular, parental reinforcement and counter-reinforcement of messages, open communication, parental monitoring, and clear rules can help to offset media influences.

Cultural factors

Other major influences are country, ethnicity and race, religion, socio-economic status, and other cultural factors. Examples include:

- An increasing *globalisation* of young people's drinking behaviour, with significant rises in binge drinking in many countries. The influence of family and peers is generally similar across countries.
- For *minority ethnic groups*, many of the same factors are equally important and independently associated with lower risk of regular drinking, including:
  - *family factors* such as: parental monitoring; perceived consequences; maintaining intimacy and connection to the family; family cohesion;

family supervision; low sibling willingness to use; parental attitudes toward their child's alcohol use; supervised provision of alcohol by parents and adult relatives and drinking with a parent (for older children); and greater levels of family social support;
  - *individual factors* such as: better decision-making skills; higher self-reliance; lower peer pressure susceptibility; more positive attitudes about school and prior school success; negative expectations of drinking, peer drinking and adult drinking;
  - *peer factors* such as having few friends who drink (this is generalised from USA research; very little research on these issues has been conducted elsewhere).
- *Religious identification* is a significant indicator of whether or not people drink, and is often more important than other cultural or social factors. For those who do drink, religious identification is also associated with less risky drinking.
- *Active religious involvement* or faith appears to have a protective effect on young people's drinking. Religious attendance seems to predict decreases in the quantity and frequency of alcohol use. Teenagers showing greater religious involvement and stronger religious values have a lower risk of alcohol use. Other studies have shown that religious attendance predicts decreases in the quantity and frequency of alcohol use even in the presence of peer, family, and school variables. However, these variables are of more importance than religious *salience* ('How important is your religion?') in relation to later decisions to use alcohol.
- Some studies suggest that familial, religious and peer influences are all closely correlated with *ethnicity*. Muslim young people mostly show lower levels of substance use, including drinking, coupled with higher levels of religious and familial, and lower levels of peer, involvement, compared with white, Black African and Black Caribbean young people (most of whom may be presumed to be either Christian or of no fixed or practicing religion).
- *Cultural norms* are important, as is 'place' or geographical location: the dynamics of neighbourhood and the ways in which the social history and linked physical characteristics of areas of residence may have a significant influence on how people drink alcohol.
- Other factors include taking part in *sport and other extra-curricular activities* (such as youth groups). Young people involved in these are less likely to have problems with alcohol or to be involved in risky drinking (binging, high frequency drinking, drinking outdoors); conversely, young people who do not become involved in such activities are more likely to initiate alcohol use early.

Interventions

Various prevention programmes focus on altering how children learn about and develop attitudes towards alcohol, reducing more general risk factors, or enhancing protective factors and developing resilience.

Evidence of effectiveness is best for interventions based on the family. These have generally worked on enhancing family relationships. This has included: skills training on parental support for children, parent-child communication, parental involvement, and parental monitoring and supervision; and practice in developing, discussing, and enforcing family policies on substance misuse.

Many family interventions are relatively complex, aiming to improve a wide range of family, parent-child and parenting behaviours. But one recent study suggested that the single most important thing that parents needed to do was to regularly and frequently eat dinner with their children (five times per week or more). This study suggested that this relatively simple intervention worked effectively to protect children not only from substance misuse, but also from poor school and academic performance, shown to be an independent factor related to many poor outcomes, including early substance misuse. It is likely that when families eat together most nights all the other important variables, such as family communication and family joint activity, also improve. It may be that persuading families to eat together could work as an important proxy for these other vital family factors – one that is far easier to encourage in the general population than retraining communication, rules, contingencies, and so on.

There is some (albeit less strong) evidence that interventions based on altering peer influence can work, by improving young people's skills to resist peer pressure or deal with life generally, or by training peers to become educators and attitude-formation leaders. The interventions that appear to work best are those interlinked with ones that also involve the family.

Although there is a wealth of evidence suggesting that advertising and the media are dominating influences on young people in this area, there have been very few preventative interventions based on these ideas.

Implications for future interventions

Despite the research evidence, parents do not have a strong sense of the importance of parental influence and modelling of behaviour on subsequent behaviour in their children. Of primary importance is educating parents about the effects of their own behaviour in influencing young people's use of alcohol (or drugs). Programmes need to equip parents with:

- parenting skills, helping parents to develop family cohesion, clear communication, high-quality supervision and the ability to resolve conflicts;
- substance-related skills, providing parents with accurate information and highlighting the need to model the attitudes and behaviour they wish to impart; and
- confidence skills, to enable parents to communicate with their children about alcohol and drugs.

The review concludes with suggestions for how a universal prevention programme might be developed and delivered. The core task is to replace the cultural norm of binging and other forms of drinking dangerously, with positive parental role models for sensible alcohol consumption.

Programmes need to:

- delay the onset of drinking, providing coherent messages about which age is appropriate for parents to introduce their children to alcohol;
- help parents to realise that it is a good thing to delay the onset of drinking and that there are things that they can do to achieve this;
- change children's and young people's norms about drinking;
- get parents to supervise young people's drinking when they do start;
- encourage parents to create a strong family life and family bonds, family values and family concern, family rules and family supervision, and a balance between family care and family control.

There are also wider issues about alcohol and its availability and affordability to children. Recommendations to start to deal with these include:

- an increased use of test purchasing and greater investment in policing underage sales;
- increased enforcement of immediate and severe penalties for those selling alcohol to young people;
- universal adoption of age checks for individuals purchasing alcohol who look under 21;
- advice to parents about monitoring the income and expenditure of children so that there is a better understanding about how much money children have and whether it is being spent appropriately.

Conclusions

The review concludes that what is needed is *an integrated, planned and implemented community prevention system*. This would draw lessons from a range of sources: effective parenting training programmes; organisational change programmes in schools, classroom organisation, management, and instructional strategies; classroom curricula for social and emotional competence promotion; multi-component programmes based in schools; community mobilisation; community/school policies; enforcement of laws relating to underage purchasing and selling alcohol to intoxicated people; altering community and cultural norms so that drunken behaviour is not tolerated (and certainly not encouraged); and how to effect planned policy changes with respect to price, availability and accessibility.

There is evidence from other countries that multi-component programmes can be very effective. However, there have been no research projects of sufficient power to test these ideas in a UK context.

About the project

This was a review of research and policy literature.

For more information

Fuller details are available in two linked reports, both by Richard Velleman: **Influences on how children and young people learn about and behave towards alcohol** and **Alcohol prevention programmes**. Both are available for free download from www.jrf.org.uk.

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HEALTH SCRUTINY FORUM

9 March 2010

Report of: Scrutiny Support Officer

Subject: TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE - UPDATE

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1. PURPOSE OF THE REPORT

1.1 To inform Members of issues discussed at meetings of the Tees Valley Health Scrutiny Joint Committee held since the last meeting of the Health Scrutiny Forum on 5 January 2010.

2. BACKGROUND INFORMATION

2.1 A summary is provided below of the issues discussed at a recent Tees Valley Health Scrutiny Joint Committee Meeting held on 11 January 2010. Further information on these issues is available from the Scrutiny Support Officer and where appropriate clarification can be sought from Hartlepool's Tees Valley Health Scrutiny Joint Committee representatives who are present at today's meeting:-

(i) Cancer Screening Across the Tees Valley – Draft Final Report: Members agreed the conclusions and recommendations that featured in the draft final report into Cancer Screening Across the Tees Valley. Attached to this report as **Appendix A** is the Final Report.

(ii) Tees Valley Health Scrutiny Joint Committee – Scrutiny Work Programme 2010: Members agreed to look at issues for future investigation at the 'half-way' stage of the Committee's Work Programme for 2009/10. Members noted that a working group was concurrently looking at NEAS capacity issues and that future meetings of the TVHSJC would look into the Oral Health Strategy, as well as keeping a watching brief on Sexual Health Services and the Personal Health Budget Pilot. Members agreed that due to the changing management structure for NHS Tees, the Chief Executive should be invited to a future meeting of the Committee and that a report on Mental Health be received by Members before the end of the 2009/10 Municipal Year.

2.2 Members are asked to note that the Tees Valley Health Scrutiny Joint Committee is also due to meet on 8 March 2010, the production of the agenda and reports for today's meeting is before confirmation has been received of agenda items for the Tees Valley Health Scrutiny Joint Committee of 8 March 2010, therefore, a verbal / summary of discussions will be provide by those Members of the Tees Valley Health Scrutiny Joint Committee present at today's meeting.

2.3 Full copies of these reports are available from the Scrutiny office should Members wish to obtain them.

3. RECOMMENDATION

3.1 That Members note the content of the report and outline any possible comments in relation to the issues discussed which they would like the Chair to relay back to the Joint Committee on their behalf.

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BACKGROUND PAPERS

No background papers were used in the preparation of this report

AGENDA ITEM:

TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE

JANUARY 2010

CANCER SCREENING ACROSS THE TEES VALLEY

FINAL REPORT

PURPOSE OF THE REPORT

1. To present the Joint Scrutiny Committee's Final Report in relation to Cancer Screening.

CONSIDERATION OF REPORT

2. The Tees Valley Health Scrutiny Joint Committee has considered Cancer Screening Services across the Tees Valley. It has received evidence on the provision of Cancer Screening Services in relation three types of cancer, which are screened for. They are Breast Cancer, Cervical Cancer and Bowel Cancer.

3. In discussion on the issues presented, Members felt it would be useful to have a report that distilled the evidence it has received in relation to Cancer Screening Services. Particularly, a comparison of what happens across the four Tees PCTs and what happens within the area of Darlington PCT was considered to be beneficial.

4. To that end, this report has been prepared by the Joint Scrutiny Committee. The text is divided into the type of Cancer Screening and then into the area.

5. Breast Cancer Screening

Tees PCTs

5.1 In respect of Breast Cancer Screening, Members were advised that it is a free screening programme, aimed at all women 50-70, who are registered with a GP. A screening appointment, which is called a mammogram, takes place every three years, with a guaranteed 7 episodes of screening between 50 and 70 years. Women over 71 can request screenings if they wish. It was confirmed that there are special facilities in place to ensure disabled women, who may be wheelchair users for instance, have equity of access.

5.2 It was confirmed to Members that the North Tees & Hartlepool NHS Foundation Trust provides the service on a Tees wide basis, with locations around the Tees area. Mammography equipment is very costly and also quite large in size, for this reason it is provided in less locations. Members heard that the service is based at One Life in Middlesbrough, in Hartlepool there is a mobile unit based at Hartlepool Health Centre, Redcar & Cleveland has facilities in Redcar & Guisborough, and all women in the Stockton area go to University Hospital of North Tees.

5.3 Members heard that invitations are sent with an appointment already booked. If women do not attend, they get a reminder letter asking them to contact the service and make an appointment, as for the service to have two unused appointments would be too costly.

5.4 Again, it was confirmed to the Joint Scrutiny Committee that if all was normal in tests, people are put back into the recall list. If abnormalities are identified, women are invited to an assessment centre at University Hospital of North Tees.

5.5 It was reported that the average take up rate around the Tees PCTs region is between 76% to 80%.

Darlington PCT

5.6 The Joint Scrutiny Committee were advised that the incidence of breast cancer across England and Wales has increased persistently since 1993, while the mortality rate from breast cancer has decreased. There has been no consistent pattern for breast cancer incidence rates in Darlington. Members heard that between 2003 and 2005, the local breast cancer incidence rate was not significantly different from regional and national rates. Members were advised that local mortality rates for breast cancer were not significantly different from regional or national rates either, and the mortality rates for all areas continue to decline.

5.7 The Joint Scrutiny Committee was interested to learn that Breast Screening takes place from a mobile unit parked in the car park of Darlington Memorial Hospital. This when operational operates from 9.30 to 4.00

5.8 The coverage of breast screening is generally higher in Darlington than coverage across England, although there was particularly low coverage in 2005.

% of eligible women aged 53 to 64 screened for breast cancer within 3 years of their last test

	2002-03	2003-04	2004-05	2005-06	2006-7	2007-8	2008-9
Hartlepool	56.4	76.1	54.8	69.6	76.8	77.6	78.2
Middlesbrough	75.8	46.1	69.1	70	73.8	73	73.1
Redcar & Cleveland	77.9	68.5	80.5	78.6	81	78.4	77.6
Stockton on Tees	64.7	71.2	80.1	82	79.4	78.7	78.5
Darlington	79.1	76.3	58.4	77.8	78.1	77.8	78
North East	77	73.6	76	78.2	79.4	79.5	79.5
England	75.3	74.9	75.5	75.9	76	76.7	77

6. Cervical Cancer Screening

Tees PCTs

6.1 The Joint Scrutiny Committee heard that all women aged 25 to 49, who are registered with a GP, are eligible for a free cervical screening test and are invited on a three yearly basis. Women aged between 50 and 64 years are invited every five years.

6.2 The Joint Scrutiny Committee was advised that to co-ordinate the process, there is a North East Central call and recall process, which sends out letters of invitation to a screening appointment. The invitation includes a factsheet about the test and its importance. The letter invites women to make their own appointment at a choice of clinics. The Joint Scrutiny Committee heard that there are around 30 clinics across the Tees PCTs area that offer the service and there are 13 that offer 6pm to 8.30pm evening appointments.. There are also some clinics that offer Saturday morning appointments. All GP surgeries also offer cervical screening.

6.3 Members heard that women are asked to make their own appointments (rather than being contacted with an appointment), as they are more likely to attend something which they have booked and is, by definition, convenient for them to attend.

6.4 Tests are analysed at hospital laboratories and the results are sent out to people by post. It presently takes 2-4 weeks in South of Tees for

women to get their results and 4-6 in North of Tees. If results are normal, women are placed back into the recall list to be called at the appropriate time for the next test. If the tests show some abnormalities, women are invited to a colposcopy clinic for further examination.

6.5 It was noted in discussion that rates of women taking up the test have fallen recently, particularly young women.

% of eligible women aged 25 to 64 screened for cervical cancer within 5 years of their last test

	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09
Hartlepool	80.8	80.2	79.3	77.8	76.9	75.9	76.8
Middlesbrough	79.7	79.3	78.2	77.3	76.2	74.6	75
Redcar & Cleveland	82.6	82.3	81.8	80.9	80.7	80	80.1
Stockton on Tees	81.6	81.1	80.7	79.5	80	79.4	79.5
Darlington	83.6	82.6	81.8	80.7	79.3	80.2	81.3
North East	82.6	82.1	81.7	80.9	80.2	80	80.5
England	81.2	80.6	80.3	79.5	79.2	78.6	78.9

Darlington PCT

6.6 Members heard that around five women in Darlington get cervical cancer every year. Although the incidence rate for Darlington females is slightly higher than regional and national rates, the differences are not statistically significant. Mortality rates for cervical cancer in Darlington are lower than regional and national rates, but again the differences are not statistically significant.

6.7 There was an increase in cervical incidence and mortality rates for Darlington in the late 1990s but both rates have decreased since 1999-2001.

6.8 Cervical Screening takes place in GP practices (now with extended opening hours). In addition, venue other than GP surgeries include Park Place Health Centre, Parkgate (Mondays 5.30 – 7.00)

6.9 The Joint Scrutiny Committee heard that the coverage of the cervical cancer screening service in Darlington has been dropping for some years but increased recently. However it remains higher than both regional and national rates. Cervical screening take-up rates vary in this age group. In the 25-29 age group the rate is only 71.9%. Among 30-35 year old women, the rate is 80.2%. Current waiting time for cervical screening results in Darlington is 3 weeks.

6.10 Members were interested to hear about particular market research commissioned by the PCT, through Newcastle University, specifically

to examine barriers to younger women accessing cervical screening services.

6.11 Reference was also made to a recent pilot scheme providing additional screening opportunities at Darlington Out Of Hours Centre on late Tuesdays and Saturday mornings until 1pm which was currently being evaluated.

7. Bowel Cancer Screening

Tees PCTs

7.1 The Joint Scrutiny Committee was briefed about the fairly recently introduced Bowel Screening Service. Members were advised that it is a free screening programme, where all men and women, registered with a GP, aged 60-69 years are invited to take part. Those people will receive an invite every two years. People over 70 can request to be screened.

7.2 Members were advised that self-testing kits are sent out from a regional hub (in Gateshead) and those returned are also tested at the hub in Gateshead. If those results highlight a need for further investigation, individuals are invited to University Hospital of North Tees for assessment and possible colonoscopy.

Darlington PCT

7.3 Members heard that Colorectal cancer incidence and mortality rates for males and females in Darlington are not significantly different from regional and national rates. The incidence and mortality rates for colorectal cancer are higher among men than women. Colorectal cancer incidence and mortality rates for Darlington males have decreased since 1997-1999 but the rates for Darlington females have increased steadily since 2001-2003.

7.4 Members heard that Darlington is part of the same, newly introduced screening programme, with take-up rates nationally relatively low at present. As Members had heard previously, It is organised on a hub basis, which covers a large area of North East, Yorkshire and the Humber. The Joint Scrutiny Committee heard that Darlington's rate at 55% is slightly higher than the hub average and compares favourably with local PCT areas.

Bowel Cancer Screening take-up rates as of 1 December 2008

PCT	Percentage Take-up
Darlington	**55%**
Hartlepool	49%
North Tees	54%
Middlesbrough	47%
Redcar & Cleveland	54%
County Durham	54%
Hub Average	**54%**

7.5 The point was made to Members that on this topic, data capture is in its infancy and over time the PCT will get a clearer picture. Members were heard that this is a particularly challenging area and the PCT is investing in the promotion of these services through a range of social marketing initiatives.

Consideration of the Information provided

8. Following the receipt of information pertaining to Cancer Screening Services across Tees and Darlington, the Joint Scrutiny Committee debated a number of points it had heard.

9. The Joint Scrutiny Committee was interested to hear more about take-up rates. It was said that in respect of Cervical Cancer Screening, take-up in Middlesbrough & Hartlepool is around 76% - 77% of the eligible population, whereas in Stockton & Redcar & Cleveland, it is sat around the early 80s as a percentage.

10. It was also noted that Bowel Cancer Screening take-up is presently around 47% – 55%, which may be a cause for concern, although it was felt that this may also be due, in part, to the test being a fairly recent introduction.

11. In so far as Tees is concerned, The Joint Scrutiny Committee made enquiries as to take-up amongst ethnic minorities. Members were advised that the BME community is not monitored as such, as its forms a very small part of the population and is very difficult to monitor.

12. There was discussion round the eligibility age of cervical screening and particularly the fact that it has risen from 20 to 25 years. The Joint Scrutiny Committee acknowledged that there has been a great deal of national publicity around this topic. Members were advised that the increase from 20 years to 25 years had been based on the best available evidence around biological factors. It was felt that in the early 20's, the cervix goes through a lot of changes and routine testing may show up significant abnormalities that may actually be false positives and result in procedures that could do more harm than good.

13. Nonetheless, it was emphasised that if women had any concerns, or particular family histories, they should always and promptly seek the advice of their GP.

14. In this respect, it was noted that the attendance rate for cervical screening amongst the 25 years to 35 years group is around 60% to 70% in Tees, with slightly better results in Darlington. The Joint Scrutiny Committee heard that such take up had fallen around 10% in recent years, which is very much a national trend. A point of interest to Members was that screening rates are lower in Middlesbrough and Hartlepool, than other areas in the Tees Valley, with rates of cervical cancer in Middlesbrough being significantly above the national average.

15. On a different note, It was noted that even in the best performing areas around the Tees Valley, around 20% - 30% of women are not regularly attending their breast screening opportunities, despite the fact that around 99% of the Tees population are registered with General Practice.

16. In an effort to improve matters, the Joint Scrutiny Committee was told that awareness programmes are often provided in GP surgeries. Further, GP's software alerts the Doctor to available screening opportunities when dealing with a particular patient during a consultation.

17. Whilst this was felt to be positive, it was noted that a lot of reminders and awareness programmes were aimed at people who were already attending General Practice and were probably not, on average, the people who were in the most need of this advice. It is the people not engaging with services on a regular basis that are of most concern and most likely to not attend screening services.

18. Members were interested in whether there were any wider socio-economic factors at play in taking up screening services. Whilst it was acknowledged that the topic was incredibly complex, there was a feeling that people from higher socio-economic groups were more likely to take advantage of screening opportunities, who are already fairly well educated on related health matters. The Joint Scrutiny Committee noted that it seemed to be people lower down the socio-economic scale that were less likely to attend screening opportunities.

19. Members were also interested to hear that professional thought would seem to indicate that there would be tests for other kinds of cancer in the near future. Members were advised that there is a great deal of research being undertaken on a national basis on the topic of prostate cancer and a viable and reliable screening tool was being investigated. Whilst it was acknowledged as a matter of conjecture, it was felt possible that a good enough screening tool could be in operation on around 10 years time. Members were also appraised of a research

project around Ovarian Cancer, which was being run at James Cook University Hospital.

20. Members were also reminded of the HPV vaccine aimed at preventing future cervical cancer cases. It was noted that the current Year 8 female pupils were the first to receive the vaccine, although there was also a catch up programme in place for girls from 13 to 17.

21. Members noted that the Cancer Screening Service has a number of national standard and procedures to follow. Nonetheless, the Joint Scrutiny Committee was conscious that significant parts of Tees have lower life expectancy than the national average and local services should be doing some work proactively to suit the local need.

22. The Joint Scrutiny Committee noted that a significant element of the success, or not, of the Cancer Screening Programmes depend on the role of the GP, as gatekeepers of the entire system. Whilst, the Joint Scrutiny Committee could see the merit of using GP lists as a first point of contact, the Joint Scrutiny Committee is interested to hear as to whether some screening opportunities could be offered on a drop in basis, to complement people's other commitments.

23. The topic of access was something that Members were particularly interested in. It was noted that cervical screening is often offered on evening appointments and on Saturday mornings, presumably to take account of the fact that the target group are of a working age, may have children, other family commitments and generally busy lives.

24. The Joint Scrutiny Committee was interested to compare this, with opening hours for Breast Screening. According to the evidence received by the Joint Scrutiny Committee, opening hours for Mammography seem to be very much more along the lines of office hours.

25. Whilst the Joint Scrutiny Committee fully understands that Mammography services cannot be offered in the multitude of locations that cervical screening is, due to the size and cost of the machinery involved, it does not quite understand the reasons for the difference in opening hours. The Joint Scrutiny Committee has noted that from 2012, the starting age for regular Breast Screening will be lowered to 47 years, which is also very much a working age where women could have careers and/or family commitments, with equally busy lives.

26. In short, the Joint Scrutiny Committee does not understand the reason for the differences in opening times for cervical and breast screening, when one considers that both services are aiming at a cohort where a large proportion will be employed women.

27. The Joint Scrutiny Committee was interested to learn about what the local NHS was doing to encourage people to attend screening

opportunities and learn about the importance of taking these opportunities, aside from an invitation to screening, once a certain age is reached.

28. It was mentioned that the local NHS is keen to get into large workplaces to educate people and perhaps even offer screening services with the employers' permission. Whilst there are rigorous checks on standards of care and advice in GPs, it was noted that rates for cervical cancer screening are features of the GP's Quality Outcomes Framework (QOF), bowel and breast screening rates are not.

29. In addition, the Joint Scrutiny Committee heard that the Tees PCTs & Darlington PCT are engaging in social market research to ascertain reasons for some people's non engagement with the service and what may make such services more attractive to people. The Joint Scrutiny Committee expressed a strong interest in hearing about the outcome of such work.

30. The Joint Scrutiny Committee commented that it would be keen to see the local NHS tapping into existing community networks, particularly BME groups and community groups, to publicise the importance of screening and the availability of such opportunities.

31. The Joint Scrutiny Committee heard that overall, the local NHS felt that across Tees, cancer screening quality is very good, with a good range of accessibility. Nonetheless, it was felt that good accessibility and good range of choice is of huge benefit and should be enhanced. Ultimately, anything that urges the public to take up their screening opportunities should be welcomed.

32. The Joint Scrutiny Committee was interested to learn that Darlington PCT, in an endeavour to increase take-up rates, has appointed a social marketing manager. One aspect of the work of the social marketing manager would be to investigate and try and understand better the local reasons for low take-up within particular communities, in order to overcome barriers and more appropriately market the service.

33. In addition, Members were interested to learn that the PCT was planning a comprehensive cancer information initiative to increase awareness and early diagnosis. Such work involved the compilation of baseline data on current levels of cancer and cancer screening awareness, through Darlington being an early adopter site for the new nationally accredited cancer awareness management tool.

Key Information gathered from the Cancer Research UK documents

34. The Joint Scrutiny Committee has also consulted Cancer Research UK to hear their views on a number of key themes connected to Cancer Screening Services.

35. A report by Cancer Research UK, prepared for the Joint Scrutiny Committee, indicates that the risk of being diagnosed with certain cancers was greater among the most deprived families and communities. At the same time, although survival rates for most types of cancer had been improving since the 1970's, the survival gap between the most and least affluent has been increasing, as those at the top are most able to take advantage of improvements.

36. In terms of extending screening services to other cancers, the Joint Scrutiny Committee was advised that whilst they supported certain screening trials they confirmed that until there was evidence of the efficacy of such tests no new programmes should be initiated at a national level.

37. The report outlined campaigns undertaken by Cancer Research UK and PCTs to increase the take-up of cancer screening services. In 2007, Cancer Research UK and partner charities launched 'Screening Matters' a nation-wide campaign aimed to get three million more people into cancer screening. The campaign resulted in more than 100,000 people signing a pledge supporting the campaign and committed to attending cancer screening when invited.

38. Members read with interest that in early 2008, over 9,000 of Cancer Research UK campaigners had written to their MPs asking them to contact their PCTs (total 155) for details about the cancer screening programme in their area. Details were provided of reports from Cancer Research UK, which included a summary of the responses received, which outlined the diverse range of current or future initiatives to increase screening update. Examples were provided of good practice, which included: -

- the use of equity audits and related research to understand the needs of the local population and identify barriers to take-up of screening services;
- the development and dissemination of tailored information for particular communities and groups;
- working with diverse organisations and groups;
- working with communities;
- improving the delivery of cancer screening services.

39. The Joint Scrutiny Committee was advised that in order to make services more accessible Cancer Research UK considered that information about cancer and screening for the disease should be tailored to meet the needs of the local population. It was suggested that health professionals should receive training in communicating with diverse populations so that they were enabled to impart the importance of attending screening to their patients, especially those with traditionally low take-up.

40. The Quality and Outcomes Framework (QOF) was also seen as a possible effective way of encouraging GPs to promote take-up of screening and record information about the take-up rates of their patients. Such information could be used to develop services, which effectively met the needs of the local population.

41. A number of PCT responses to Cancer Research UK's Screening Matters survey included information about pilots seeking to understand how providing screening services in locations other than GP surgeries and at out-of-hours opening times might influence take-up rates. It was felt that such pilots could be used to develop good practice in the provision of services in the Tees Valley.

42. Since the Joint Scrutiny Committee compiled this report and considered screening take up statistics, new figures are available and are outlined below.

	Breast (Q1 2009 5 year take-up)	**Cervical** (2008/9)	**Bowel** (Feb 2009)
Darlington	80.3	81.3	55.3
Hartlepool	74.3	76.8	48.7
Middlesbrough	75.4	75.0	48.0
Redcar & Cleveland	78.7	80.1	54.5
Stockton on Tees	77.8	79.5	54.1

Conclusions

43. The Joint Scrutiny Committee is of the view that the evidence it has gathered, supports the anecdotal evidence it also heard that there are no major differences for Cancer Screening take up in the Tees Valley, when compared to the national average. There are, however, a small number of areas with noticeably lower take-up.

44. The Cancer Screening services across the Tees Valley have made considerable recent progress in making cancer screening services more accessible and more responsive. The Joint Scrutiny Committee feels that the fact that there are longer opening hours for screening services and Saturday morning openings (in Hartlepool initially) demonstrates this. The Joint Scrutiny Committee is also aware of a

significant reduction in the average 'turnaround time' for cervical test results, which is commendable progress.

45. The Joint Scrutiny Committee is pleased to see the Public Health Directorates across the Tees Valley continuing to make efforts to understand people's feelings towards Cancer Screening. Specifically considering the topic of what exactly would motivate people to attend, or what makes people not attend. The Joint Scrutiny Committee would point to the recent work with local radio stations as an example of that.

46. The Joint Scrutiny Committee notes that areas of Middlesbrough and Hartlepool have consistently low cancer screening take up, when compared with the Tees Valley and national average. This applies across Breast, Bowel and Cervical Screening. This could mean that even more cases of cancer in these areas, are not identified until the disease is further advanced.

47. Whilst late diagnosis may be a particular problem in Middlesbrough and Hartlepool, given the lower screening take up rates, the issue of delayed diagnosis is an area of concern for the Tees Valley that the Joint Scrutiny Committee has heard a great deal about. The Joint Scrutiny Committee notes that Professor Mike Richards, in his 2nd Annual Report on the Cancer Reform Strategy, has highlighted this as an area of national concern, for urgent attention. The Joint Scrutiny Committee has heard that hospital based cancer services in the Tees Valley are of a very high standard, although there is concern over the stage that the cancer has often reached, at time of diagnosis.

48. In order to improve Cancer Screening take up rates, the Joint Scrutiny Committee feels that the local NHS could develop its operations in community development work and targeting particular communities where felt appropriate. The Joint Scrutiny Committee would like to see the local NHS approaching relevant local authorities for assistance in this regard.

49. The stage of diagnosis of cancer has a material impact upon a patient's chances of successful treatment. Tackling the late diagnosis of cancer is two fold. Firstly, more people need to be encouraged to attend cancer-screening opportunities when invited to do so. Secondly more people need to become more 'body aware' when noticing possible symptoms and be more empowered to seek advice at the earliest possible opportunity.

Recommendations

50. That the local NHS develops and publishes a clear and coherent strategy for identifying and assertively targeting communities, which are consistently under-represented in the cohorts of people who attend screening programmes. The local NHS should engage with local authorities and particularly Elected Members, to access their expertise

and assistance about local areas. The Joint Scrutiny Committee would expect local authorities to provide all reasonable assistance in what is very much a shared agenda.

51. That the local NHS expedites the rollout of digital mammography services and provides an update for the Joint Scrutiny Committee on the progress in summer 2010.

52. The local NHS give detailed thought to highly localised awareness campaigns of cancer symptoms, aimed at giving people the knowledge to notice changes in their bodies and the confidence or encouragement to approach General Practice with any concerns. It is suggested that such endeavours be focussed on geographical areas, or specific communities, underrepresented in Cancer Screening services.

53. The Joint Scrutiny Committee would like to see discussions on strategy for better screening take up and symptom awareness, take place at Board level. This would ensure that Non Executive Directors have the opportunity to contribute to strategy and provide challenge to Executive Directors, in what is a crucial area of health improvement for the Tees Valley.

54. The Joint Scrutiny Committee would welcome the opportunity to contribute to the debate about future strategy relating in improving Cancer outcomes for the Tees Valley and would like the opportunity to engage with NHS colleagues at a point where strategy is still being formulated.

BACKGROUND PAPERS

55. Please see the supporting papers to, and minutes of, the Joint Scrutiny Committee meetings of 15 December 2008, 30 January & 23 March 2009 and 17 December 2009.

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