

Bath & North East Somerset Council

MEETING:	Open Cabinet	
MEETING DATE:	11 th April 2012	EXECUTIVE FORWARD PLAN REFERENCE:
		E 2274
TITLE:	Alcohol Harm Reduction Strategy for Bath & North East Somerset	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report:		
Appendix 1: Draft Refreshed Alcohol Harm Reduction Strategy		
Appendix 2: Strategy Action Plan 12/13– Adults and Children & Young People		

1 THE ISSUE

1.1 Alcohol misuse is a serious and growing public health issue. The link between alcohol misuse and damage to health is well documented, alongside the impact crime and anti-social behaviour linked to alcohol misuse has on children and young people and community safety in general. The Government has set the agenda for action in its recently launched Alcohol Strategy (March 2012) which seeks to reduce the availability of cheap alcohol and irresponsible promotions and support the work of local agencies to tackle local problems. The National Strategy will introduce: a minimum unit price for alcohol; a consultation on a ban on multi buy promotions in the off-trade; strengthened and extended powers for local areas to restrict alcohol sales late at night, introduce a late night levy and control the density of premises, including a new health-related objective for alcohol licencing. In order to stem the rising trend of alcohol related harm locally, partnership working to maximise efficiency and a co-ordinated approach is crucial. The attached draft Alcohol Harm Reduction Strategy for B&NES provides the framework and structure to support this aim.

2 RECOMMENDATION

The Cabinet agrees that:

2.1 this Draft Refreshed Alcohol Harm Reduction Strategy for B&NES is adopted and the key priorities are agreed

3 FINANCIAL IMPLICATIONS

- 3.1 Recurrent funding of £100,000 has been released from the pooled substance misuse budget through the strategic shift from three to two adult treatment providers. It has been agreed by the Joint Commissioning Group for Substance Misuse and the B&NES Clinical Commissioning Committee (23 Feb 2012) that these savings are used to increase alcohol treatment capacity. Specifically the funding will be used to deliver increased and enhanced services in line with NICE Guidelines CG115 on alcohol use disorders, specifically a programme of community detoxification support which includes access to psychological therapies. It will also provide additional Alcohol Treatment Requirements delivered through the Criminal Justice System.
- 3.2 B&NES Primary Care Trust has committed to continue funding the Alcohol Harm Reduction Project Officer post for 2012/13, based within the Council Public Protection Team. This post supports implementation of the Action Plan in relation to primary prevention work and building capacity for identification and brief advice within the community. The other elements of the action plans will be delivered through core business and existing resources.
- 3.3 From April 1st 2013, subject to Parliament, B&NES Council will have a duty to protect the health of the population, with overall responsibility for Public Health across B&NES. This includes the commissioning of alcohol and drug services. PCT budgets for Public Health will be transferred to the Local Authority from this date. Decisions relating to budgets for alcohol and drug services from 1st April 2013 will be the responsibility of the Council and therefore will be subject to review as part of the 2013/2014 Council Budget process and the corporate priorities of the Council.
- 3.4 Three year funding has been secured from Comic Relief to expand the work of the Young People's Alcohol Project within Project 28. This will enable the roll out of the Think/Drink Brief Intervention Tool to increase the skills of the local children's workforce in identifying alcohol problems, delivering brief interventions and/or refer on appropriately. The Comic Relief funded work is a standalone project which will build local workforce skills in early intervention and embed processes into mainstream delivery, ensuring sustainability once grant funding ends. There are no additional funding implications beyond the period of the grant.
- 3.5 Where additional needs are identified invest to save proposals/business cases will be developed as required.

4 CORPORATE OBJECTIVES

- Promoting independence and positive lives for everyone
- Creating neighbourhoods where people are proud to live
- Building a stronger economy

A Strategy for Alcohol Harm Reduction in B&NES will support improvement in health outcomes for residents through increased information, advice, support and access to effective treatment where appropriate. Enabling people to make informed choices regarding their lifestyle and ensuring help is available if they need it. Improved co-ordination amongst local agencies in terms of regulation, enforcement, education and supporting behaviour change in relation to alcohol misuse will contribute towards the vision and reputation of Bath and North East Somerset as a safe and enjoyable place to live, work and socialise. Reductions in antisocial behaviour, crime, domestic violence and absenteeism through alcohol misuse will directly support the local economy.

5 THE REPORT

5.1 The attached Draft Strategy is a refresh of the previous B&NES Alcohol Strategy (2006) and aims to prevent the harm arising to individuals, families, and society from alcohol misuse in B&NES and to treat, rehabilitate and care for those people who misuse alcohol. It outlines where we would like to be with alcohol-harm reduction, harmonises with current local and national policies and plans, identifies the key needs, gaps, and priorities, and spells out the initial actions we need to take. Stakeholders have identified key developmental service and organisational priorities for reducing the harm caused by alcohol misuse in B&NES and these have been incorporated into the attached Strategy Action Plan.

5.2 To date the following bodies have been consulted on the Strategy:

- B&NES Children's Trust Board (Dec 2010)
- Overview and Scrutiny Panel Healthier Communities and Older People (Mar 2011),
- Partnership Board for Health and Wellbeing (June 2011)

The Strategy was agreed and adopted by the following:

- B&NES PCT Professional Executive Committee (Feb 2011)
- Health and Social Care Committee of the Partnership Board for Health & Wellbeing (June 2011)

5.3 Key issues raised during the above consultation period included the need to enhance the focus on protection of children and young people from alcohol related harm and the need for additional focus on irresponsible promotion of alcohol through off licence premises e.g. supermarkets. These issues have been incorporated through the development of a specific children and young people's action plan to support Strategy implementation and through inclusion of a specific action in relation to gathering local evidence on inappropriate promotion of alcohol to inform debate on the effectiveness of legislation.

5.4 The Alcohol Harm Reduction Steering Group, chaired by the Director of Public Health, formed in April 2011 to take forward implementation of the elements of the Strategy that could be progressed without additional resourcing. The following is a summary of key progress made to date:

- Development of Multiagency Action Plans for Children and Young People and Adults (see Appendix 2)
- Funding identified during 2011/12 for 10 additional Alcohol Treatment Requirements for clients in the criminal justice system via the Joint Commissioning Group for Substance Misuse.
- Identification of recurrent funding of £100K to increase access to community detoxification, psychosocial programmes of support in the community and enable ongoing delivery of Alcohol Treatment Requirements from April 2012.

- Training delivered for over 100 professionals from health, social care, police, housing and mental health in Alcohol Identification and Brief Advice/Intervention.
 - Scoping of an enhanced data collection project in the Royal United Hospital Emergency Department which aims to provide detailed information on alcohol related injury and violence/assault to support multiagency targeted prevention work.
 - Introduction of a Community Alcohol Partnership in Midsomer Norton
 - Co-ordination of a programme of alcohol awareness sessions between education, police and health in schools, colleges and with University students.
- 5.5 The Alcohol Harm Reduction Steering Group will report on progress with the Strategy to the Responsible Authorities Group and the Partnership for Health and Wellbeing (or its successor body) on a regular basis.
- 5.6 This Strategy provides the overarching framework for local delivery and will be refreshed within 12 months to reflect the recently launched National Alcohol Strategy and emerging local priorities. Annual action plans will be produced to drive delivery priorities.

6 RISK MANAGEMENT

6.1 The report author and Lead Cabinet member have fully reviewed the risk assessment related to the issue and recommendations, in compliance with the Council's decision making risk management guidance.

7 EQUALITIES

An Eq1A has been completed. No adverse or other significant issues were found.

The Strategy has clearly identified equalities issues in relation to inaction on this issue. These are:

- access to support services for vulnerable groups,
- inequalities in terms of the impacts of alcohol misuse on disadvantaged communities
- Men, young people, and the socio-economically deprived are more at risk from alcohol-related harm
- Specific issues relating to the risks to children and young people whose parents drink have also been highlighted.
- We will ensure that access to services is the same for all regardless of age, sex, disability, ethnicity, sexuality, or religion.

8 RATIONALE

The Strategy covers the World Class Commissioning Competencies of working with community partners, engaging with public and patients, collaborating with clinicians, and managing knowledge and assessing needs.

It will ensure local leadership and an evidence based approach to addressing local issues which in turn will maximise the use of limited resources and optimise local expertise and experience.

A local Strategy with supporting action plans will ensure local consensus on priorities and provide a structure and mechanism for monitoring and evaluating local initiatives in terms of benefits to individuals, local communities and the local economy.

9 OTHER OPTIONS CONSIDERED

9.1 None

10 CONSULTATION

10.1 Ward Councillor; Cabinet members; Overview & Scrutiny Panel; Staff; Other B&NES Services; Service Users; Local Residents; Community Interest Groups; Stakeholders/Partners; Other Public Sector Bodies; Section 151 Finance Officer; Chief Executive; Monitoring Officer

Consultation has taken place throughout the whole process of Strategy refresh including meetings, workshops and one to one communication with stakeholder agencies and groups and Strategy drafts were presented to:

- B&NES Children’s Trust Board (Dec 2010)
- B&NES PCT Professional Executive Committee (Feb 2011)
- Overview and Scrutiny Panel Healthier Communities and Older People (Mar 2011)
- Partnership Board for Health and Wellbeing (June 2011)

11 ISSUES TO CONSIDER IN REACHING THE DECISION

11.1 Social Inclusion; Young People

12 ADVICE SOUGHT

12.1 The Council's Monitoring Officer (Divisional Director – Legal and Democratic Services) and Section 151 Officer (Divisional Director - Finance) have had the opportunity to input to this report and have cleared it for publication.

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Sponsoring Cabinet Member	Councillor Simon Allen
Background papers	None
Please contact the report author if you need to access this report in an alternative format	