

Bath & North East Somerset Council	
MEETING:	Wellbeing Policy Development and Scrutiny Panel
MEETING DATE:	18 th May 2012
TITLE:	Alcohol Harm Reduction Strategy – Briefing Paper
WARD:	ALL
AN OPEN PUBLIC ITEM	
List of attachments to this report: Alcohol Harm Reduction Strategy Action Plan 12/13	

1 THE ISSUE

- 1.1 The Refreshed Alcohol Harm Reduction Strategy for B&NES was adopted and key priorities agreed by Cabinet on 11th April 2012. Implementation of the Strategy is overseen by the Alcohol Harm Reduction Steering Group through an annual action plan on the key themes of health and treatment, community safety, crime and disorder, children and young people and partnership working. The Government's new Alcohol Strategy was launched in March 2012 and it was agreed to review the local Strategy in light of the national strategy within 12 months. The involvement of the Wellbeing Policy, Development and Scrutiny Panel in this process is welcomed.

2 RECOMMENDATION

The Wellbeing Policy, Development and Scrutiny Panel is asked to:

- 2.1 Note the briefing report, the Action Plan for delivery of the Alcohol Harm Reduction Strategy and the intention to review this Strategy in light of the new National Strategy.
- 2.2 Consider nominating a representative to sit on the Alcohol Harm Reduction Steering Group.
- 2.3 Consider holding an enquiry day with relevant experts and stakeholders to formulate policy on approaches to key issues such as Early Morning Restriction Orders, late night levies and health bodies involvement in licensing decisions.

3. FINANCIAL IMPLICATIONS

- 2.4 The financial implications of the Alcohol Harm Reduction Strategy were agreed by Cabinet on 11th April 2012. The key implications are listed below:
- 2.5 Recurrent funding of £100,000 has been made available from within 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.
- 2.6 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.
- 2.7 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 and subject to approval by the Health and Wellbeing Board
- 2.8 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.
- 2.9 Where additional needs are identified invest to save proposals/business cases will be developed as required.

3 THE REPORT

- 3.1 The Alcohol Harm Reduction Steering Group, chaired by the Director of Public Health, formed in April 2011 to take forward implementation of the Strategy. The group is currently meeting bimonthly to drive forward the Strategic priorities.

The following is a summary of key progress made to date:

- Development of a multiagency Action Plan which is monitored and updated regularly.
- 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 on-going 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. This has now led to the development of an Identification and Brief Advice (IBA) Training Network for professionals.
- Scoping of an enhanced data collection project in the Royal United Hospital Emergency Department which aims to provide detailed information on alcohol related attendances and violence/assault to support multiagency targeted prevention work. This project aims to start collecting data from September 2012.
- 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.

4.2 The Government's Alcohol Strategy was launched in March 2012. It commits to a number of key actions at a national level aimed at reducing binge drinking and associated crime and antisocial behaviour in particular:

- raising alcohol duty by 2% above retail inflation (RPI) each year to 2104/15
- changing criteria for lower rates of duty on cider which will ensure high strength ciders no longer qualify
- aligning duty more closely to alcohol strength
- the introduction of a minimum unit price on alcohol
- a review of the alcohol guidelines for adults
- inclusion of an alcohol check within the NHS Health Check for adults from April 2013
- a consultation on a ban on multi-buy promotions in the off-trade
- a review of current commitments within the Mandatory Code for Alcohol in relation to irresponsible promotions in pubs and clubs

- a consultation on anti-fraud measures, including the introduction of fiscal marks for beer, supply chain legislation, and a licensing scheme for wholesale alcohol dealers
- Increasing the maximum fine for persistently selling alcohol to a person under 18 years to £20,000
- Encourage hospitals to share non-confidential information on alcohol related injuries with the police and other local agencies
- Amend the statutory guidance on the Licensing Act 2003 to clarify that Cumulative Impact Policies apply to both the on-trade and off-trade.

The Strategy also commits to giving local agencies additional powers to tackle alcohol related crime and antisocial behaviour. These include:

- From April 25th 2012, licensing authorities and local health bodies become 'responsible authorities' under the Licensing Act 2003, meaning they will automatically be notified of an application or review and can instigate a review of a licence themselves. There will also be a consultation on a new health-related objective for alcohol licensing related specifically to cumulative impact.
- The vicinity test on licensing is also removed, meaning anyone, no matter where they live, will be able to input into a decision to grant or revoke an alcohol licence, not just those that live in the immediate vicinity.
- A requirement on licensing authorities to publish key information about new licensing applications, including details of the address of the premises and guidance on how to make representations to the licensing authority
- From October 2012, there will be extended powers to make Early Morning Restriction Orders to support local areas to restrict alcohol sales late at night if they are causing problems and a new late night levy for businesses that sell alcohol late into the night, which can be used to cover the cost of policing and wider local authority action.

4.3 It is recommended that the Alcohol Harm Reduction Strategy is reviewed in light of the above and specifically in relation to agreeing an approach to the application of additional powers such as Early Morning Restriction Orders, late night levies and health bodies involvement in licensing decisions.

RISK MANAGEMENT

3.2 A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

4 EQUALITIES

An EqIA has been completed on the Alcohol Harm Reduction Strategy. No adverse or other significant issues were found.

5 CONSULTATION

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

5.2 Consultation has taken place throughout the whole process of Strategy refresh including meetings, workshops and one to one communication with stakeholder agencies and groups. Stake holders in the process included.

Strategy drafts were presented to:

- B&NES Children's Trust Board (Dec 2010)
- B&NES PCT Professional Executive Committee (Feb 2011)
- Responsible Authorities Group – (July 2011)
- Overview and Scrutiny Panel Healthier Communities and Older People (Mar 2011)
- Partnership Board for Health and Wellbeing (June 2011)
- Adopted by Cabinet (11th April 2012)

6 ISSUES TO CONSIDER IN REACHING THE DECISION

6.1 *Social Inclusion; Young People;*

6.2 The implementation of this strategy is relevant to social inclusion, young people, vulnerable people and vulnerable families and addressing health inequalities.

7 ADVICE SOUGHT

7.1 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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Background papers	Refreshed Alcohol Harm Reduction Strategy 2012
Please contact the report author if you need to access this report in an alternative format	