Review Title: Alcohol Harm Reduction

Policy Development & Scrutiny Panel: A joint review by ECD, EYCY, PTE and Wellbeing PDS Panels led by Cllr Brett, and reporting to Wellbeing PDS Panel

Panel Chair and Vice Chair: Cllr Pritchard and Cllr Beath

Policy Development & Scrutiny Project Officer: Emma Bagley / Liz Richardson

Supporting Service Officer: Cathy McMahon, Sue Dicks, Andrew Jones and Kate Murphy

## Process for Tracking PD&S Recommendations - Guidance note for Cabinet Members

The enclosed table lists all the recommendations arising from the above Policy Development & Scrutiny Review. Individual recommendations are referred to the relevant named Cabinet Members (or whole Cabinet in the case of a whole Cabinet referral) as listed in the 'Cabinet Member' column of the table. Cabinet members are requested to seek help from your relevant service Officers within your portfolio to help complete the Rationale for your response. A copy of this has also been forwarded to your appropriate Lead Officer. In order to provide the PD&S Panel with a Cabinet response on each recommendation, the named Cabinet member (or whole Cabinet) is asked to complete the last 3 columns of the table as follows:

# **Decision Response**

The Cabinet has the following options:

- Accept the Panel's recommendation
- Reject the Panel's recommendation
- **Defer** a decision on the recommendation because a response cannot be given at this time. This could be because the recommendation needs to be considered in light of a future Cabinet decision, imminent legislation, relevant strategy development or budget considerations, etc.

### **Implementation Date**

- For 'Accept' decision responses, give the date that the recommendation will be implemented.
- For 'Defer' decision responses, give the date that the recommendation will be reconsidered.
- For 'Reject' decisions this is not applicable so write n/a

#### Rationale

Use this space to explain the rationale for your decision response and implementation date. For accepted recommendations, please give details of how they will be implemented.

# Alcohol harm reduction review: Recommendations

Recommendation	Cabinet Member	Decision Response	Implement ation Date	Rationale
	Wiellibei	ixesponse	ation Date	
More education programmes that encourage a	Clir Allen /			
voluntary shift in attitude to alcohol	Clir Romero			
1 To continue working in partnership with				
commissioned and statutory service providers to deliver a long-term education programme for				
professionals, parents and young people on the				
causes and effects of alcohol harm. In particular,				
develop targeted education programmes for specific vulnerable groups, including:				
<ul> <li>a. younger children by encouraging schools to start introducing topics sensitively from</li> </ul>		a.Accept	Ongoing	Vital part of primary PSHE (making healthy choices , avoiding risk,
primary school age;				understanding effects of alcohol ,
b. young people by encouraging schools to				knowing basic laws) Linked to DPH Award
facilitate further work through Personal		b.Accept	Ongoing	Targeted work as directed by the SHEU
Social Health Education. To help facilitate		b.Accept	Oligoling	survey , to be discussed and planned at
this work it will be important to have a better knowledge of the causes of self-				Young People's Substance Misuse Group. Needs to be linked to self-esteem
harm through alcohol use. To commission				and looked at in terms of gender / pupil
a piece of work that extends current knowledge and builds on previous SHEU				premium . Also introduce "Drinkthink Tool " to Sixth Forms in B&NES Schools
evidence. This work to report back to the				
Wellbeing / EYCY Panel;				
c. older 'working age' and over 65s by		- A	A	Dublic Health Workeless Wallbeim
supporting current initiatives of public		c. Accept	April 2014 onwards	Public Health Workplace Wellbeing Charter is the holistic framework that is
protection; and				

d. parents by public health working together with schools. (EYCY / Wellbeing)		d. Accept	Ongoing	currently commissioned as the mechanism for engaging with workplaces on health issues. Proposal for Council to pilot this approach to promoting staff wellbeing. In addition campaigns to promote sensible drinking amongst adults and training for professionals will be co-ordinated via Alcohol Harm Reduction Steering Group within existing resource.  To be discussed and planned at Young People's Substance Misuse Group
Improved and more frequent alcohol screening mechanisms  2 (A)Develop and implement a quick screening method within front line services (including primary care such as pharmacies and waiting rooms - although potential scope for acute settings too). (B) Build on the existing AUDIT tool by exploring a potential 'app', scratch cards, themed bar mats or self-assessment pro-forma. (Wellbeing)	Clir Allen	(A) Defer (B) Accept	Nov 14	(A) Business case to be drawn up for further investment in primary care /pharmacy to undertake screening for target populations (B) Increased social marketing around alcohol issues will support Rec 1c above. Align launch with Alcohol Awareness Week Nov 14
Targeted interventions that deal with adverse effects of alcohol  3.1 Build on in-situ interventions and street treatments in order to tackle isolated instances of inebriation in the night time economy. Support the ACPO initiative of 'drunk-tanks', and express an interest in hosting a pilot service in B&NES. (Wellbeing)	CIIr Allen	3.1 Reject		Current evidence regarding incidents in the NTE does not support need for drunk tanks. Approach does not encourage individual responsibility or culture change. We will continue to monitor local NTE data and national initiatives.
3.2 To provide 'wet house' supported		3.2 Defer	March 15	B&NES Council Public Health & Drug and Alcohol team are currently working

accommodation for patients requiring longer term health and social care rehabilitation or interventions. This recommendation to be implemented where there is the demand and evidence base for this (Wellbeing)				with Alcohol Concern and other partnerships across the country to explore approaches to working with 'treatment resistant drinkers'. This work will provide a range of options for working with this group that partners can consider, some of which may be suitable for new funding models like Social Impact Bonds.
4 Encourage improved workplace health by developing a simple toolkit that local employers can use in the workplace. This initiative seeks to raise awareness about alcohol use in employees and colleagues. (Wellbeing)		4. Accept	Ongoing	See 1c above re; Workplace Wellbeing Charter model
Greater emphasis on prevention of alcohol harm through national policy	CIIr Dixon			
5 Health to be embedded as an alcohol licensing objective. The government to be lobbied about incorporating this into licensing legislation via the LGA. (PTE)		Accept	March 2014	Cllr Dixon accepts this recommendation. Licensing will work with Public Health to draft submission for the leader to send.
A local licensing policy that considers a broader range of issues and impacts	Cllr Dixon			
6 Refresh the B&NES licensing policy to acknowledge prevention of alcohol harm with such inclusions as:  a. Incorporate health into licensing policy at a local level;		a) Accept	July 2014	a) Yes – could be included in consultation on new policy (Spring 2014). Licensing Officers already researching other areas of good practice.

high-level vision to district level aspira	9	b) Accept	New Policy on forward plan. Currently July 2014.	b) Key elements would fit in strategy and could certainly be supported in an introduction to policy. Suggest area/district aspirations should be treated in a similar manner. Clear links between strategy and policy to be reinforced through this. Date of Policy to Council may slip owing to consultation length
c. Early Morning Res based on resident	striction Orders in areas demand;	c) Reject		c) Requires an evidence base to progress and formal consultation process. There is a very clear statutory requirement to demonstrate the need. (Likely resource requirement 1 x 1.0 FTE for 6 months).
d. Appraisal of Cumu	lative Impact (CI) zones;	d) Accept	d) No details on timescales yet.	d) Already in train Jon Poole and Natalia Urry (Policy and Strategy) are researching.
e. Consideration of 'community wishes alcohol traders con	to exclude licensed	e) Reject		e) Insufficient information and evidence.
f. The option of include license around min strength alcohol residence prometimes irresponsible prometidence suggests appropriate. (PTE)	imum unit pricing, high strictions and/or otions where the this would be	f) Accept	f) July 2014	f) Yes – could be included in consultation on new policy. Could be based on Newcastle and/or Wakefield model.

Alconol Harm Reduction Review PDS Cabinet Response	i avic	T		T
More accessible training that emphasises issues and effects of alcohol harm				
7.1 Establish and deliver a local Best Bar None training scheme for trade staff. (PTE)	Cllr Dixon	7.1 Defer (Resource required)		Model exists. Would need resource to take forward. Likely to require 1 x 1.0 FTE for 6 months and thereafter 1 day
7.2 B&NES to express an interest in applying a business rate rebate to those premises successfully participating in the Best Bar None	Cllr Bellotti	Reject		per week.  All local authorities were given discretionary powers to remit business
scheme. (PTE)				rates in the Localism Act. A rebate should be in the interest of local council tax payers. It would be wholly funded by the council.
				There would be some administrative costs depending on the nature of the scheme as there would need to be manual reports and inputs. There are 382 properties which could be effected and this does not include any shops. A 5% discount on business rates would cost the Council £558k per annum.
				The suggestion is therefore rejected on grounds of loss of income to the Council, administrative costs and it would be selecting one business sector for special treatment above others.
Improved engagement at local level though more positive and proactive information sharing and publicity	Cllr Dixon			
8 Improve the information available to residents about making complaints and contributing to licensing reviews.		8) Accept	Sept 2014	a) Recommend becomes part of Customer Services workstream project (improving information for customers).

Refresh existing information about licensing contacts and processes in the B&NES Connect magazine and on the B&NES website.  Consider a 24hr answerphone line to gather evidence from residents about licensing concerns. Promote a direct telephone line within licenced premises if a customer wants to raise a concern or report issues. (PTE)	Tuble	Accept  Defer	Sept 2014	b) As above  Needs consideration as to whether this is part of the wider "report it" customer services workstream which is aiming to simplify the reporting process and reduce telephone lines into Council for customer contacts. Not just an issue for licensed premises – applies to other issues.
9.1 Build on existing work to prevent anti-social behaviour. Contain early issues through strong and clear enforcement presence in B&NES. Continue existing measures such as street marshals and police presence in 'hot spots'; as well as appropriate licensing enforcement action. Encourage greater information sharing between the police and council (e.g.101 and street marshal data) to guide enforcement. (PTE/ECD)	CIIr Dixon	Reject		Refer to Police Crime Commissioner
9.2 Extend existing initiatives, or foster new approaches in encouraging collective working between all alcohol traders (both on and off-trade). Encourage communication between businesses to allow them to work together optimally and, take a firm approach on sale of alcohol to people inebriated (legislation places licensees responsible for selling alcohol in this manner). (PTE/ECD)	Cllr Dixon / Cllr Stevens	Defer		Links to Best Bar None initiative and training for Licencees and staff. Resource implications.

Communities that are safer from outcomes of alcohol harm	Cllr Dixon		
10.1 Encourage more integrated community safety work by rolling out further Community Alcohol Partnerships (CAPs) where underage drinking is a problem and residents want a CAP. (ECD)		Reject	Community Safety is now a role for the Police Crime Commissioner.
10.2 Tackle alcohol-fuelled domestic violence and abuse by exploring ways of introducing a CAP style model of integrated working across B&NES.		Reject	Models already in place via the Multi- agency risk assessment conference (MARAC) ,safeguarding board and connecting families. Integrated Victim Service (PCC) includes domestic violence.  There is now a twice yearly meeting being set up of the AG/LSAB/LSBC/HWB and Police and Crime Commissioner to ensure that Strategy of all the above groups is aligned
To develop existing work by the council as part of the public service transformation network. Funding could potentially be earmarked through the community budget that covers this area of work. (ECD)		Reject	DV Community Budget work is underway led by Andy Thomas through the PSTN and H&W