

## **Partnership Board for Health and Wellbeing Report**

**Date: 15 June 2011**

**Report Title: Draft Refreshed Alcohol Harm Reduction Strategy  
for B&NES 2010-12**

**Agenda Item: 12**

**List of attachments to this report: None**

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### **Summary**

#### **Purpose**

- 1 Alcohol misuse causes much harm in B&NES. An interagency group have refreshed the previous alcohol harm reduction strategy. Our goal is 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. The draft strategy 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 key initial actions we need to take. Stakeholders have identified 24 developmental service and organisational priorities for reducing the harm caused by alcohol misuse in B&NES.

#### **Recommendation**

- 2 The Partnership Board for Health and Wellbeing is asked to agree the key priorities and actions and to recommend that:
  - The cabinet member for wellbeing approves the strategy
  - The Health and Social Care Committee approve the strategy on behalf of the PCT Board.
  - The final strategy is adopted by all stakeholder agencies and partnerships (LSP, DHI, AWP, B&NES Council, NHS B&NES, RUH, GWAS, Police, and Probation Service)

#### **Rationale**

- 3 We need to agree our values, gaps, needs, and priorities so that we can assuredly decide the actions and their associated timescales to tackle alcohol related harm. We need a multi-agency multi-sectoral set of actions that are proportionate to needs and affordable. It helps if all the agencies are following the same strategy. The Responsible Authorities Group and the Children's Trust Board have both signed up to the Strategy.

#### **Other Options Considered**

- 4 None.

#### **Financial Implications**

- 5 A spend-to-save business case and action plan based on this draft strategy is being produced that will include actions covering the short term (within 3 months), medium term (up to one year), and long term (over one year). All resource changes will be identified.

### **Risk Management**

- 6 The risks are from not working in a concerted multi-agency manner to tackle alcohol-related harm. These include not optimising on the benefits from resources committed and fewer people being helped.

### **Equality issues**

- 7 We will ensure that access to services is the same for all regardless of age, sex, disability, ethnicity, sexuality, or religion. Men, young people, and the socio-economically deprived are more at risk from alcohol-related harm.

### **Legal Issues**

- 8 None known

### **Engagement & Involvement**

- 8 All stakeholder agencies (including police, NHS, council, probation, and business representatives) have been involved in contributing to the strategy. Citizens and users have informed workshops. This report has been viewed by the Council monitoring officer and section 151 officer.

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<b>Background papers</b>	None

If you would like this document in a different format, please contact Philip Milner