

Bath & North East Somerset Council		
MEETING/ DECISION MAKER:	Wellbeing Policy Development & Scrutiny Panel	
MEETING/ DECISION DATE:	28 <sup>th</sup> November 2014	EXECUTIVE FORWARD PLAN REFERENCE:
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TITLE:	Alcohol Strategy	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report:		
Draft B&NES Alcohol Harm Reduction Strategy 2014 - 2019		

## **1 THE ISSUE**

- 1.1 The current B&NES Alcohol Harm Reduction Strategy (2012) was adopted by B&NES Council in April 2012. A commitment to refresh the Strategy in light of national and local developments was agreed with Wellbeing Policy, Development and Scrutiny Panel in May 2012. A Joint Scrutiny Inquiry Day in October 2013 and its subsequent recommendations have informed the Strategy refresh, alongside national and local developments since 2012.

## **2 RECOMMENDATION**

- 2.1 Proposal 1: The Wellbeing Policy Development and Scrutiny Panel support the Alcohol Harm Reduction Strategy for Bath and North East Somerset (2014 – 2019) and agree that it is taken forward for endorsement by B&NES Council Cabinet.
- 2.2 Proposal 2: The Strategy is refreshed in 2017 to update priorities and recommendations to ensure relevance to emerging local, regional and national issues.
- 2.3 Proposal 3: The Wellbeing Policy Development and Scrutiny Panel actively engage in the call for evidence based national initiatives to support local delivery such as minimum unit pricing, a reduction in blood alcohol levels for driving, a public health objective in the licensing act and restrictions on advertising and sponsorship by the alcohol industry.

## **3 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)**

- 3.1 The Council currently contribute financially towards the delivery of the Alcohol Harm Reduction Strategy predominantly from the Public Health Grant, Adult Health and Social Care and from across other Council departments. B&NES Clinical Commissioning Group also contribute towards prescribing costs and hospital based services. Probation and Wiltshire Drug and Alcohol team contribute to the treatment budget. Levels of

expenditure and contribution will be kept under review given the wider position re public finances over the next three to five years.

3.2 Strategy delivery is reliant on cross agency working and we aim to influence the work and use of resources of partners and key stakeholders to make best use of existing resources and lever in additional funding where possible. Strategy delivery is subject to ongoing financial support from partners and the Council.

3.3 The Strategy contributes towards the delivery of B&NES Clinical Commissioning Group Strategic plan and joint working on shared outcomes will contribute towards reduced costs across the health and social care system

## **4 STATUTORY CONSIDERATIONS AND BASIS FOR PROPOSAL**

4.1 Public Health and Inequalities, Crime and Disorder, Children

4.2 There are significant inequalities in the impact of alcohol misuse across Bath and North East Somerset. The Strategy aims to address these inequalities through targeting of specific groups including children and young people, men, those with mental health problems and those living in more deprived areas.

## **5 THE REPORT**

5.1 Alcohol is the third greatest overall risk to health after smoking and raised blood pressure (WHO 2009). Overall our alcohol consumption is reducing but we are still drinking twice as much compared to 1960's levels. 91% more alcohol was consumed in 2010 compared to 1960. Alcohol contributes to over 60 different types of diseases and injuries. Impact on health and health services is evident through the rising number of alcohol related hospital admissions nationally and locally.

- Admissions for alcohol related conditions have risen by an average of 12% each year since 2002/03 in line with national trends, but remain lower than regional and national rates.
- People living in the most deprived areas of Bath and North East Somerset are significantly more likely to be admitted for an alcohol related condition than those living in the least deprived areas.
- Bath and North East Somerset has significantly higher rates of under 18's admitted to hospital for alcohol specific conditions than nationally.

5.2 The harm from alcohol impacts not only on the individual but society as a whole. The total estimated cost in B&NES of the harm arising from alcohol-use disorders is some £45.0 million a year, of which £21.3 million is a result of crime and £5 million healthcare costs. (Cabinet Office 2003)

5.3 The refreshed Alcohol Harm Reduction Strategy outlines the key structural and service developments locally which will contribute to and influence delivery. Its structure reflects the B&NES Council and B&NES Clinical Commissioning Group intention to apply an Outcomes Based Accountability model to commissioning and performance management.

5.4 The Strategy builds on the good progress that has been made since 2012 across a number of areas including building awareness, skills and confidence amongst frontline professionals to address alcohol misuse, increasing the focus and capacity of the

treatment system to respond to alcohol clients and proactive management of the night time economy to address crime and anti-social behaviour. Key actions since 2012 include:

- The training of over 700 local professionals to use evidence based tools for alcohol misuse identification and brief advice
- The introduction of systematic screening for alcohol misuse in the NHS Health Check and as part of the inpatient and community mental health services contract from 14/15
- Re-commissioning of the Drug and Alcohol Treatment Services to include a Single Point of Access for clients and professionals, a dedicated alcohol team and additional capacity for community detoxification.
- A new Alcohol Liaison Service at the Royal United Hospital, funded by B&NES CCG and Wiltshire Drug and Alcohol team
- Young Carers group set up for children affected by parental substance misuse
- Families also matter (FAM) service developed by DHI to support those affected by someone else's substance misuse
- Retaining Bath City Centre's Purple Flag status year on year
- Midsomer Norton Community Alcohol Partnership introduced a range of town management initiatives to reduce antisocial behaviour and underage drinking in the high street.

5.5 The high level priorities within the refreshed Strategy aim to ensure adequate emphasis is given to prevention and early detection of alcohol misuse and that there is greater ownership of the agenda and vision amongst the residents, businesses and visitors to Bath and North East Somerset. The main priorities are:

- Greater emphasis on prevention of alcohol harm through national and local policy
- Developing a clear narrative about what a healthy drinking environment in B&NES looks and feels like
- A local licensing policy that considers a broader range of issues and impacts including health
- Embedding screening and brief advice across the system
- Ensuring high quality accessible treatment services, which have recovery at their heart.

5.6 The National Institute for Health and Care Excellence (NICE PH 24) recommends the following evidenced based approaches to reducing alcohol related harm in the population:

- Price increases
- Restricting physical availability
- A reduction in drink drive alcohol limits
- Control on advertising
- Identifying problems sooner
- Good quality treatment services
- Good quality communication/education programmes

5.7 The top four of these recommendations are predominantly reliant on action at a national level and reiterate the importance of lobbying national government on the key issues of price, availability, advertising and regulation.

5.8 Effective local approaches to tackling alcohol related harm are identified in the 4 Outcome Frameworks which are at the heart of the Strategy. The 4 outcomes the Strategy is aiming to achieve are:

- Children grow up free from alcohol related harm
- Communities are safe from alcohol related harm
- People can enjoy alcohol in a way that minimises harm to themselves
- People can access support that promotes and enables sustained recovery

5.9 Priority actions identified for 14/15 are:

- Refresh of Children and Young People Substance Misuse needs assessment
- Improved understanding of Under 18's Alcohol Specific Hospital Admissions
- Developing and communicating a vision of the Night Time Economy for B&NES
- Introduction of screening for alcohol misuse across mental health services and RUH Emergency Department
- Increasing alcohol treatment capacity and the percentage of people who successfully complete treatment
- Developing a local response to treatment resistant drinkers

5.10 The indicators we will monitor to measure progress related to each outcome are:

- Alcohol Specific Hospital Admissions of under 18 year olds
- Night time economy related crime and disorder (8pm – 4am)
- Alcohol related hospital admissions (18yrs+)
- Percentage of people leaving treatment successfully

5.11 The B&NES Alcohol Harm Reduction Steering Group will co-ordinate delivery of this Strategy through a Outcomes Action Plan. Each outcome has a lead officer who will take responsibility for driving forward the relevant actions. The Group will co-ordinate directly with key partnerships on delivery of action plans including the Young People's Substance Misuse Group, Night Time Economy Group, the Responsible Authorities Group and the Joint Commissioning Group for Substance Misuse.

5.12 Governance and reporting

The Group will report to the Responsible Authorities Group twice yearly

The Group will also report to the Children's Trust Board twice yearly within the context of the Children and Young People's Plan.

The Group will report to the Health & Wellbeing Board twice yearly and via the Board's Joint Annual Account.

5.13 Review timetable

This Strategy will be reviewed after 3 years to ensure it continues to reflect local and national priorities.

## **6 RATIONALE**

6.1 Reducing alcohol-related harm, by encouraging a more sensible drinking culture, will help to achieve a range of indicators outlined in the Public Health Outcomes Framework for England 2013 – 2016. These include reducing the number of:

- people killed or seriously injured on our roads
- alcohol related hospital admissions
- falls and injuries among the over-65s
- deaths from cardiovascular disease (including heart disease and stroke), cancer and liver disease
- low birth weight babies
- violent crimes (including sexual violence) and domestic abuse
- pupil absences
- chlamydia diagnoses among young people aged 15–24 years

6.2 The recommendations contribute to the delivery of the outcomes of the Joint Health and Wellbeing Strategy, in particular under the theme of 'Helping people to stay healthy' and the specific objective to reduce rates of alcohol misuse.

## **7 OTHER OPTIONS CONSIDERED**

7.1 None

## **8 CONSULTATION**

8.1 The Strategy has been developed in consultation with B&NES Alcohol Harm Reduction Steering Group and the B&NES Night Time Economy Group. Membership of these groups includes Police, Fire and Rescue Service, Royal United Hospital, University representation, resident association representation, Bath Transport Police, Bath Business Improvement District, Licensing, Community Safety, Public Health, Drug and Alcohol Service commissioners and providers, Avon and Wiltshire Mental Health Trust, children's services, housing and probation services.

8.2 The Strategy priorities are directly informed by the Scrutiny Inquiry Day on Alcohol held in October 2013 hosted jointly by 3 B&NES Council Policy Development and Scrutiny panels representing Wellbeing, Economic and Community Development and Early years, children and youth policy in October 2013. 68 people including councillors, officers, stakeholders and residents attended.

8.3 During November 2014 the Strategy has also been presented for consultation to the Health and Wellbeing Board and the Responsible Authorities Group.

## **9 RISK MANAGEMENT**

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

<b>Contact person</b>	<i>Cathy McMahon 01225 394064</i>
<b>Background papers</b>	<i>None.</i>
<b>Please contact the report author if you need to access this report in an alternative format</b>	