

## PLYMOUTH CITY COUNCIL

<b>Subject:</b>	Strategic Alcohol Plan
<b>Committee:</b>	Health and Adult Social Care Overview and Scrutiny Panel
<b>Date:</b>	19 July 2012
<b>Cabinet Member:</b>	Councillor Sue McDonald
<b>CMT Member:</b>	Carole Burgoyne (Director for People)
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<b>Ref:</b>	Your ref.
<b>Key Decision:</b>	No
<b>Part:</b>	I

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### **Purpose of the report:**

The report provides a briefing to Scrutiny Panel on the development of an alcohol Plan for the city. The report sets out the background to the Plan and the progress that has been made including emerging content and possible implications.

The current version of the draft Strategic Plan is available to members but this is work in progress and will be subject to refinement and change. An operational plan, setting out how the aims set out in the strategic plan will be delivered, will follow.

The Strategic Plan aims to promote responsibility and reduce harm. This is a big challenge, particularly in respect to changing our drinking culture. It will require delivery over the long term. It is proposed that the Strategic Plan is delivered over 10 years in two five year phases. It aims to prevent problems from developing, particularly amongst our most high risk groups, protect children exposed to significant parental alcohol misuse, provide intervention and treatment to more people in need and utilise enforcement and control approaches to facilitate safer drinking environments.

The report enables Members to:

- understand the background to the Plan
- consider the structures proposed to deliver the Plan
- consider the implications of the Plan

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### **Corporate Plan 2012-2015:**

The alcohol agenda is a cross cutting agenda. It is particularly relevant to two of the four level one outcome measures, namely:

- Reduce inequality – the Plan will aim to directly reduce health related harm linked to alcohol misuse. By doing so life expectancy should be increased and premature mortality reduced. We will also expect positive impact with regard to child poverty. Reduce the rate of alcohol-related admissions is a level two outcome specifically relevant to the delivery of this Plan.

- Raise aspiration – we would expect the Plan to contribute to an increase in the number of visitors coming to the city by ensuring that alcohol is supplied responsibly, that this is well managed and planned so creating safe and welcoming environments.

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**Implications for Medium Term Financial Plan and Resource Implications:  
Including finance, human, IT and land**

An Alcohol Joint Commissioning Group is currently undertaking work that will set out the financial and resource implications for delivery of the Strategic Plan over both the short and medium term.

**Other Implications: e.g. Child Poverty, Community Safety, Health and Safety, Risk Management and Equality, Diversity and Community Cohesion:**

- The Plan will contribute toward reducing Child Poverty. Through addressing both parental alcohol misuse and the impact this can have on children we can improve the outcomes for children.
- The Plan contributes towards Community Safety through aiming to reduce alcohol related crime in both public and domestic settings. The Plan will also seek to reduce alcohol related anti-social behaviour.
- The Plan will support Equality, Diversion and Community Cohesion through working with specific community groups to better understand need, building on events such as ‘Have Your Say’ and through achieving its aims, reduce both health and social inequality. An EIA will be completed once the Plan is finalised.

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**Recommendations & Reasons for recommended action:**

Members are requested to consider whether the Plan being developed is appropriate for Plymouth and to consider what further challenge and support role Scrutiny Panel can provide going forward

Additionally consideration be given as to how elected members can champion this agenda going forward

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**Alternative options considered and reasons for recommended action:**

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**Background papers:**

Web links must be provided to any background papers.

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**Sign off:** comment must be sought from those whose area of responsibility may be affected by the decision, as follows (insert initials of Finance and Legal reps, and of HR, Corporate Property, IT and Strat. Proc. as appropriate):

Fin		Leg		HR		Corp Prop		IT		Strat Proc	
Originating SMT Member											
Have you consulted the Cabinet Member(s) named on the report? Yes / No* please delete as necessary											

## **1.0 Introduction**

- 1.1 The Alcohol Plan will set out how the city will minimise alcohol related harm and promote responsible drinking. The Plan has been informed by a number of key pieces of work, the Plymouth Alcohol Joint Strategic Needs Assessment (2012) being the most important.
- 1.2 Alcohol is a complex issue and its use is deeply embedded within our culture. It contributes to economic growth, is part of people's social and leisure activities and is also a significant cost in terms of alcohol related harm. These relationships are inter-connected and we require a coherent and shared response by all key partners in the City in order to make a positive difference. A focus on preventing problems rather than waiting to 'treat' problems is one of the Plan's major challenges.
- 1.3 There is a 'tension' between the positive contributing impact of alcohol to the economy and people's social and leisure opportunities and the negative harmful effects of alcohol misuse. This provides us with a serious challenge in aiming to get the balance right for Plymouth between aiming to minimise alcohol related harm whilst at the same time supporting economic growth, some of which is linked to the alcohol industry. This is one of the Plan's major challenges.

## **2.0 Background**

- 2.1 During autumn 2010, Plymouth 2020 agreed that Alcohol should be a city priority and Chief Superintendent Andy Bickley took on the role of Alcohol Champion.
- 2.2 In January 2011 the Department of Health Alcohol Harm Reduction National Support Team spent a week in Plymouth meeting with a wide range of stakeholders concerned with alcohol in the City. In April 2011 their report highlighted 5 key recommendations:
  - Ensure there is clear leadership from all partner organisations backed up by visible political support
  - Undertake a comprehensive needs assessment, utilising data from all partners
  - Develop a strategic approach with clear priorities and a focussed action plan
  - Quantify the necessary resource and set out clear commissioning arrangements to ensure resources are targeted to meet strategic objectives
  - Redesign the alcohol treatment system based on need and evidence based practice
- 2.3 Following this the Alcohol Champions Group was set up, Chaired by Chief Superintendent Andy Bickley. This Group set about turning these recommendations into action.
- 2.4 An Alcohol Joint Strategic Needs Assessment (link to be identified) was commissioned and was completed early in 2012. This would form the key source for understanding need and developing the priorities.
- 2.5 The Young Person's Lead for Drugs and Alcohol and a Crime Reduction Officer from the Community Safety Partnership was given the task of producing the Plan.
- 2.6 Emerging elements of the Plan was taken to the Plymouth 2020 Executive on two occasions during March and April 2012 for challenge and support. Following this a wide range of stakeholders were met with in order to discuss specific issues that could shape the Plan.

- 2.7 In May 2012 the inaugural meeting of the Alcohol Joint Commissioning Group took place. This group reports to the Joint Commissioning Partnership. They are tasked at overseeing commissioning that will support delivery of the Plan covering system and service design and investment requirements / options. A business case setting out the commissioning options will be submitted to the Joint Commissioning Partnership on September 27<sup>th</sup> for approval.
- 2.8 An initial draft was circulated in June 2012 and feedback is now being utilised to refine the Plan.
- 2.9 The Plan will be due to go the Health and Well-Being Board for approval in October with Cabinet to following in November or December (to be finalised).
- 2.10 In March of 2012 the government's Alcohol Strategy was published. It set out a 'radical change' in the way that alcohol issues are addressed and promises to 'turn the tide against irresponsible drinking'. It has a clear focus to reduce binge drinking, drive down alcohol related crime and tackle health issues through sustained local and national action. There is a clear emphasis on personal responsibility and local action. Additionally the 'industry' is highlighted as a critical leader in changing the drinking culture from one of excess to one of responsibility. The Plymouth Plan is being developed in line with the government's strategy.

### **3.0 Joint Strategic Needs Assessment (JSNA) – some key findings**

- 3.1 The JSNA was commissioned to provide a comprehensive assessment of need and support the development of a Strategic Plan
- 4.0** 69% of men and 55% of women (aged 16 and over) reported drinking an alcoholic drink on at least one day in the week prior to interview. 10% of men and 6% of women reported drinking on every day in the previous week.
- 4.1 Overall the evidence set out in the JSNA suggests that Plymouth performs statistically worse against the England average when comparing a range of indicators. These include hospital admissions (adults and under 18s) and alcohol related violent crime.
- 4.2 Estimations on levels of drinking differ depending on what tools are used. One tool used to estimate levels of use for the 'Alcohol Needs Assessment Research Project' suggested that Plymouth has 46,000 hazardous<sup>1</sup> or harmful drinkers<sup>2</sup>. Of this 6,800 are estimated as dependent drinkers<sup>3</sup>.
- 4.3 There is a strong association between deprivation and an increased burden of harm linked to alcohol misuse. Compared to those living in the most affluent areas, people in the most deprived fifth of England are three to five times more likely to die of an alcohol-specific cause and two to five times more likely to be admitted to hospital because of an alcohol – use disorder.
- 4.4 An estimation of the number of children affected through the impact of significant parental alcohol misuse provided a range between 3,900 and 6,500. Where risk is high this has significant implications on a child's future outcomes. Addressing this issue will impact on reducing child poverty.

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<sup>1</sup> Hazardous drinkers are defined as drinking more than the recommended weekly amount; 14 units per week for females and 21 units per week for males.

<sup>2</sup> Harmful drinkers are defined as drinking over the recommended weekly amount and experiencing health problems directly linked to alcohol misuse.

<sup>3</sup> Being dependent on alcohol means that a person feels that they are unable to function without alcohol, and the consumption of alcohol becomes an important, or sometimes the most important, factor in their life.

- 4.5 The JSNA supports the identification of the following as being at particularly high risk to alcohol related harm:
- Adults 40 – 64 (peak 40-44 women and 45-49 men)
  - Offenders
  - Single homeless
  - Young Adults (18 -25) including students
  - People with mental health problems
  - Children affected by Parental Alcohol Misuse / Alcohol misusing parents (including pregnant women)

4.6 Data from the Department of Work and Pensions suggested that alcohol related harm costs Plymouth around £80million per year

4.7 Currently we do not have an estimate for the contribution made by the alcohol industry to the local economy

## **5.0 Emerging implications**

5.1 Alcohol is used by the majority of the population on a weekly basis.

5.2 We need to prevent more problems and so treat or arrest fewer people. Treating people, whilst an important strand of any response to alcohol harm will not address the key reasons to why problems develop. Without addressing the why we will only be dealing with crisis which is often too late and very expensive.

5.3 We will never have enough funding and resources to provide interventions and treatment to all people who may require it – the numbers are too high. This is a challenge nationally not just for Plymouth. This reinforces the need to prevent problems.

5.4 We do not have enough specialist treatment and support services available for those who really need them. The National Institute for Health and Clinical Excellence (NICE) suggest we should be able to treat at least 15% of dependent drinkers. For Plymouth, NICE estimate this equates to around 900 people each year.<sup>4</sup> In 2011/12 we provided treatment to 582 people.

5.5 Along with promoting responsibility for individual use and the way this may impact on others we need to create safer drinking environments. In particular our night time economy needs to feel safe and vibrant for all.

5.6 We need to target at risk groups with approaches that support behaviour change. This includes education but not in isolation. It requires the provision of brief interventions. These are evidence based interventions that can be delivered within a short time.

5.7 A wide range of key stakeholders working with at risk groups all have a part to play. These include: Specialist substance misuse services; Primary health care (shared care ); Hospital Emergency and Liver Units; Psychiatric services; Homelessness Services; Domestic abuse services; Antenatal clinics; Sexual Health clinics; Probation services; Occupational health services; University / HE establishments, schools and youth services.

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<sup>4</sup> <http://www.nice.org.uk/usingguidance/commissioningguides/alcoholservices/AlcoholServices.jsp?domedia=1&mid=04735425-19B9-E0B5-D4649E308E1EBF73>  
Revised Jun 2012

## 6.0 Proposed structure to deliver

6.1 The recommendations from the National Alcohol Harm Reduction Support Team included the need to have high level engagement and to ensure capacity within the system to provide the strategic focus the agenda requires. In response we have identified five key aims and linked these to five themes (Impact Areas) to provide clarity for governance and accountability. Each theme has a lead accountable Executive Officer. Discussions are under-way to bolster the delivery structure through Senior Officer roles and officers having a part to play.

6.2

<b>Aim</b>	<b>Theme / Impact Area</b>	<b>Accountable Executive Officer</b>
A strong, shared City response that will reduce alcohol related harm	Governance, Communication and Strategic Partnerships	TBC
Changing knowledge, skills and attitudes towards alcohol (particularly with at risk groups to change behaviour and with the workforce to ensure they are competent to deliver relevant services)	Prevent	TBC
Providing support for children, young people and parents in need	Protect	TBC
Supporting individual need	Treat	TBC
Creating safer drinking environments	Enforce and Control	TBC

## 7.0 What next

7.1 Feedback from the recent consultation has particularly reflected the need to be more ambitious with respect to prevention and to ensure there is a clear relationship with economic growth and planning to ensure we all contribute to minimising harm whilst working to build the economy. Many stakeholders see this opportunity as a real chance to 'make a difference'. Additional comments on a range of issues from content through to structure are influencing the next version of the Plan.

7.2 The Alcohol Joint Commissioning Group is intensively working to deliver a business case to the Joint Commissioning Partnership in September 2012. Whilst the final Plan is not completed yet the challenges are clearly emerging and the Commissioning Group have commenced work on some of the detail on how we achieve the aims proposed. This will include finance implications after we have determined how much increase in capacity we can achieve through system and service redesign.

7.3 There overall Plan will include strategic and operational elements of the Plan (this will be two separate documents). The Strategic Plan sets out the argument for change and our ambition over the next five years and a separate Operational Plan will set out detail on the delivery. The latter will be available in the autumn as the detail is agreed.

7.4 The Plan aims to provide a coherent structure for addressing alcohol across a range of themes – all of which have an inter-relationship with each other. This will be a big challenge and as the National Harm Reduction Support Team noted will require senior ownership by all key partners including, visible political support.