CABINET

12 February 2013

Title: Alcohol Strategy and Delivery Plan 2013-16	
Report of the Cabinet Member for Crime, Justice and Communities	
Open Report	**For Decision**
Wards Affected: All	**Key Decision:** Yes
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Summary:

Alcohol is a key issue in the Borough, not only in terms of health and well-being, but in terms of crime, disorder, and the local economy. This report introduces the final draft of the Community Safety Partnership's Alcohol Strategy & Delivery Plan for 2013-16. The report outlines the strategy, the local and national context within which it is being set, and the steps that have been taken to ensure that it is a partnership document.

The overarching outcome of the Alcohol Strategy will be a reduction in alcohol-related harm. The key objectives in achieving this outcome are to deliver:

(a) a reduction in the number of hospital admissions for alcohol related illness for adults and young people;
(b) a reduction in alcohol related offending and re-offending, including anti-social behaviour;
(c) better support for parents in talking to their children about alcohol, by providing information and advice where appropriate.
(d) a reduction in domestic and violent crimes;
(e) a reduction in child neglect and emotional abuse as a result of alcohol misuse; and
(f) an increase in the availability of targeted information for all.

It should be noted that the Alcohol Strategy will be reviewed once Public Health becomes a statutory function of the Council from 1 April 2013.

Recommendation

The Cabinet is recommended to endorse the Partnership's Alcohol Strategy & Delivery Plan 2013-16 attached at Appendix 1 for implementation by the Community Safety Partnership.

Reason(s) The Borough's *Crime & Disorder Strategic Assessment 2012*, *Joint Strategic Needs Assessment* and *Health and Wellbeing Strategy* have all identified alcohol misuse as a key issue in Barking and Dagenham. The Council has also committed to improving residents' health and well-being and reducing crime and the fear of crime. Accordingly, the Community Safety Partnership has been steered to develop a bespoke strategy and delivery plan for tackling alcohol misuse and its effects over the next three years.

1. Introduction and Background

1.1 The Community Safety Partnership's (CSP) *Crime & Disorder Strategic Assessment 2012* identified that alcohol misuse is a key driver of crime and disorder in the Borough. Furthermore the Borough's *Joint Strategic Needs Assessment* (JSNA) and *Health and Wellbeing Strategy* also identify alcohol misuse as a factor in terms of the general health of local residents. The Council has also committed to improving residents' health and well-being and reducing crime and the fear of crime. Accordingly, working across agencies, both voluntary and statutory, the Community Safety Partnership has drawn up a bespoke Partnership strategy for tackling alcohol misuse and its effects over the next three years.

1.2 Social drinking is the consumption of alcohol without reaching the point of being drunk. It is drinking in a safe, legal and responsible manner, whilst allowing you to socialise. Most adults have tried alcohol at some stage of their lives and only a minority do so at levels that have adverse effects.

1.3 The Borough also understands that alcohol has an important socio-cultural place in the UK, with its production, and the associated entertainment industry, creating jobs and generating revenues in the form of alcohol taxes. It is estimated that the whole of the alcohol industry in 2009 directly employed 650,000 people and more than 1 million in the wider economy (GVA 2010). Consumer expenditure on alcoholic drinks is about £40.7 billion per annum.

1.4 However, it is a reality that some people do misuse alcohol which has an adverse impact on their health and wellbeing and on the community in which they live.

1.5 **What is alcohol misuse and how is it classified in Barking and Dagenham?**

Alcohol misuse is defined by the NHS as '*Drinking more than the recommended limits of alcohol consumption*.'

The Borough categorises alcohol misuse into three distinct areas - hazardous, harmful and dependant drinking. This is determined by the amount of alcohol which has been consumed:

(a) **Hazardous drinking** is defined as when a person drinks over the recommended weekly limit of alcohol (21 units for men and 14 units for women). It is also possible to drink hazardously by binge drinking even if a person is within their weekly limit. A person who hazardously drinks may not yet suffer any health problems related to alcohol, but they are increasing their risk of experiencing problems in the future. Hazardous drinking, particularly

binge drinking also carries additional risks such as being involved in an accident or taking part in illegal or risky behaviour when drunk.

(b) **Harmful drinking** is defined as when a person drinks over the recommended weekly limit of alcohol and experiences health problems directly related to alcohol.

(c) **Dependant drinking** means that a person feels they are unable to function without alcohol, and this consumption becomes more important or sometimes the most important factor in their life. Depending on the level of dependence, a person can experience withdrawal symptoms if they suddenly stop drinking alcohol. Withdrawal can be both physical and psychological.

1.6 Alcohol misuse is costly, not just for individuals and their families but also to society, through unemployment, welfare benefits, health care costs, impact on the environment and housing support. The cost of problem drinking to society is estimated at £2.7 billion every year for health care costs alone. Alcohol misuse is also linked to a variety of community safety issues including crime and violence, anti-social behaviour, child neglect, public perception of rowdiness, and poor licensing control.

1.7 The Community Safety Partnership (CSP), which brings together the Council, Police, Probation, Fire Brigade, NHS, and community and voluntary organisations, provides the Borough's strategic lead in dealing with alcohol misuse. Within the CSP's sub-group tasking structure, responsibility for this lies with the Alcohol Alliance, chaired by the Borough Commander. The Partnership co-ordinates its response to tackling alcohol misuse through the Council's Community Safety Team and ASB Team, although its broad effects are dealt with by a range of teams, including Housing Tenancy Services, Environmental Health and Enforcement Services, Children's Services, Adult Social Care, primary and acute health services, and Public Health.

2. Local Context

2.1 Barking and Dagenham is a Borough with significant offending, anti-social behaviour issues, deprivation and health and social inclusion challenges. The JSNA analysis suggests that alcohol is a significant trigger for offending and anti-social behaviour.

2.2 Barking and Dagenham's average for both alcohol-attributable and -related hospital admissions for both males and females is significantly higher than the National/London average. The Borough also ranks higher than average for alcohol-attributable violent crimes.

2.3 There are an estimated 2700 binge drinkers and 5700 dependant alcohol users living in the Borough. Evidence suggests that 16-30 year olds are the most common alcohol offenders in the Borough. There has been a 136% increase in the amount of people accessing alcohol treatment in Barking and Dagenham over the last 3 years, from 273 in 2009/10 to 643 in 2011/12. This may be a result of better information being available about services as well as increasing levels of need for services.

2.4 Barking and Dagenham has 17 wards, 6 of which have been identified as particular binge drinking hotspot areas and the Borough has been ranked the 12th highest in London for binge drinking.

2.5 The Borough's last alcohol strategy, *Stronger Measures*, successfully raised awareness of inter-dependant alcohol-related harms throughout the Partnership, and has directly enabled, for the first time, a unified strategy that pulled together all alcohol-related issues. This new strategy also takes into account the commitments and progress already made and the challenging environment in which it is set.

2.6 Commitment to this strategy from partner organisations and stakeholders will enable continued multi agency working towards a reduction in the overall harm caused by alcohol in Barking and Dagenham.

3 Alcohol Strategy & Delivery Plan 2013-16

3.1 The Alcohol Strategy and Delivery Plan have been developed by the CSP's Alcohol Alliance Sub-Group: it is a Partnership document. Its final draft and delivery plan are attached at Appendix 1.

3.2 Strategic Objectives

The overarching aim of the strategy is to reduce alcohol-related harm. This will involve encouraging:

(a) better health outcomes for people misusing alcohol;
(b) a safer community with a reduction of victims of alcohol-related crime;
(c) preventing young people from misusing alcohol; and
(d) strong and resilient families that are able to meet their individual needs.

While this strategy addresses the negative impact that alcohol misuse can have on communities, it aims to support a vibrant night time economy.

3.3 Outcomes

In delivering against the plan, the Borough will see:

(a) a reduction in the number of hospital admissions for alcohol-related illness for adults and young people;
(b) a reduction in alcohol-related offending and re-offending, including anti-social behaviour (PI 16);
(c) improving support for parents regarding talking to children about alcohol will be improved by providing information and advice where appropriate;
(d) a reduction in domestic and violent crimes;
(e) a reduction in child neglect and emotional abuse as a result of alcohol misuse; and
(f) an increase in the availability of targeted information for all.

3.4 In order to deliver a reduction in alcohol-related harm, the Alcohol Alliance has proposed the following areas for targeted focus:

(a) advice and information;
(b) alcohol-related crime, domestic violence, and anti-social behaviour;
(c) children, young people, and families;
(d) Adults;
(e) alcohol-related hospital admissions, treatment, and health;
(f) licensing and alcohol retail; and
(g) Alcohol: the economic impact.

Detailed action plans have been developed for each of these priority areas, and are attached from sections 13-19 in the Alcohol Strategy Delivery Plan at Appendix 1.

3.5 It should be noted that the Alcohol Strategy and Delivery Plan will be reviewed later in the year once Public Health becomes a statutory function of the Council from 1 April 2013.

4. Options Appraisal

4.1 The strategy and delivery plan are in their final draft. The Community Safety Partnership has asked all agencies to take the documents, in their final form, to their governing bodies asking them to endorse the strategy or make further recommendations prior to sign off by the CSP Responsible Authorities.

4.2 Cabinet have the option to approve or not to approve the document and, should they decide not to approve it, then either to reject it entirely or to request specific amendments. Not to approve an alcohol strategy, when the case for action on alcohol has been noted in a number of other previously-approved documents (the Joint Strategic Needs Assessment, the Health & Wellbeing Strategy and the Crime & Disorder Strategic Assessment amongst them) would raise the prospect of there being no statement of action on an issue of agreed importance.

4.3 Should Cabinet request substantial amendments to the document at this stage, it would need to return to the Community Safety Partnership for further work with partners and be re-presented for approval.

5. Consultation

5.1 The Alcohol Strategy was initially drafted by the Alcohol Alliance following analysis of local strategic assessments. Since this initial draft, the Strategy and Delivery Plan has been subject to widespread consultation and has been considered by relevant Portfolio Holders, internal Council Boards and also by the CSP, Health and Wellbeing Board and the Barking and Dagenham Safeguarding Children Board. Feedback from these groups has helped to shape the strategy.

5.2 The CSP signed off the final version of the Alcohol Strategy at their meeting on 10 December 2012.

6. Financial Implications

Implications completed by: Dawn Calvert, Group Manager, Adults & Children's Finance

6.1 In previous years, alcohol misuse was funded by the local authority core funding, contributions from the Department of Health's Pooled Treatment Budget and the Primary Care Trusts. From April 2013 there will be significant changes around these funding streams, primarily the abolishment of the Primary Care Trusts on 31 March 2013 and the introduction of the Public Health Grant to local authorities.

6.2 In addition, like many other councils, Barking and Dagenham faces significant budget challenges in the coming years and as a result, subsequent savings proposals have directly impacted on the Alcohol Strategy & Delivery Plan for 2013-16. The historical contribution of £165,000 by the local authority core funding towards the costs of detoxification, has been withdrawn for future years and it is expected that this service will have to be met by the NHS.

6.3 The post of Alcohol Co-ordinator (£42,600), previously funded by the local authority core funding, will be met from the Public Health Grant from 1 April 2013. This will not result in a reduction in service and the post holder will be able to continue the work of the alcohol strategy and the joint work to co-ordinate enforcement including licensing issues, a healthy alcohol economy, treatment and community.

6.4 The Public Health Grant for 2013/14 had been confirmed at £12.921m. Initial calculations suggest that the available alcohol misuse budget for 2013-14 will be in the region of £489,200. This will be funded by £105,500 of local authority core funding and the remaining £383,700 will be met from the Public Health Grant. The final Public Health budget for 2013/14 remains subject to approval. The strategy will have to be achieved within the budget for this service. The strategy would also include usage of a number of other Council services for example Housing and Tenancy Services, Environmental Health and Enforcement Services and Adult Social Care.

6.5 Moving forward to 2013-14 and beyond, it needs to be noted that there is no guarantee that future funding for alcohol misuse will be in line with those previously received.

7. Legal Implications

Implications completed by: Shahnaz Patel, Senior Solicitor Safeguarding

7.1 There are no legal implications with regards to the Alcohol Strategy and Delivery Plan 2013-16.

8. Other Implications

8.1 **Risk Management -** There is no legal obligation upon the Council or its partners to have an Alcohol Strategy. However, leaving alcohol abuse unaddressed poses a significant reputational risk to the Council and the broader Partnership: the effects of alcohol abuse, such as crime and anti-social behaviour, create a disordered environment that sends the signal that alcohol abuse can be engaged with without

repercussions. This bespoke Alcohol Strategy provides a focus for the work in this area and allows the Council and its partners to monitor our performance against agreed indicators.

8.2 **Contractual Issues** - The Alcohol Strategy raises no immediate contractual issues, and any arising from services proposed within the Strategy would be subject to separate reports as per the Council's constitutional requirements.

8.3 **Staffing Issues -** The strategic aims contained within the Strategy are to be delivered within existing Council and Partnership resources.

8.4 **Customer Impact -** The latest *Alcohol Needs Assessment* (2010) highlights inequalities in relation to gender, whereby males are over represented in alcohol services as well as older people accessing treatment services. 4.6% of adults who accessed alcohol treatment during 2009/10 were aged 60 or over, although there is a suggestion their overall consumption is generally lower, the treatment figures still suggest that this age group are not accessing treatment in the community in the proportion that may be expected. The assessment also identifies differences in consumption levels and frequency across various wards in the Borough.

The implementation plan details actions that are set against target indicators so that performance can be identified and monitored and remedial action taken if necessary. There is an acknowledged lack of data on many aspects of alcohol misuse in the borough, which is why the strategy makes improving data a priority: further work will take place with the Community Alcohol Team to establish how alcohol is used and consumed within different cultures, and the results taken into account in following action plans.

8.5 **Safeguarding Children –** The Alcohol Strategy addresses implications around safeguarding children by including a specific theme with regards to working with 'Troubled Families' and to improve the support given to families with alcohol-related needs. One of the objectives of the Strategy itself is to see a reduction in child neglect and emotional abuse as a result of alcohol misuse.

The Strategy also acknowledges the role of the respective safeguarding boards for vulnerable adults and children and connects strongly with the priorities within the Health and Wellbeing Strategy 2012 which has a specific theme around safeguarding and protection.

In terms of the agencies delivering the Alcohol Strategy, there are robust referral pathways between substance misuse services and the local safeguarding team and social services. All staff in adult substance misuse treatment services is qualified to recognise child protection issues and it is explained to service users when confidentiality has to be broken.

All agencies commissioned to work with adults and young people are aware of LBBD safeguarding procedures and must adhere to incident reporting as part of their contractual obligations.

8.6 **Health Issues –** It is a reality that the misuse of alcohol has an adverse impact on an individual's health and an impact adversely on family, friends and the community. As outlined above, within Barking and Dagenham both alcohol-attributable and -related hospital admissions for both males and females is

significantly higher than the National/London average. Alcohol related hospital admissions are highest among young couples with prosperous lifestyles, who make up 11% of the households in the Borough. One of the objectives of the strategy is to see a reduction in the number of hospital admissions for alcohol related illness for adults and young people. However, the overarching aims of the Alcohol Strategy are to produce better health outcomes for those who misuse alcohol and to reduce alcohol-related harm.

8.7 **Crime and Disorder Issues –** Section 17 of the Crime and Disorder Act 1998 requires local authorities to integrate consideration of the impact on crime and disorder of any decision, policy, activity or strategy that it performs. The authority is required to ensure that there is no negative impact on crime and disorder of any such decisions. While a discrete Alcohol Strategy is not a statutory requirement, it will improve community safety and increase confidence in the Partnership: there are no negative impacts arising from this strategy.

Background Papers Used in the Preparation of the Report:

A list of linked and associated reports, strategies and research documents are contained within the draft strategy.

In particular, the following are relevant:

(a) Partnership: Crime and Disorder Strategic Assessment 2012
(b) Partnership: Health & Well Being Strategy and Joint Strategic Needs Assessment
(c) National Harm Reduction Strategy for England
(d) LBBD Housing Strategy 2012-17
(e) LBBD Anti-Social Behaviour Strategy 2012

List of Appendices:

Appendix 1: Alcohol Strategy and Delivery Plan 2013-16