

## ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

<b>1</b>	<b>Meeting:</b>	<b>Health and Wellbeing Board</b>
<b>2</b>	<b>Date:</b>	<b>5th September, 2012</b>
<b>3</b>	<b>Title:</b>	<b>Alcohol Strategy – Local Implementation</b>
<b>4</b>	<b>Directorate:</b>	<b>Public health</b>

### 5. Summary

The 2012 Government Alcohol Strategy was launched in April; it gave clear strategic ambitions that as a partnership we strive to deliver. The outline was presented to SRP in June outlining the strategic response to the strategy. In order to deliver all aspects of the strategy a partnership meeting was held 4<sup>th</sup> July with partner agencies in attendance. The meeting enabled us to pull together an action plan. This request is that the board support the principle actions in this plan.

Taken from the key aims of the strategy the plan falls into 3 key areas:

- Developing 'Community Alcohol Partnerships' (CAPs), including Responsible Retailer Scheme
- Making those who cause the harm face the consequences – both individuals and premises
- Make 'every contact count' in delivering the culture change required.

An operational action plan has been developed, but confirming commitment from partners to actions and timescales is more challenging. The recommendations below summarise the key areas agreed.

### 6. Recommendations

1. That CAPs are started in Dinnington and East Herringthorpe and rolled out to all community first areas, unless alternative substantial alcohol initiatives are already underway.
- 2a That systems for identifying young people, adults and venues which repeatedly cause alcohol related harm are established and shared across agencies.
- b That services both specialist and universal are commissioned to deliver voluntary (including FPN waiver) alcohol interventions to ensure the alcohol message is delivered and to open up opportunities for behavior change.
- 3a That all partner agencies staff undertake the alcohol learning package to raise their own levels of alcohol awareness and to ensure the public receive a single and accurate message.
- b That this is supported by a communication plan for the message that including social marketing and use of e-communication.

**That these outcomes will be overseen by the new alcohol strategy group chaired by Ian Womersley, Chief Inspector – Operations, South Yorkshire Police.**

- 4 That Public Health will lead the re-commissioning of the specialist alcohol treatment services in line with the findings of the Payment by Results pilot (locally and nationally), to focus services on better outcomes for individuals, including promoting recovery and abstinence.
- 5 That work to continue to improve care pathways with RFT, in particular via A&E will continue. In particular the school nursing service need to be more active with under 16s who attend intoxicated.
- 6 That the GP identification/screening programme should be increased to identify more people with lower levels of problems for brief interventions, trying to bring forward the point at which patients receive help.
- 7 That the 'Lifeline' Tier 2 Services will be reviewed and re-commissioned before its contract expires in 2013.

**That delivery of this will be managed by the Alcohol Treatment Group that reports to the Adult Substance Misuse Joint Commissioning Group. Chair Anne Charlesworth, Drug Strategy Manager, Public Health Department, NHS Rotherham.**

## **7. Background**

The Government strategy gives some estimates of the magnitude of alcohol as a problem; these have been recalculated to provide minimum local estimates below:

- 5,000 Rotherham people admitted to hospital with an alcohol related condition each year
- 2,500 people each year will be victims of alcohol-related crime
- Over 1,000 11-15 year olds will be drinking weekly
- Over 32,500 people each year in Rotherham will binge drink;
- Around 54,000 people in Rotherham every year will be regularly drinking above the lower risk levels;
- Over 7,500 people each year will be showing some signs of alcohol dependence; and
- Over 1,250 will be moderately or severely dependent on alcohol.

By successfully delivering all aspects of the action plan in partnership we have the potential to impact on some of these statistics and on the drinking culture of Rotherham for the future.

### **Recommendation 1**

CAPs are not 'new' but appear as a recommendation in the government strategy for the first time. The CAP aim to reduce alcohol related Anti-Social behaviour, reduce underage and proxy sales and are supported by the Retail Alcohol Standards group who offer support in setting up and promotion. These will not require new resources or funding as they are very much about enabling all existing resources in a local area to be effectively targeted and compliment other agencies work by an increase in communicating 'intelligence' between all partners. This includes bringing local large and small alcohol retailers into the partnership and viewing them as part of the solution rather than the problem. Earlier in the year the partnership bid for monies from Baroness Newlove on the same theme of reducing alcohol related ASB. As part of this process several areas were put forward as options for the bid, due to a very tight timescale evidence was used that was to hand but Dinnington was

thought to be the best area to start the work, with this in mind we propose to put forward Dinnington as the initial area for a CAP. The Community and Area Partnership Manager has identified alcohol as an issue in Dinnington, there is also a request for a CAP in East Herringthorpe, where the community have also identified it as an issue and we propose this as the second development area.. We plan to compliment the CAPs with partnership roll out of the Responsible Retailer Scheme.

## **Recommendation 2**

Agencies, led by South Yorkshire Police will identify individuals who would benefit from an educational intervention, eg, in binge drinking. South Yorkshire Police will utilise the Fixed Penalty Notice waiver scheme to encourage attendance at sessions, but this option should be considered by other partners whose customers/clients would benefit.

## **Recommendation 3**

Making every contact count entails ensuring that all operational workers have an understanding of the alcohol message and the pathways on to further advice information and potentially interventions. An excellent starting point is that all employees of the partner agencies undertake the basic e-learning package on [www.callitanight.co.uk](http://www.callitanight.co.uk) then this can be built on for those who have contact with the public. Support from the highest level will be required for this as previous attempts have not been successful, but this is still the evidence based approach.

## **8. Proposals and Details**

Those individuals/agencies identified within the action plans will be required to report at minimum quarterly on progress, any areas deemed not to be on target will be requested to report monthly. A strategic Alcohol Group will meet quarterly and updates on progress, or lack of, will then be reported upwardly both to the SRP (via the JAG) and the Health and Wellbeing Board. The Community Alcohol Partnerships (CAPS) will also require the full support of the local agencies – both statutory and non-statutory, councillors and local residents the ultimate aim being to have all 11 community first areas covered by them. The board will be updated regularly on the progress of these schemes.

The Alcohol Treatment Group also meets quarterly, and has already made progress with the treatment pathways but there is much more to do.

## **9. Finance**

- NHS Rotherham Public Health continues to fund a dedicated alcohol post 0.8 wte
- Safer Rotherham Partnership have allocated a small amount of money for the continued development of this work (this will equate to around £3000) via the JAG.
- Retail Alcohol Standards Group (RASG) will provide some resources free for the development of the Community Alcohol Partnerships.
- The drug spend has been realigned and will be able to show significant increased allocation spend on services

NHS Rotherham and the Public Health budget currently spend at least £800,000 on treatment services and has allocated an additional £10k of non – recurrent funding to support the refresh of the single message.

This is still small in comparison to the scale of the alcohol problem.

## 10. Risks and Uncertainties

- Alcohol is a serious health, crime and social concern in the borough, but establishing commitment at middle manager level is historically challenging. (Numerous care pathways are being rewritten within the health community to accommodate this work). It is vital that the importance and seriousness of the issue is communicated throughout organisations and systems.

## 11. Policy and Performance Agenda Implications

Learning from the first two CAPs will need to be considered for replication in other areas of the borough where alcohol is having particular impact. Overall, other areas of policy may need to be reconsidered to ensure inclusion of alcohol is a priority.

## 12. Background Papers and Consultation

Alcohol Strategy

Action Plan

CAP toolkit

Building Safer Communities

LAPE [www.lape.org.uk](http://www.lape.org.uk)

'Where are you at' young persons screening tool

Audit – Adult screening tool

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