

<b>Item No.</b> 13.	<b>Classification:</b> Open	<b>Date:</b> 19 March 2013	<b>Meeting Name:</b> Cabinet
<b>Report title:</b>		Alcohol Strategy 2013-2016	
<b>Ward(s) or groups affected:</b>		All	
<b>Cabinet Member:</b>		Councillor Richard Livingstone, Finance, Resources and Community Safety	

## **FOREWORD - COUNCILLOR RICHARD LIVINGSTONE, CABINET MEMBER FOR FINANCE, RESOURCES AND COMMUNITY SAFETY**

Whilst the public health messages about tobacco are well-understood by most people, there is a far lower level of awareness about the dangers of excessive alcohol consumption. There is also a lack of awareness about the level of alcohol consumption that can create health risks.

This strategy aims to address that gap, and to reduce the harm caused by alcohol to both its users and other members of society.

This policy is driven by three objectives:

- Establish safe, sensible drinking as the norm
- Protect families and the wider community from the adverse impact of alcohol
- Provide high quality treatment to reduce alcohol-related harm.

Southwark first agreed an alcohol strategy in March 2010. This report sets out a new strategy for the next three years. I am particularly grateful for the input of the new Health and Wellbeing Board and the Safer Southwark Partnership in developing this strategy.

## **RECOMMENDATION**

1. That the cabinet adopts the Southwark alcohol strategy 2013 -2016, as set out in Appendix 1.

## **BACKGROUND INFORMATION**

2. In 2010 Southwark published its first alcohol strategy which recognised the need to have a full understanding of how alcohol harm impacted across communities in the borough. It set out an action plan on how partner agencies would work better together to address the causes and impacts of alcohol misuse.
3. Over the last 3 years significant progress has been made in understanding the nature of the problem with alcohol misuse in Southwark. The 2011 Joint strategic needs assessment on alcohol and the Safer Southwark Partnership Alcohol Profile 20011 - 2012 have been two of the key pieces of research which have informed this new strategy.

4. The alcohol strategy steering group has met regularly over this period to drive forward the agreed actions of the delivery plan, and has acted as the key partnership group which has ensured that the issues identified have been tackled through working together.
5. Key successes of the last strategy included:
  - Development of a peer education programme in secondary schools
  - The development and opening of Insight, the specialist young people's substance misuse service at O Central, Walworth Road.
  - A comprehensive programme of test purchase operations and training for licenses and staff to prevent under age sales.
  - The creation and funding of a multi agency night time economy team
  - Work with The Haven to devise and deliver training for licensed premises staff on sexual assaults and alcohol
  - Three successful alcohol awareness week programmes
  - The completion of a joint strategic needs assessment on alcohol jointly with public health

## **KEY ISSUES FOR CONSIDERATION**

### **National context**

6. The Government published the new national alcohol strategy in March 2012. Over the last two decades there has been a significant rise in the amount of alcohol sold in the country and it is estimated that a quarter of all adults are drinking at increasing or higher risk levels. This rise in alcohol consumption has led to a rise in health, social and crime related problems. This strategy has a clear change in national policy to previous strategies placing emphasis on the decisions made by and the behaviour of the individual.
7. This cross government strategy focuses on a wide ranging list of ambitions which are
  - Introduction of a minimum unit price for alcohol and tackle availability of cheap alcohol
  - Ensure that local areas are able to tackle local problems
  - Secure industry support in changing individual drinking behaviour
  - Supporting individuals to make informed choices about healthier and responsible drinking
8. This national strategy sets out some clear outcomes it will deliver:
  - A reduction in the amount of alcohol fuelled violent crime
  - A reduction in the amount of adults drinking above the NHS guidelines
  - A reduction in the number of people binge drinking
  - A reduction in the number of alcohol related deaths
  - A sustained reduction in both the numbers of 11-15 year olds drinking alcohol and the amounts consumed
9. Some of the actions within the national strategy can only be accomplished by the government but actions which can be tackled locally have been addressed within the Southwark strategy.

## **Regional and Borough context**

10. The Mayor's Police and Crime Plan 2013-2017 consultation addresses alcohol:  

"We will develop an alcohol related crime strategy for London focused on prevention, enforcement and diversion. These will draw on best practice from around the world such as a compulsory sobriety scheme like that used in parts of the United States and will consider the use of controlled drinking zones."
11. The shadow Southwark Health and Wellbeing Board has made alcohol one of its four priority areas for its work in the coming year. This, along with the other three priorities, were established after extensive research into the key areas of concern in the borough, which were then chosen to be the top four identified priorities by board members.

## **Delivery and Governance**

12. The alcohol strategy will be overseen by the drug and alcohol action team (DAAT) Board and delivered by members of the alcohol strategy steering group, which has a borough wide multi agency membership.
13. The DAAT will also provide regular updates to the new Health and Wellbeing Board through its officer support for the delivery on the alcohol priority for the board.
14. The strategy outlines proposed areas of action which will deliver the objectives of the strategy. Yearly delivery plans are being written and will be presented to the DAAT Board for approval.
15. A performance framework will be developed alongside the annual delivery plans. There are already a number of measures in place which can be used as key performance indicators. These include:
  - Alcohol specific hospital admission rate per 100,000 population in men and women separately
  - Emergency admissions for alcohol related liver disease
  - Number of referrals from children and family services increased
  - Increase in numbers given IBA in primary care /total practice population
  - Increase in numbers accessing alcohol treatment services/100,000 population
  - Increased treatment completion rates in Tier 2 and 3 services
  - Reduction in alcohol related crime
  - Reductions in alcohol related ambulance callouts
  - Reductions in the number of child care cases where parental alcohol misuse is a factor
16. Quarterly performance management reports will be presented to the DAAT Board and the cabinet member for community safety will receive an in depth briefing every six months on the progress of the recommendations.

## **Policy implications**

17. The strategy has an aim and 3 objectives:

“To work together to promote recovery, and protect individuals, families and our communities from the harm caused by alcohol misuse in Southwark.”

The three objectives are

- Establish safe sensible drinking as the norm
  - Protect families and the wider community from the adverse impact of alcohol
  - Provide high quality treatment to reduce alcohol related harm
18. The strategy is aligned to existing policy frameworks including
- The Safer Southwark Partnership’s statutory rolling action plan,
  - Southwark violent crime strategy 2010 – 2015
  - Southwark statement of Licensing Policy 2011 – 2014
  - The draft Southwark Health and Wellbeing strategy.
  - Southwark Clinical commissioning group 5 year strategic commissioning plan

## **Community impact statement**

19. The needs assessment has highlighted issues relating to different groups within the community and this information has been used to ensure the best use of resources and the most impact for the communities in most need. In particular the strategy will address the needs of victims of domestic violence, children living with parents who misuse alcohol, and those with mental health needs. An equalities impact assessment has been carried out on the strategy and it meets the required standard. This is a universal strategy and is not differentiated in its delivery at this stage, nor does it have a specific impact on any of the protected characteristics defined in the Equalities Act (2010). Should specific actions be identified during the implementation of the strategy that may have a differential impact on any protected group any equalities issues will be considered at that stage.

## **Resource implications**

20. In order to implement the strategy resources will be needed for some of the planned actions.
21. Themes 1 and 4: The resourcing for the health elements of this strategy are included within the grant funding received annually by the DAAT and Public Health through the new ring fenced public health grant. This includes:
- Treatment for dependant drinkers
  - Alcohol treatment requirements
  - Screening and brief advice in primary and secondary care
  - Training in identification and brief advice

22. Theme 2: The crime and availability theme will be delivered by the Council and partners within the Safer Southwark Partnership. This includes:
  - The Trading Standards and Licensing teams are funded through the Council's core budget
  - The night time economy is fully funded until the end of 2013-2014.
  - Probation officers are trained to deliver identification and brief advice as part of their role
  - The work of the Haven is funded by the Metropolitan Police.
23. Theme 3: The social impact of alcohol theme will be carried out through officer time working with partners in other organisations to deliver programmes and campaigns.
24. The DAAT team, which will lead the delivery of the strategy, is funded through the public health grant.
25. In 2013-14, funding will be incorporated in the new Public Health ring fenced budget and responsibility transferred to the Local Authority. The division has appropriate cost centre structures in place to ensure that accounting information is presented in a clear, precise and auditable format and of value in decision making. It will also ensure regular reporting and monitoring of the grant to the funding body as well as ensuring the outputs/deliverables are met.
26. The delivery of the strategy will be through a number of organisations across the borough through their staff and existing budgets. Therefore, there are no immediate financial implications arising from the adoption of the contents of this report. Cabinet is at this stage being asked to simply agree the proposed strategy.
27. Any specific material financial implications arising from the implementation of the strategy that cannot be contained within the existing budgets will be subject to separate reports for consideration and approval.

### **Consultation**

28. The strategy has been produced in partnership with all relevant departments and partner organisations in order to ensure that the document and the recommendations within are realistic, deliverable and achievable. The process of consultation began with in depth focus groups based around the themes of prevention, treatment and enforcement. From this consultation, information was merged with the research and source documents to produce an initial draft. This draft was then shared with key partners both internally within the Council and externally with statutory organisations and treatment providers.
29. In December 2012 Southwark Council undertook a borough wide public consultation through the Council's website. Feedback was however limited to a handful of responses.
30. The final drafts of the strategy have then been discussed in depth with the alcohol strategy steering group, the DAAT Board, the shadow Health and Wellbeing Board and was approved by the Safer Southwark Partnership Board on the 7 February 2013.

## **Conclusion**

31. The Southwark Alcohol Strategy 2013-2016 sets out a number of key recommendations which will address the negative impact of alcohol misuse.
32. A yearly delivery plan will be developed with partnership and will be reviewed on a quarterly basis with a report on progress to the DAAT Board.

## **SUPPLEMENTARY ADVICE FROM OTHER OFFICERS**

### **Director of Legal Services**

33. This report seeking the approval of the cabinet to approve the alcohol strategy 2013-2016.
34. Pursuant to Part 3 B of the constitution the cabinet has responsibility to formulate the council's overall policy objectives and priorities.
35. Pursuant to sections 5 and 6 of the Crime and Disorder Act 1988 the council is required to work with the chief of police to formalise and implement a strategy for inter alia combating the misuse of drugs. The council has been working with the police and other organisations to develop the Alcohol Strategy and aims to work with such other organisations to deliver the strategy.

### **Strategic Director of Finance and Corporate Services (FC13/011)**

36. This report seeks approval to adopt the Southwark alcohol strategy 2013/16, as set out in appendix 1. Funding for this strategy is contained within existing resources identified in the 2013/14 budget and future years will be subject to available resources.
37. Financial implications are detailed in paragraphs 19 to 26 and the strategic director of finance and corporate services notes that material financial implications arising from the implementation of the strategy that cannot be contained within the existing budgets will be subject to separate reports for consideration and approval.
38. The strategic director of finance and corporate services notes that delivery of this strategy will be through a number of organisations across the borough. It is expected that any contracts awarded will achieve best value and be made through the council's procurement processes.

## BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Joint strategic needs assessment : alcohol The document is available on this web page: <a href="http://moderngov.southwark.gov.uk/ieListDocuments.aspx?CId=302&amp;MId=4252&amp;Ver=4">http://moderngov.southwark.gov.uk/ieListDocuments.aspx?CId=302&amp;MId=4252&amp;Ver=4</a>	Community Safety Partnership Service, Environment and Housing Hub 3, 3 <sup>rd</sup> floor, 160 Tooley Street, London SE1 2QH	Jonathon Toy 020 7525 5214
Safer Southwark Partnership Alcohol profile 2011/12 The document is available on this web page: <a href="http://moderngov.southwark.gov.uk/ieListDocuments.aspx?CId=302&amp;MId=4252&amp;Ver=4">http://moderngov.southwark.gov.uk/ieListDocuments.aspx?CId=302&amp;MId=4252&amp;Ver=4</a>	Community Safety Partnership Service, Environment and Housing Hub 3, 3 <sup>rd</sup> floor, 160 Tooley Street, London SE1 2QH	Jonathon Toy 020 7525 5214

## APPENDICES

No.	Title
Appendix 1	Southwark's Alcohol Strategy 2013- 2016

## AUDIT TRAIL

<b>Cabinet Member</b>	Councillor Richard Livingstone, Finance, Resources and Community Safety	
<b>Lead Officer</b>	Deborah Collins, Strategic Director, Environment & Leisure	
<b>Report Author</b>	Jonathon Toy, Head of Community Safety, Environment & Leisure	
<b>Version</b>	Final	
<b>Dated</b>	7 March 2013	
<b>Key Decision?</b>	Yes	
<b>CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER</b>		
<b>Officer Title</b>	<b>Comments Sought</b>	<b>Comments Included</b>
Strategic Director of Finance and Corporate Services	Yes	Yes
Director of Legal Services	Yes	Yes
Safer Southwark Partnership Board	Yes	Yes
Drug and Alcohol Action Team Board	Yes	Yes
Shadow Health and Well Being Board	Yes	Yes
<b>Date final report sent to Constitutional Team</b>	7 March 2013	