REPORT TO THE HEALTH AND WELLBEING BOARD

9th April 2019

ALCOHOL PLAN

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Received by SSDG:	18th March 2019
Date of Report:	26th March 2019

1. Purpose of Report

1.1 Alcohol is one of three priorities in the refreshed public health strategy along with food and emotional resilience. This report provides:

- an overview of the issue from a national and local perspective;
- results from the alcohol CLeaR self-assessment;
- the alcohol plan on a page; and
- details of the alcohol improvement plan.

This suite of documents forms the Alcohol Plan for the borough.

2. Delivering the Health & Wellbeing Strategy

2.1 The Alcohol Plan will improve the health and wellbeing of Barnsley's residents and address the health inequalities associated with alcohol use.

Prevention is a golden thread throughout the plan which, through six priority areas, will ensure:

- Children start life healthy and stay healthy
- People live happy, healthier and longer lives
- People have improved mental health and wellbeing
- People live in strong and resilient families and communities
- People contribute to a strong and prosperous economy

3. Recommendations

3.1 Health and Wellbeing Board members are asked to:-

- support the strategic direction of the Alcohol Plan including the vision, priorities, outcomes and targets.

4. Introduction/ Background

4.1 Alcohol plays a significant role in our social lives and in our economy: it provides employment, generates tax revenue and stimulates the night-time economy.

4.2 Although the majority of people who drink do so moderately, alcohol consumption has doubled over the past 40 years. As a result, alcohol is the leading risk factor for deaths among men and women aged 15–49 years in the UK (PHE, 2018[1]) and there are more than one million alcohol-related hospital admissions every year. The harm from alcohol goes far beyond individual health affecting families, friends and communities; it contributes to violent crime, domestic abuse and absence from work.

4.3 The impact of alcohol harm falls disproportionately on the more vulnerable people in society. Those in the lowest socioeconomic groups are more likely to be admitted to hospital or die from an alcohol-related condition compared to those in higher socioeconomic groups, so action that supports local work to prevent or reduce alcohol-related harm can also help reduce health inequality.

4.4 However, it is important that we do not neglect our efforts to those in the higher socioeconomic status groups. A study released by the Office for National Statistics (ONS[2]) has found that the most regular drinkers are those in professional jobs, with 69.5% of professionals reported having drunk in the last week compared with 51.2% of people in routine or manual occupations.

4.5 Although the relationship between alcohol consumption and socioeconomic status is complex there is a need to dismantle the stereotype around those who are problem drinkers.

4.6 The new national alcohol strategy is due to be published late 2019 and will focus on the need to reduce alcohol related harm in the home and community as well as the balance with the night time economy. In addition to a focus on behaviour change, marketing, NHS interventions and treatment, it is understood that the strategy will include longer term ambitions around fiscal policies including taxation, duties and reformulation.

5. Challenge, Leadership, Results (CLeaR)

5.1 The alcohol CLeaR (Challenge, Leadership, Results) self-assessment tool has been produced by Public Health England (PHE) to support an evidence-based response to preventing and reducing alcohol-related harm at a local

[1] https://www.gov.uk/government/publications/alcohol-applying-all-our-health/alcohol-applying-all-our-health

[2] https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/drugusealcoholandsmoking/bulletins/opinionsandlifestylesurveyadultdrinkinghabitsingreatbritain/2017#main-points

level and builds on experience and successes from the tobacco control CLeaR model.

5.2 CLeaR helps place-based alcohol partnerships to assess local arrangements and delivery plans providing assurance that resources are being invested in a range of services and interventions that meet local need and which, the evidence indicates, support the most positive outcomes.

5.3 The CLeaR self and peer-assessment have been completed in Barnsley and 40 areas of improvement have been identified.

6. Alcohol Health Needs Assessment

6.1 A health needs assessment for alcohol was produced in 2017.

6.2 Key findings include:

- 1 in 4 residents are drinking too much.
- 56 – 80 year olds with a high socioeconomic status are most likely to drink daily at home.
- Audit scores in GP records show 1 in 7 Barnsley residents are drinking at 'increasing risk' levels.
- Treatment services for dependent drinkers are performing better than the national average.
- Alcohol related mortality is in line with national average but there is a significant non-specific health burden from alcohol, shown by high alcohol hospital admissions.
- Alcohol is widely available at a high density per head of population.

6.3 The results from the CLeaR self and peer assessment and alcohol Health Needs Assessment for Barnsley allows an evidence based approach to forming an alcohol partnership with a remit to: challenge services; provide leadership; develop and review pathways; establish information sharing protocols; and examine results all with a view to reducing the availability, affordability and acceptability of alcohol misuse across the population.

7. Implications for local people/service users

7.1 The local alcohol health needs assessment has identified that 1 in 4 residents drink more than recommended levels and GP records show that 1 in 7 residents are drinking at 'increasing risk' levels.

7.2 There are a high number of alcohol related hospital admissions in Barnsley.

7.3 The alcohol plan aims to create a sensible drinking culture across the borough to ensure that everyone who chooses to drink alcohol does so sensibly.

8. Conclusion/ Next Steps

8.1 The Barnsley Alcohol Alliance has been established and is meeting for the first time on 10th April 2019.

9. Financial Implications

7.1 There are no immediate financial implications from implementation of the Alcohol Plan.

10. Consultation with stakeholders

10.1 A workshop was held in December 2018 to which all Health and Wellbeing Board members were invited. This was an opportunity to discuss local need and to engage with partners on the development of priorities.

10.2 The alcohol plan has been presented to BMBC SMT and was shared, for information, with SSDG on 18th March. The alcohol plan has been received and approved by Cabinet.

11. Appendices

11.1 Alcohol Plan
11.2 Targets

Officer: Diane Lee, Head of Public Health, BMBC Date: 26th March 2019