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# Alcohol Harm Reduction Partnership Update – Supporting Information

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## 1. Introduction/Background

- 1.1 The Health and Wellbeing Board determined that reducing alcohol related harm would be a priority for 2017 within the Health and Wellbeing Strategy. The Board expressed its intention to make measurable progress to reduce alcohol related harm over a 12 month period.
- 1.2 The Alcohol Harm Reduction Partnership (AHRP) was established in November 2016. It is now a fully functioning group consisting of a mix of Council services, Health, Police, voluntary sector representatives, charities and service providers. This group acts as the alcohol operational group to the Health and Wellbeing Board.
- 1.3 Following completion of the Alcohol CleaR tool and subsequent presentation to peers at a regional level, the areas in which West Berkshire is performing well were highlighted in addition to areas for improvement. The areas of good performance were prevention work in schools for young people. The areas for improvement were communication and social marketing, plus secondary prevention (lowering consumption in those drinking at risk).
- 1.4 The need to improve our communication and social marketing in relation to alcohol will be undertaken in partnership with other agencies. The focus will be informed by local intelligence. PHE asks for LA to utilise already available national resources. NHS Creative have been asked to support the AHRP in its communication concerning alcohol.
- 1.5 In order to address the need to improve secondary prevention two projects will be implemented over the next year. These are: Identification and Brief Advice (IBA) and the Blue Light Project.

## 2. Supporting Information

### Alcohol Harm Reduction Partnership

- 2.1 The Alcohol Harm Reduction Partnership (AHRP) meets monthly and is chaired and coordinated presently by Debi Joyce, Senior Officer Public Health and Wellbeing.
- 2.2 The initial work of the AHRP has been to complete the CLeaR tool, which identified areas for focus. The outcomes of the self-assessment have informed the AHRP's action plan for 2017. Following feedback, the AHRP will focus reporting on the two projects of IBA and Blue Light.
- 2.3 When considering measurable progress within 12 months, one needs to be realistic. Premature mortality rate from alcoholic liver disease in West Berkshire is 7.2 per 100,000, which is just below the national average (8.7 per 100,000). The trend data for alcoholic liver disease in West Berkshire is not reducing over time, nor are alcohol specific mortality rates (WB rate 9.8 per 100,000; England rate 11.5.) These

two rates have an impact on alcohol related hospital admissions. Achieving improvements to these rates will take a number of years to materialise. The Blue Light Project will focus on identifying a small cohort of clients at risk of premature mortality caused by alcohol.

### Identification and Brief Advice (IBA)

- 2.4 Work has to be conducted by refocusing a treatment orientated budget to encompass prevention. This has enabled funding of the Identification and Brief Advice (IBA) training project to a range of partners. Currently this initiative is confined to GP practices. Large-scale delivery of brief advice and early interventions can help people to become aware of the harm they may be doing to their health.
- 2.5 Now that the IBA budget total has been identified, the procurement of this service can be conducted. In order to comply with Local Authority commissioning processes, three companies need to be invited to quote. Three companies have been identified. The Chair of the AHRP has requested all three provide details of their training packages, in order to provide a full assessment of the quality and content. Direct training and train-the-trainer training will be delivered to ensure the programme is sustainable. E learning packages will also be available. The AHRP will monitor training uptake and IBA delivery by a range of partners. It is envisaged the IBA training will commence end June 2017.
- 2.6 IBA will be included in all lifestyle intervention contracts, in order to embed IBA.
- 2.7 IBA recipients who are found to be drinking at levels harmful to health will be signposted to a range of sources of support including self help via apps and websites. People who wish to discuss their alcohol will be directed to Drink line who triage people to the appropriate service. This is an attempt to ensure that local services are not overwhelmed. How the numbers from the West Berkshire areas contacting Drink Line can be feedback to the AHRP is being explored.
- 2.8 The principle aim of the IBA project is that, by the end of June 2017, 1,000 people from a range of organizations will have received training on alcohol awareness and IBA techniques.

### Blue Light Project

- 2.9 The Blue Light project is Alcohol Concern's national initiative to develop alternative approaches and care pathways for treatment resistant drinkers who place a burden on public services.
- 2.10 Initial discussions have occurred within the AHRP to see how the Blue Light Project can dovetail with other local initiatives in order to make the best use of resources and to prevent duplication.
- 2.11 Alcohol Concern will begin the instigation of a local Blue Light Project by the end of May 2017. They will provide training for non-specialist staff on techniques of working with treatment resistive drinkers.
- 2.12 They will also scope the development of a multi-agency operational group to ensure identification and joint management of high impact clients.

### Subgroups of the AHRP:

- 2.13 The AHRP is working with Community Alcohol Partnership (CAP) to see if West Berkshire can become a member. There are advantages to this, as it enables access to free resources and initiatives for schools and retailers. The main focus for CAP is the prevention of underage drinking, through: Education; Enforcement work in partnership with trading standards; Public Perception; and Diversionary Activities. They are beginning to look at working with parents to dissuade parents from buying alcohol their children.
- 2.14 The AHRP is looking to identify two locations (one urban and one rural) to be the focus for CAP interventions for the coming year. Suggestions from the group were Hungerford, North Thatcham, Calcot and Greenham.
- 2.15 A subgroup to update the Young People’s Harm Reduction Strategy, considering both direct and indirect harm has been formed and has had two meetings. The Local Children’s Delivery Group will oversee this work-stream.
- 2.16 Ensure AHRP campaigns form part of the H&W Board’s Communication strategy. NHS Creative will be working in collaboration with the AHRP and WB communications team to design a local alcohol campaign. There is a need to have a separate AHRP subgroup to look at communication and social marketing messages concerning alcohol. This is to ensure that focus on alcohol is communicated with West Berkshire residents, to enable them to feel the benefits of local work.
- 2.17 Due to the upcoming election, lobbying parliament for minimum price per unit alcohol has been postponed.

### 3. Conclusion

- 3.1 The Board will receive regular updates regarding the progress of the two projects and will be provided with an evaluation report upon completion. In order to have a strategic approach to alcohol, these two projects do not occur in a vacuum but are part of a much wider work-stream. These work-streams consider: the impact on young people of their own or parental alcohol misuse: education and diversional activities for all age groups: enforcement of licensing in order to control supply. In addition capacity issues within the specialist treatment services needs to be considered as a result of the roll out of a range of alcohol interventions.

### 4. Consultation and Engagement

- 4.1 Alcohol Harm Reduction Partnership, Jo Reeves, Health and Wellbeing Steering Group

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**Background Papers:**

**Health and Wellbeing Priorities 2017 Supported:**

- Reduce alcohol related harm for all age groups
- Increase the number of Community Conversations through which local issues have been identified and addressed

**Health and Wellbeing Strategic Aims Supported:**

The proposals will help achieve the following Health and Wellbeing Strategy aim(s):

- Give every child the best start in life
- Support mental health and wellbeing throughout life
- Reduce premature mortality by helping people lead healthier lives
- Build a thriving and sustainable environment in which communities can flourish
- Help older people maintain a healthy, independent life for as long as possible

The proposals contained in this report will help to achieve the above Health and Wellbeing Strategy aim and priority by providing the Board with information regarding the activity to reduce alcohol related harm.

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**Officer details:**

Name: Debi Joyce  
Job Title: Senior Programme Officer  
Tel No: 01635 519973  
E-mail Address: Deborah.Joyce@westberks.gov.uk

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