
Alcohol Harm Reduction Partnership Update

Committee considering report:	Health and Wellbeing Board
Date of Committee:	25 th January 2018
Portfolio Member:	Councillor James Fredrickson
Report Author:	Denise Sayles

1. Purpose of the Report

- 1.1 To inform the Health and Wellbeing Board of what has been achieved so far by the Alcohol Harm Reduction Partnership in support of the Health and Wellbeing Strategy priority for 2017 to 'reduce alcohol related harm for all age groups'.

2. Recommendation

- 2.1 The Health and Wellbeing Board note the 'quick wins' that have been achieved and support the next steps that have been identified.

3. Implications

- 3.1 **Financial:** The cost of the AHRP's two projects will be met from within the existing budget of the Public Health Team.
Community Alcohol Partnership Officer is shared with Reading, the cost will be met by Public Health England.
- 3.2 **Policy:** None
- 3.3 **Personnel:** Community Alcohol Partnership Officer is shared with Reading, the cost will be met by Public Health England.
- 3.4 **Legal:** None
- 3.5 **Risk Management:** None
- 3.6 **Property:** None
- 3.7 **Other:** None

4. How the Health and Wellbeing Board can help

- 4.1 Commit to attending Identification and Brief Advice training and ask managers in their organisations to encourage staff to attend the IBA training upon completion of the commissioning process.
- 4.2 Continue to support the Blue light training and ensure appropriate staff are trained in the Blue light approach.

<p>Will the recommendation require the matter to be referred to the Executive for final determination?</p>	<p>Yes: <input type="checkbox"/></p>	<p>No: <input checked="" type="checkbox"/></p>
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5. Introduction / Background

- 5.1 The Health and Wellbeing Board identified that one of its priorities for 2017 would be to 'reduce alcohol related harm for all age groups. The purpose of this report is to provide an update on what has been achieved so far.

6. Update

- 6.1 Following the agreement given by the Health and Wellbeing Board at a previous meeting, the Alcohol Harm Reduction Partnership (AHRP) will now look at Substance Misuse as a whole and we are currently undertaking a review of membership and looking at setting some priorities for the Substance Misuse aspect of the group to enable us to be focused and take the group forward. The group will also look at performance of the service which is currently very good.
- 6.2 Analysis of young people's concerns on cannabis rather than alcohol has lead to the establishment of a sub-group to the AHRP to develop and implement a combined drug and alcohol strategy, with support from the Children's Delivery Group.
- 6.3 The sub group have been meeting and have produced a Young Peoples drug and alcohol strategy which will be ready to be presented to the relevant groups shortly and will be shared with the Health and Wellbeing Board.
- 6.4 Data analysis has demonstrated that West Berkshire is the 3rd best performing local authority area for alcohol-related admissions.

The Blue Light Project

- 6.5 Blue light training continues to be delivered to relevant organisations and staff and the feedback on the training is very positive
- 6.6 A strategic group and operational group are to be set up early in 2018 and will work closely with MEAM and the Family Intervention Model to avoid any crossover of clients.

Identification and Brief Advice (IBA)

- 6.7 IBA training is to commence in January 2018. A full programme of dates has been set out.
- 6.8 The target of 200 people trained by the end of 2017/18 will not be met due to the delays in commissioning the provider, Alcohol Concern. Approximately 75 people are expected to be trained by the end of the financial year.
- 6.9 A number of awareness raising days will be hosted by Alcohol Concern in 2018. The first of these dates will be 16th January and will link with promotion of Dry January. A number of individuals have signed up to Dry January and will help to promote the campaign by taking part in blogs and through social media feeds.

Alcohol Treatment Requirements (ATRs)

- 6.10 At the meeting held on 28 September 2017, the Board requested information regarding the use of Alcohol Treatment Requirement Orders.
- 6.11 An ATR can be proposed wherever the pre-sentence report author is satisfied that the requirements of section 212 of the Criminal Justice Act 2003 are met.
- 6.12 Under Section 212 of the Act, a court can impose an ATR provided it is satisfied that:
- (1) the offender is dependent on alcohol (this does not have to have caused or contributed to the offence(s) for which he has been convicted)
 - (2) this dependency is such as requires and may be susceptible to Treatment
 - (3) arrangements have been or can be made for the treatment intended to be specified in the order (including arrangements for the reception of the offender where they is to be required to submit to treatment as a resident) and the offender expresses his willingness to comply with its requirements.
- 6.13 In practice this means that an assessment of suitability has to be undertaken by both the National Probation Service and the treatment provider (in the case of West Berks this is Swanswell) prior to sentencing. In general terms the assessment takes account of the link between alcohol use and offending, whether this is likelihood of re-offending or risk of serious harm. In the main, they are used for alcohol dependant drinkers but 'binge' drinkers could be included if the treatment provider is in agreement that a structured treatment plan would be beneficial for the person. ATR's are not dependant on the seriousness of the offence (ie drink drive offences and violent offences are equally considered), but the offending has to be serious enough to warrant a community penalty rather than a conditional discharge or fine and there has to be a degree of motivation that the individual wishes to address their alcohol use.
- 6.14 In terms of effectiveness – we do not have any local research in this area. Problematic alcohol use maybe one factor associated to someone's offending and is often accompanied by other criminogenic and non-criminogenic needs. As such, attendance on an ATR is usually accompanied with other requirements on a Community Order or Suspended Sentence Order, such as a programme, curfew, Rehabilitation Requirement Activities, Unpaid Work etc and therefore it is not possible to isolate the impact of ATR's alone on re-offending rates or risk of serious harm.
- 6.15 Data regarding the numbers of ATRs that are issued to West Berkshire residents has been requested, alongside evidence of their effectiveness at reducing a person's alchol consumption and risk of offending.

7. Next Steps

- 7.1 The Partnership's sub group have drafted the Children and Young People's Drug and Alcohol Strategy. This will be shared with the Children's Delivery group on 27th January for comment and wider consultation.
- 7.2 It has been agreed a Community Conversation will take place in Hungerford which will focus on alcohol. This will build on the success of the Community Conversation work that has already taken place in Hungerford. Health and Wellbeing Board Members are encouraged to attend.

8. Conclusion

- 8.1 Considering that in October 2016 there was no strategic oversight of alcohol related harm and services in West Berkshire, the Alcohol Harm Reduction Partnership have made considerable progress in implementing a framework to build on West Berkshire's good performance around alcohol.
- 8.2 The next step is to demonstrate the improved outcomes for West Berkshire residents that the Alcohol Harm Reduction Partnership can achieve by working together.

9. Consultation and Engagement

- 9.1 Members of the Health and Wellbeing Steering Group

10. Appendices

There are no appendices to this report.

Background Papers:

Previous update reports to the Health and Wellbeing Board, available on request.

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 by reducing alcohol related harm for all age groups through working intensively with change-resistant drinkers to reduce the burden of alcohol on Blue Light services. The IBA project will improve general population awareness of safe drinking levels and the CAP project will improve public perceptions of safety related to anti-social behaviour as a result of alcohol.

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