AGENDA ITEM 5

HEALTH AND WELLBEING BOARD



TO:	Health and Wellbeing Board
FROM:	Helen Lowey, Consultant in Public Health
DATE:	3rd March 2014

SUBJECT:

Blackburn with Darwen Alcohol Strategy: Preventing Harm, Improving Outcomes

1. PURPOSE

The purpose of this paper is to update the Health and Wellbeing Board on the progress of a multiagency Alcohol Strategy for Blackburn with Darwen.

2. RECOMMENDATIONS

The Health and Wellbeing Board is asked to note Blackburn with Darwen's Draft Alcohol Strategy and to provide comments as an integral part of the consultation process

3. BACKGROUND

Alcohol is taken for granted in the UK today. It is easy to get hold of, increasingly affordable, advertised everywhere and accepted by many as an integral part of daily life.

Excessive drinking is having a detrimental effect on the lives of many people across Blackburn with Darwen, not just those who misuse alcohol but also their relatives, friends and others who all suffer as a result. Alcohol can, and does, cause harm to individuals, families and to society as a whole, especially in relation to violence, crime, ill health and anti-social behaviour and often at lower levels of alcohol consumption than many people realise. The most effective way to reduce the harm from alcohol is to reduce the affordability, availability and attractiveness of alcohol products, with the biggest impact being minimum unit pricing (MUP).

Alcohol related harm remains one of the biggest health problems facing the UK and the personal, social and economic cost of alcohol misuse is staggering; estimated to be up to £55bn for England. Specific to Blackburn with Darwen:

- Cost of alcohol to the borough was calculated to be £68 million in 2010/11: £14.11 million NHS; £22.93 million crime & licensing; £24.7 million workforce; £6.34 million social services.
- There are about 1,100 alcohol related crimes each year.
- There were 4,475 alcohol related admissions in 2010/11.
- 200% increase in alcohol related liver disease admissions (under 75 years) in Blackburn with Darwen between 2002 and 2012.
- The average costs from alcohol for each man, woman and child in Blackburn with Darwen is £486, higher than the national average cost.
- Road Traffic Accidents (RTAs) are a significant concern locally; of the local RTAs in 2011/12, 35.3% were due to high levels of alcohol consumption.

4. RATIONALE

A local multiagency group has been established, chaired by Public Health and vice chair Health and Wellbeing Consortium, to share good practice, bring together ideas and to develop priorities for the draft alcohol strategy, based on local and national evidence. The Alcohol Joint Strategic Needs Assessment together with details of evidence of good practice can be found in the Strategy.

Through this group, a number of workshops have taken place, where the priority areas were identified and subsequently local actions have been developed and refined, and have been based on previous community engagement, including the Citizen's Jury for Alcohol, engagement with Children and Young People as well as national and regional evidence.

Large scale priorities have been selected, where added value through partnership working will be achieved. They are ambitious with strong leadership and commitment required from all members if the strategy is to be successful. Accountability for the strategy is through the Community Safety Partnership. However, this strategy takes a whole system approach, addressing the needs of abstainers, moderate, harmful and hazardous drinkers to ensure that the environment in which people live, work and socialise is not destroyed by excessive or high levels of alcohol consumption.

In the current economic climate there is significant pressure on the local authority, health services, police, local businesses, the voluntary community and faith sector, as well as other partners in which the impact of excessive alcohol consumption is detrimental to our population.

5. KEY ISSUES

Local partners are committed to reduce the harm associated from alcohol, with excellent initiatives and services in place to address such challenges, including the Hospital Alcohol Liaison Service based at East Lancashire Hospital Trust and the work driven through the Community Safety Partnership. Given the significant negative impact alcohol has on Blackburn with Darwen, and the reach it has for all agencies, a multi-agency Alcohol Strategy has been drafted.

The strategic aims (outlined below) have been developed based on the national alcohol strategy, which had impact assessments, whilst ensuring it meets our local priorities based on our Alcohol Joint Strategic Needs Assessment (Appendix B).

Overall, the Strategy strives to *prevent* and *reduce alcohol-related problems* through greater partnership working, by utilising the best available evidence of what works, based on the understanding of local intelligence.

PRIORITY 1: LICENSING AND TRADE RESPONSIBILITY

Aim: To ensure all sections of the alcohol trade promote responsible retailing that supports a reduction in alcohol-related harm.

PRIORITY 2: HEALTH AND WELLBEING SERVICES

Aim: To ensure a 'health and wellbeing' focussed prevention, treatment and recovery support approach is employed to address the needs of people and their families experiencing alcohol related issues.

PRIORITY 3: PREVENTION ACROSS THE LIFE COURSE

Aim: To ensure that a coordinated 'whole family' approach is taken for initiatives that work with children, young people, individuals, families and communities, protecting those most affected by alcohol.

PRIORITY 4: PROTECTION FOR THE COMMUNITY

Aim: To mitigate the role of alcohol in fuelling Crime, Anti-Social Behaviour, Violence and Domestic Abuse.

6. POLICY IMPLICATIONS

These will be fully documented in the final report to Executive Board on 10th April 2014.

7. FINANCIAL IMPLICATIONS

These will be fully documented in the final report to Executive Board on 10th April 2014.

8. LEGAL IMPLICATIONS

These will be fully documented in the final report to Executive Board on 10th April 2014.

9. RESOURCE IMPLICATIONS

These will be fully documented in the final report to Executive Board on 10th April 2014.

10. EQUALITY AND HEALTH IMPLICATIONS

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11. CONSULTATIONS

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