



Haringey Council
APPENDIX A

REPORT TEMPLATE

Agenda item:

[No.]

Cabinet 18th November 2008

Report Title: **Dying For A Drink?**

Haringey's Alcohol Harm Reduction Strategy 2008-11

Forward Plan reference number **46**

Report of: **Sharon Kemp Assistant Chief Executive Policy, Partnership & Performance**

Wards(s) affected: **All**

Report for: **Key**

1. Purpose

1.1 To seek agreement on the attached alcohol harm reduction strategy for Haringey.

2. Introduction by Councillor Canver

2.1 Haringey was one of the first boroughs to have a cross-cutting alcohol strategy, following the 2004 publication of the government's first national alcohol strategy. This new draft strategy for 2008-11 builds upon our original strategy that ended in March 2008, and takes into account new statutory duties and guidance.

2.2 Its aims are to: tackle the health and social harms alcohol causes, as well as alcohol-related crime and anti-social behaviour.

2.3 Significant issues

2.4 Haringey has the highest rate of male alcohol-related mortality in London

2.5 Alcohol-related hospital admissions rates have more than doubled over a five year period from 2002/03-2006/07. This is part of a regional and national trend, but none the less still of great concern.

2.6 Alcohol is also linked to violent crime in the borough, as well as anti-social behaviour such as street drinking.

2.7 Parental drinking is a factor in a number of cases focused on child protection.

- 2.8 The new Local Area Agreement includes a target to reduce alcohol-related hospital admissions. The strategy addresses this, along with a number of other targets where alcohol misuse is a contributory factor.
- 2.9 To be effective in reducing alcohol-related harm, there needs to be a coordinated response from a wide variety of organisations – this is not just an issue for enforcement agencies, or for the health service. The strategy proposes a strategic framework that places different strands of activity within the relevant HSP thematic board to manage delivery. An Alcohol Strategy Group reporting into the Safer Communities Executive, Wellbeing and Children & Young Peoples Strategic Partnership Boards will ensure all the strands are coordinated.

3. Recommendations

- 3.1 That members endorse the strategic priorities contained in the strategy, the proposed action plan and monitoring framework.

Report Authorised by: **Sharon Kemp - Assistant Chief Executive PPP&C**

Contact Officer: **Marion Morris, Drug and Alcohol Strategy Manager**

4. Chief Financial Officer Comments

- 4.1 As outlined in section 9 below, much of the activity proposed in the strategy forms part of core business and will be covered by existing budgets however some additional resources have been identified as necessary particularly to support the change in emphasis in the strategy from interventions based on enforcement & treatment to a more pro-active approach based on local intelligence and targeted prevention. The TPCT has earmarked 250k in its investment strategy for 2009/10 to deliver the alcohol strategy however, as more detailed costings are worked up additional requirement may be identified which will have to be addressed separately.
- 4.2 As part of the Councils PBPR process 70k has been applied for to meet demand for residential treatment as outlined in 9.2.

5. Head of Legal Services Comments

- 5.1 As discussed in the body of this report, section 6 of the *Crime and Disorder Act 1998* places a duty on the Council, together with the local police authority, chief officer of police, fire and rescue authority and primary care trust, to formulate and implement strategies designed to reduce crime and disorder and to combat the misuse of alcohol (and other substance abuse) in the local authority area. This strategy has been drafted in accordance with that duty.
- 5.2 The *Crime and Disorder (Formulation and Implementation of Strategy) Regulations 2007* (the Regulations) which came into force in August 2007 provide the framework for developing, implementing and reviewing these strategies. Under the Regulations,

each of the above bodies is represented on the strategy group for the local area. The strategy group is responsible for both preparing strategic assessments and preparing and implementing a partnership plan which must be reviewed annually. The partnership plan must set out the three year strategy for the reduction of crime and disorder and for combating substance misuse in the area. It should also address:

- the strategic priorities for the area
- resources allocation; and
- steps required to implement and measure success of the strategy (both in terms of implementation and the extent to which priorities have been met),

5.3 In formulating and implementing the strategies, there is also an obligation to work in partnership with local stakeholders and consult people and bodies who live or work in the area and to make that consultation as representative of the local community as possible.

5.4 As discussed in the body of this report, further guidance about the alcohol harm reduction strategy is provided by the government in the papers referred to in section 7 below.

6. Head of Procurement Comments (to be added only if the report is progressing to Procurement Committee or if the report requires this information)

7. Local Government (Access to Information) Act 1985

7.1 The documents key referred to in the development of the strategy were:

- *Safe. Sensible. Social. The next steps in the national alcohol strategy* (Home Office, Dept of Health, 2007)
- *Safe. Sensible. Social. Alcohol strategy local implementation toolkit* (Home Office, Dept of Health, 2007)
- *Youth alcohol action plan* (DCSF, 2008)

8. Strategic Implications

8.1 The delivery and performance structure in this draft strategy formalises much of what is already being done. However, the strategy encourages a shift in emphasis towards public health/early intervention responses to alcohol-related harm. In the past, most activity to target alcohol-related harm has been in the areas of enforcement and treatment.

8.2 The overarching strategic priorities identified in the draft strategy should be tackled at a local level according to residents' concerns and local intelligence.

8.3 Closer joint working, planning and the maximising of effort and outcome is proposed across key Council departments and with partner agencies, notably with respect to targeted prevention and early identification of problems. This will require strong links with, for example, the Well-being Board, Safer Communities Executive Board and the Children's Board.

9. Financial Implications

9.1. Much of the proposed activity falls within core business, but additional resources will be needed to fund initiatives that specifically help the borough reduce alcohol related

hospital admission rates and address capacity issues within the residential alcohol treatment budget. The new indicative health costs for delivering the strategy are in the region of 200 – 250K. The TPCT have earmarked 250k in its investment strategy for 2009/10 to deliver the alcohol strategy. Detailed costings for delivery will not be known until the action plan to reduce alcohol related hospital admissions has been more fully developed. The focus will be on expanding alcohol related screening and brief interventions in primary care, A & E and ward based settings, along with a prevention 'strategy' consisting of social marketing, health promotion, awareness training for generic health and social care professionals and targeted work for key identified communities.

9.2. There are also costs pressures from demand on the residential alcohol treatment budget for people with complex needs. A bid has been put forward to meet this demand as part of the councils' pre-Business Planning review process.

Indicative reductions to the adult drug treatment budget allocation over the next three years means that some of the wrap-around support services previously commissioned from this budget will be compromised.

9.3. It should also be noted that this strategy supports outcomes related to a number of agreed LAA targets.

10. Legal Implications

10.1 Please see above suggested comments of the Head of Legal Service.

11. Equalities Implications

11.1 **An Equalities Impact Assessment has been completed key issues to note are:**

- *The Strategy will help to establish the extent of variations in alcohol consumption/ alcohol related hospital admissions between different ethnic groups in Haringey. It calls for action to analyse hospital admissions data in relation to ethnicity, gender and age and target responses accordingly*
- *Specifically in regard to older people, the Strategy will have a positive impact. It calls for action to research the needs of older people in relation to alcohol. This will involve outreach work into places where older people drink along with home visits*
- *The Strategy will seek to plug the knowledge gap re people with disabilities through action to explore the possibility of HAGA collecting data on people with disabilities in order to assist better understand alcohol related issues facing people with disabilities and to better inform service development for them.*
- *The Strategy will impact positively on LGBT community. It calls for action to improve data on alcohol-related violence and to help understand the extent to which alcohol related violent crime is targeted at LGBT.*
- *Ethnic monitoring of people using alcohol services will be continued to ensure that any significant changes in variations are picked up and responded to accordingly.*

12. Consultation

12.1 The strategy was developed through consultation with a wide range of stakeholders from the council, key partner agencies, the voluntary sector, service users and the public via area assemblies and the councils website. In addition 60 stakeholders

attended an event on 4th July 2008 to refine the draft strategy and action plan.

13. Background

- 13.1 The production, implementation and monitoring of this strategy is a statutory requirement under the Crime and Disorder Act 1998 and subsequent reviews Of this legislation
- 13.2 The. Government new National Alcohol Strategy – calls for strategies that address all alcohol related harms – which is the approach taken by Haringey in the development of this strategy.
- 13.3 The broad headings and overall content has been proposed in guidance published by the Home Office and Department of Health.
- 13.4 All priorities in the strategy reflect levels of need and ways of working locally, and the content of the draft is in line with Haringey’s Community Strategy and Local Area Agreement.

14. Conclusion

- 14.1 This strategy is based on both quantitative and qualitative evidence, and it complies with new guidance from central Government.
- 14.2 Delivery will depend more than ever on constructive collaboration across Council departments and with partner agencies
- 14.3 The Action Plan will be reviewed on an annual basis.

15. Use of Appendices / Tables / Photographs

- 15.1 The strategy document and implementation plan attached.