haringey strategic partnership

Meeting: **Well-Being Strategic Partnership Board**

Date: **2 October 2008**

Report Title: **Haringey's Alcohol Harm Reduction Strategy 2008-11**

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1. Summary

1.1 **Why a Strategy?**

The policy context for the development of Haringey's alcohol strategy is:

- It is a statutory duty under the Crime and Disorder Act (1998) for Crime and Disorder Reduction Partnerships to have strategies in place that as a minimum tackle alcohol related crime and ASB.
- The governments updated national alcohol strategy Safe.Sensible.Social calls for strategies that go beyond this narrow focus to address health related harms and the impact of alcohol on children and families (the approach that Haringey has taken)
- For the first time ever we have a PSA to reduce alcohol (and drug) related harm PSA 25
- Haringey has chosen one of the indicators that sit underneath this PSA NI39 – reducing alcohol related hospital admissions as one of its 35 improvement targets in our Local Area Agreement.

In addition alcohol is a cross cutting issue, it impacts on many of the issues the borough is trying to tackle. It is core business for most - but low on the agenda – having a strategy will put more of a focus on this issue and bring in the necessary resources to tackle the high level of harm caused by alcohol.

2. How was the strategy developed?

2.1 The strategy was developed over a five months period from April 08 – August 08, through interviews with stakeholders, via area assemblies, and a conference in July 08.

2.2 It incorporates the findings of a review of local alcohol related problems and takes into account available alcohol related data.

2.3 It builds upon our original strategy that ended in March 2008, and takes into account new statutory duties and guidance.

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

3. Significant Issues

- Haringey has the highest rate of male alcohol-related mortality in London
- Alcohol-related hospital admissions rates have more than doubled over a five year period from 2002/03-2006/07. Whilst this is part of a regional and national trend - it is still of great concern.
- Alcohol is also linked to violent crime in the borough (10% of all violent crime in the borough is recorded as alcohol related). However, in London as elsewhere alcohol related violence if often under reported.
- Alcohol is also associated with anti-social behaviour such as street drinking.
- Parental drinking is a factor in a number of cases focused on the protection of a child.

4. Key Actions to address above:

- Analyse alcohol-related hospital admissions data for: profile of patients (age, gender, ethnicity, ward of residence) patterns of repeat admissions (i.e. which conditions associated with repeats): profile of conditions contributing to the overall rate of admissions (i.e. which conditions are most important)
- Develop an action plan to reduce hospital admissions based on results of data analysis. (To include consideration of ward-based alcohol interventions for patients with key conditions; further expansion of alcohol screening and brief interventions across primary care, A & E, and out-patients clinics; development of liaison and referral pathways between hospitals and community based services, data sharing between A&E and community safety re violence related presentations)
- To develop and implement an alcohol prevention 'strategy' to include social marketing, health promotion, awareness training for generic health and social care professionals and targeted work for key identified communities
- Ensure alcohol is included in all mainstream health promotion strategies (e.g. obesity) and activities (e.g. health trainers)
- Agree a commissioning framework for alcohol treatment and prevention, to include service user involvement.

5. Strategic Framework/Monitoring and Evaluation

5.1 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. The strategy objectives fall within the remit of three of Haringey Strategic Partnerships thematic boards: Safer Communities, Well-being and Children and Young People's Strategic Partnership Board. The implementation plan is therefore split across all of them, with each

board responsible for the delivery of the appropriate actions.

5.2 . An alcohol strategy group sitting under the DAAT will have oversight of the implementation plan as a whole, and will be responsible for evaluating the overall effectiveness of the strategy and for reviewing the implementation plan on an annual basis. **(see Appendix 1 Haringey's strategic framework**).

6. Recommendations:

6.1 To approve the strategy and action plan and support the proposed monitoring and evaluation framework for delivery.

6.2. To agree the proposed title for the strategy Dying For a Drink? (as proposed by Wellbeing Chairs Executive Meeting and endorsed by the Cabinet Member for Enforcement & Community Safety.

6.3. To note the strategy being presented at Overview & Scrutiny on the 6th October and for final sign off at Cabinet on 18th November 2008.

7. Financial/Legal Comments

7.1. 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.

7.2. Indicative health costs for delivering the strategy are in the region of 200k. The TPCT have earmarked 250k in its Investment Strategy for 2009/10 to deliver the 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.

7.3. Discussions are underway as to how best commission services to people with alcohol misuse problems in a primary care setting. The 'Primary Care Service Framework: Alcohol Services in Primary Care' will inform these discussions.

7.4. Additional Social Care monies to commission more residential placements for people with complex needs have been applied for as part of the Councils Pre Business Planning Review Process (100k). The outcome will be known by December 08.

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Appendix 1

Strategic Framework for implementing Haringey's Alcohol Strategy 2008-11.