

Cheshire East Health and Wellbeing Board

Date of Meeting:	28th March 2017
Report of:	Director of Public Health - Fiona Reynolds
Subject/Title:	Alcohol-Related Harm Position Statement and Forward Plan
Portfolio Holder:	Councillor Paul Bates

1. Report Summary

- 1.1. Excessive consumption of alcohol continues to cause harm to individuals, families and communities within Cheshire East. The Alcohol-Related Harm Position Statement and Forward Plan (Appendix One) and its associated Implementation Plan (Appendix Two) sets out a multiagency response to work in partnership to reduce the impacts and costs associated with excessive consumption. Safe, sensible, social drinking is enjoyed by many and our local night-time economy is made up of many responsible businesses. However, more needs to be done to reduce the numbers of people who drink too much (whether that is in a binge drinking session or through sustained consumption over a period of time) and to better manage and control the supply of that alcohol. This will improve outcomes for individuals, families and communities and reduce the associated costs of alcohol-related harm to businesses and the public sector, which in Cheshire East is over £136 million a year.

2. Recommendation

- 2.1. **That the Alcohol Harm Position Statement and Forward Plan be adopted and its Implementation Plan supported by the Board.**
- 2.2. **That the Board approves the Alcohol Harm Plan Steering Group transitioning into a formally established Implementation Plan Delivery Group (as a sub-group of the Board) to oversee the delivery of the Plan.**

3. Other Options Considered

- 3.1. The other option would be to continue to work on alcohol harm in a disparate and uncoordinated way, with good work being done, but less effectively than if it was better connected across partners and communities.

4. Reasons for Recommendation

- 4.1 Alcohol-related harm affects many of the residents and businesses of Cheshire East. The impacts of alcohol-related harm are estimated to cost the public sector and businesses in Cheshire East over £136 million¹. This includes health and crime associated costs and lost productivity. The variety of issues that stem from alcohol-related harm have led to overstretched Ambulance, Police and Accident and Emergency departments dealing with alcohol-related incidents and to subsequent delays in responding to the needs of other people.

The facts about our levels of alcohol consumption and its negative impacts, demonstrate that action needs to be taken. For example:

Locally -

- Young people in Cheshire East have suggested that, amongst other things, more needs to be done to raise awareness of the problems that alcohol causes young people.
- More young people in Cheshire East have tried alcohol at age 15 compared to the national average with female adolescent drinking in particular being a concern. Therefore parental influence and preventing or delaying the age of first use of alcohol for young people needs to be a priority.
- Alcohol specific hospital admissions of under 18 year olds, are high in Cheshire East compared to other areas of the country.
- The numbers of young people (14 – 17 year olds) in Cheshire East, self-reporting as regularly binge drinking, has increased from 11% in 2013 to 17% in 2015 and there has been a reduction in the numbers who are worried about the long term health effects of drinking alcohol (Young Persons Alcohol and Tobacco Survey 2015)
- There were 173 alcohol related deaths in 2013
- There are increasing numbers of adults in Cheshire East being admitted to hospital every year as a result of their alcohol use. Between 2008 and 2015 admissions increased by 27%. In 2014-15 there were 7550 alcohol related hospital admissions².
- There were 1717 alcohol related crimes in Cheshire East in 2012-2013³

- 4.2 The Position Statement and Forward Plan has been drafted to support the actions of many organisations working to reduce levels of consumption and promote safe, sensible and social drinking. It brings together national policy and local aspiration and sets a direction for activity across Cheshire East over the next two years.

As a 'Residents First' Council, we are working with a wide range of partners to focus upon activity that will bring positive outcomes to the families, communities and businesses of Cheshire East. Reducing excess alcohol consumption is the overarching aim and our priority outcomes are:

¹ Champs Public Health Collaborative Cheshire East Alcohol factsheet June 2016

² Champs Public Health Collaborative Cheshire East Alcohol factsheet June 2016

³ Champs Public Health Collaborative Cheshire East Alcohol factsheet June 2016

- To reduce alcohol-related health harms
- To reduce alcohol-related hospital admissions
- To reduce alcohol-related crime, anti-social behaviour and domestic abuse
- To support a diverse, vibrant and safe night time economy
- To improve our co-ordination/partnership work to ensure that all the other priorities are achieved efficiently and effectively.

The Alcohol Harm Position Statement and Forward Plan has been structured around five key themes that encompass the diverse areas that are affected by alcohol-related harm. By focusing on Prevention, Protection, Treatment, Recovery, and Enforcement and Control it demonstrates the range of work that is already underway and sets out clear ideas and plans for improvement.

The Plan will be overseen by the Cheshire East Health and Wellbeing Board, but with a reporting line for information to the Cheshire East Community Safety Partnership. It is proposed that the Strategy Steering Group remains in existence but becomes the Implementation Plan Delivery Group with responsibility for overseeing the actions set out in the Plan. The Board is asked to support this proposal.

5. Background/Chronology

- 5.1. Cheshire East Council has been concerned about levels of alcohol-related harm for a number of years. As part of the Cheshire and Warrington sub-region the Council has worked with Cheshire West and Chester and Warrington Councils and Cheshire Police, to raise the profile of the issue and build a consensus for appropriate joint working on interventions designed to reduce levels of consumption and associated impacts.
- 5.2. Within the Cheshire and Merseyside NHS Sustainability and Transformation Plan (STP), published October 2016, there is an identified priority to reduce alcohol harm. This is being supported by the Directors of Public Health across Cheshire and Merseyside.
- 5.3. The Cheshire East Alcohol Harm Reduction Plan will build upon work done to date and the strategic thinking evidenced in the STP, to ensure a holistic and co-ordinated response to the issues.

6. Wards Affected and Local Ward Members

- 6.1. **All**

7. Implications of Recommendation

- 7.1. **Policy Implications**

7.1.1. A co-ordinated approach to reducing alcohol harm will bring benefits to individual, families, communities and businesses. Achieving the outcomes set out in the Plan will have positive impacts on local communities, the economy and people's health and wellbeing, three of the Council's priority outcomes.

7.2. Legal Implications

7.2.1. The proposals are consistent with legal requirements, namely that under the Health and Social Care Act 2012, local government has a statutory public health role, including responsibility for improving the health of their population as well as leadership of the Health and Wellbeing Board. The HWB is the key forum for supporting local authorities in their duty to commission alcohol misuse prevention and treatment interventions.

7.3. Financial Implications

7.3.1. The costs of alcohol harm to the public sector in Cheshire East are estimated at some £136 million. Reducing this cost is critical at a time when all service budgets are stretched and resources are diminishing. There will not be a requirement for additional investment to achieve the outcomes set out in the Plan, but rather a better use or re-prioritisation of existing resources.

7.4. Equality Implications

7.4.1. We know that it is the poorer members of our communities who suffer the highest levels of alcohol-related harm. If we do not act now to reduce alcohol-related harm then increases in healthy life expectancies will stall, health inequalities will widen, and our ability to fund beneficial new treatments will be crowded-out by the need to spend on wholly avoidable illness.

7.5. Rural Community Implications

7.5.1. The negative impacts of alcohol harm are not limited to town centres. Impacts on individuals, families, communities and businesses in rural areas can be as profound. The specific needs of our rural communities will be considered as part of the initial mapping to determine if there are specific concerns that we need to address.

7.6. Human Resources Implications

7.6.1. There are no specific impacts regarding the HR resource required to implement the Plan. As with finance it is more about better use of existing resources. However there are potential wider workforce benefits to be had for all organisations if members of staff are supported to drink in a safe, sensible and sociable way.

7.7. Public Health Implications

7.7.1. There will be significant benefits to individual and population health if less alcohol is consumed within Cheshire East. Excessive consumption of alcohol is a causal factor in some 60 medical conditions, including circulatory and digestive diseases, liver disease, a number of cancers and depression.

7.8. Implications for Children and Young People

7.8.1. Protecting children and young people is a priority for the council and its partners and alcohol harm can impact upon them in many ways. Whether it is through their own drinking behaviours or that of parents / carers, children and young people become vulnerable and at risk through excessive consumption. A number of the actions within the Plan are specifically focussed upon children and young people because of the local evidence of excessive consumption and associated harms.

7.9. Other Implications (Please Specify)

7.9.1. In addition to its impacts upon health alcohol is associated with significant social harms such as violence, domestic abuse and road traffic accidents.

8. Risk Management

8.1. Risks in relation to the Implementation Plan will centre upon the delivery of actions, making the necessary progress and engaging effectively with all stakeholders.

9. Access to Information/Bibliography

9.1. Appendix One – Alcohol Harm Reduction Position Statement and Forward Plan

9.2. Appendix Two – Implementation Plan

10. Contact Information

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