

Preventing Alcohol Misuse Scope

Membership	Jenny Puddefoot (chairman), Bruce Allen, Lesley Clarke, Lin Hazell, Steve Lacey, Wendy Mallen, Wendy Matthews, Nigel Shepherd
Lead Scrutiny Officer	James Povey
Lead Cabinet member / Service officer	Patricia Birchley – Cabinet Member for Health and Wellbeing Dr Jane O’Grady - Director of Public Health
Background (key facts on why this issue should be reviewed)	<p>Drinking levels in Buckinghamshire are no higher than other parts of the country, however the scale and impact of drinking, as is the case nationally, is significant. In Buckinghamshire there are: 76,000 (19%) hazardous / increasing risk drinkers 16,000 (4%) high risk drinkers 60,000 (15%) binge drinkers <i>[data and definitions in 2011 local public health annual report]</i></p> <p>Whilst Bucks recorded the third lowest rate of alcohol admissions from 151 PCT areas (NWPHO 2011), locally as was the case nationally there was an increase in alcohol attributable hospital admissions between 2002-2009.</p> <p>Alcohol misuse increases risk of stroke, depression, cancer, liver diseases, accidental injury and suicide. Significant contributory factor to violent crime. The cost of alcohol misuse overall to society in England is £18-25 billion /yr (taking account of health, crime, loss of productivity in workplace, and cost to families).</p> <p>Multiagency partnerships are already in place concerned with alcohol misuse: Drug & Alcohol Action Team (DAAT) Partnership Board, Healthy Communities Partnership, Alcohol Strategy Group, Safer & Stronger Partnership Board, Health and Wellbeing Board. There is an established Buckinghamshire Alcohol Strategy (2007-2010), and this is currently being refreshed for 2012-15. DAAT commissions services for alcohol treatment, recovery and rehabilitation and with the wider community on education and prevention matters.</p> <p>Nationally the Government has unveiled its Alcohol Strategy (2012) with plans for minimum unit pricing, bans on multi-buy discounting and changes to Licensing legislation which include more consideration of local health impacts.</p> <p>Given the size of the ‘increasing risk’ drinking population (i.e. those drinking above recommended guidelines), the County Councils new public health function, and the national alcohol strategy the HOSC decided to conduct a review to support the delivery of the health objectives of the local alcohol strategy.</p>
Purpose of the review	<p>To support the Buckinghamshire Alcohol Strategy to reduce the number of people drinking above recommended levels through:</p> <ol style="list-style-type: none"> a) Local initiatives to encourage changes in peoples drinking behaviour b) The new health related objective for licensing
Anticipated outcomes	<p>We will work with relevant partners to:</p> <ul style="list-style-type: none"> • Identify improvements to local approaches to encourage behaviour change among residents who are classed as ‘increasing risk’ drinkers.

	<ul style="list-style-type: none"> Review the potential for the new health related objectives for licensing to contribute to the alcohol strategy.
Key questions / tasks for the review	<p>A1. Identify and understand of the problem and the evidence behind this, and its impact on communities / families / individuals / Health providers / the local authority (in terms of costs, resources, services, wellbeing).</p> <p>A2. What is the current knowledge base of local 'at risk' / increasing risk drinkers</p> <p>A3. What national guidance and evidence based best practice on targeted behaviour change (population profiling, social marketing) exists</p> <p>A4. Review current local activity targeted at this group and evidence of efficacy</p> <p>A5. What are the gaps and barriers, regarding local activity and knowledge?</p> <p>A6. What activities (data and initiatives) are required and by who to deliver an effective approach and the budget implications of this? Is it more about re-assigning resources more effectively?</p> <p>A7. Agree the future monitoring of recommended activities</p> <p>B1. Understand current alcohol licensing process and context</p> <p>B2. Understand impact and opportunities of new licensing Police Reform and Social Responsibility Act/ Licensing Health Related Objective.</p> <p>B3. Identify local issues and barriers to the effective use of the health related objective for licensing to contribute to the alcohol strategy.</p>
Out of scope	Higher risk drinkers – Although a sub group of the 'increasing risk' population, this group, which would include people commonly regarded as alcoholics or those dependent on alcohol, and the treatment services available to them are not a focus for this review, given we are concerned with the proactive public health agenda, and effecting behaviour change before this level of drinking.
Key background papers and data	<p>Director of Public Health for Buckinghamshire Annual Report 2011</p> <p>Buckinghamshire Joint Strategic Needs Assessment 2010</p> <p>The Government's Alcohol Strategy 2012</p> <p>Buckinghamshire DAAT Drug and Alcohol Needs Assessment 2011 - 14</p>
Key stakeholders	<p>Director of Public Health & (PCT/BCC) Public Health team</p> <p>Drug and Alcohol Action Team</p> <p>District Council Licensing Teams</p> <p>BCC Cabinet Member for Health and Wellbeing</p> <p>Clinical Commissioning Groups</p> <p>Buckinghamshire Healthcare Trust</p> <p>Health and Wellbeing Board</p>
Timetable	<p>Evidence collection Dec 2012 – Feb 2013</p> <p>Reporting March – April 2013</p>
Reporting mechanism	BCC Cabinet Member for Health and Wellbeing

	Healthy Communities Partnership Drug and Alcohol Partnership Board Alcohol Strategy Group
Evidence sources	Desktop Research NHS Buckinghamshire (PCT) public health team Drug and Alcohol Action Team Frontline staff delivering Intervention and Brief Advice (IBA) District Council Licencing Teams Magistrates / Legal advice Alcohol/health charities/community groups