Author/Lead Officer of Report: Helen Phillips-Jackson, Strategic Commissioning Manager – Drugs and Alcohol

Tel: 53926

Report of:	*Laraine Manley, Executive Director of Communities*
Report to:	*Cabinet*
Date of Decision:	*Wednesday 21st September 2016*
Subject:	*Sheffield Alcohol Strategy 2016-2020*

Is this a Key Decision? If Yes, reason Key Decision:-	Yes	x	No	
- Expenditure and/or savings over £500,000				
- Affects 2 or more Wards		x		

Which Cabinet Member Portfolio does this relate to? *Cabinet Member for Health and Social Care – Cate McDonald*

Which Scrutiny and Policy Development Committee does this relate to? *Healthier Communities and Adult Social Care*

Has an Equality Impact Assessment (EIA) been undertaken? Yes [x] No [ ]

If YES, what EIA reference number has it been given? **EIA673**

Does the report contain confidential or exempt information? Yes [ ] No [x]

If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below:-

*"The (**report/appendix**) is not for publication because it contains exempt information under Paragraph (**insert relevant paragraph number**) of Schedule 12A of the Local Government Act 1972 (as amended)."*

Purpose of Report:

This report sets out the work undertaken by Sheffield Drug and Alcohol Co-ordination Team (DACT) to develop a new alcohol strategy for Sheffield covering the period from October 2016-October 2020 – a four year strategy.

The report includes background on former alcohol strategies in the city and the current context for the development of this specific piece of work, including the specific themes covered in the strategy and how it is expected the implementation of the strategy will benefit the residents of Sheffield, by reducing alcohol related harm, increasing access to

information about the impact of alcohol use, and ensuring treatment is accessible to everyone.

This report proposes that the final version of the Sheffield Alcohol Strategy 2016-2020 is agreed at the Cabinet Meeting of 21st September 2016 and then implemented by Sheffield DACT and partners during the four year strategy period from sign off.

Recommendations:

Members are asked :

- That the Content of this report is noted and approval is given to the Sheffield Alcohol Strategy 2016-2020;
- That the Director of Commissioning be authorised to terminate contracts relevant to the delivery of the strategy and in accordance with the terms and conditions of the contracts.
- That in accordance with the high level commissioning strategy and this report, authority be delegated to the Director of Commissioning to:
- In consultation with the Cabinet Member for Health and Social Care, the Director of Commercial Services and the Director of Public Health, approve the procurement strategy for any service delivery during the period of the strategy;
- In consultation with the Cabinet Member for Health and Social Care, the Director of Commercial Services and the Director of Legal and Governance award, vary or extend contracts for the provision of services procured in implementation of the strategy;
- In consultation with the Director of Legal and Governance and the Director of Commercial Services make awards of grants;
- That the Director of Commissioning in consultation with the Cabinet Member for Health and Social Care, the Director of Public Health, the Director of Legal and Governance and the Director of Commercial Services is authorised to take such other steps as he deems appropriate to achieve the outcomes in this report.

Background Papers:

Final EIA Alcohol Strategy.docx

FINAL Alcohol Strategy 2016_2020.

Lead Officer to complete:-		
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where	Finance: ***Liz Gough*** *- Assistant Director of Finance*
		Legal: ***Louise Bate*** *– Interim Lawyer - Governance*

	required.	Equalities: ***Liz Tooke*** *– initial and* ***Simon Richards****- sign off*
	Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.	
2	**EMT member who approved submission:**	*Laraine Manley – Executive Director of Communities*
3	**Cabinet Member consulted:**	*Cllr Cate McDonald*
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Decision Maker by the EMT member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	Lead Officer Name: *Helen Phillips-Jackson*	**Job Title:** *Strategic Commissioning Manager – Drugs and Alcohol*
	Date: *31 August 2016*	

1. PROPOSAL

(Explain the proposal, current position and need for change, including any evidence considered, and indicate whether this is something the Council is legally required to do, or whether it is something it is choosing to do)

1.1 This report sets out the work undertaken by Sheffield Drug and Alcohol Coordination Team (DACT) in developing a Sheffield Alcohol Strategy 2016-2020 to guide strategic direction of work reducing alcohol related harm and providing an effective response to alcohol related issues in the city of Sheffield.

The report includes reference to previous strategies and their achievements, and how DACT propose to build on this good work during the next 4 year strategy period.

The report will include details of the process DACT undertook to ensure the strategy being presented is fit for purpose, effective, and has had the involvement and sign off necessary by key stakeholders and professionals in the field of alcohol related work to make it legitimate, evidence based and clear strategy.

This report proposes that Cabinet approve this strategy to be implemented for a four year period from October 2016.

There is not a legal obligation to have a local alcohol strategy but in order to achieve a reduction in alcohol related harm and improve outcomes in Sheffield; a full strategy is considered the best way to implement this.

Evidence from local experts and stakeholders, local needs assessment processes and national policy guidance and statistics have been used to evidence the need for action.

2. HOW DOES THIS DECISION CONTRIBUTE ?

(Explain how this proposal will contribute to the ambitions within the Corporate Plan and what it will mean for people who live, work, learn in or visit the City. For example, does it increase or reduce inequalities and is the decision inclusive?; does it have an impact on climate change?; does it improve the customer experience?; is there an economic impact?)

2.1 The Sheffield Alcohol Strategy 2016-2020 will provide Sheffield City Council and its partner organisations in multi-agency working a strategic direction with which to address alcohol use, misuse, and harms in Sheffield.

Nationally, the harms caused by alcohol are reported in the mainstream media often; on many occasions presenting a negative picture of the impact has on society. Often the harms alluded to are accurate, however, a pragmatic and consistent approach to reducing health related harms is required at a local level in order to successfully balance the right and preference of residents of Sheffield to use alcohol, the duty to educate individuals about what their alcohol intake could mean for them, and the duty to commission effective treatment services in order than individuals experiencing alcohol related harms can seek swift, effective and clinically appropriate support through treatment.

A lot was achieved in the two previous strategy periods:

2007-2010 – this strategy oversaw the DACT (formerly DAAT) when it was based in the PCT take over the formal commissioning of alcohol treatment in Sheffield. This strategy period saw a re-design of services into contracts for assessment and brief advice, specialist prescribing and psychosocial interventions which all have a strong evidence base, and the commencement of robust performance monitoring of these services.

2010-2014 – with a stable treatment system in place, this strategy period saw an expansion of the aims for Sheffield into the balance of a successful night time economy and reducing alcohol related harms, ensuring Sheffield offered a safe but successful night time economy. This strategy period saw the introduction of Best Bar None in Sheffield, accreditation for the city under Purple Flag safe night time economy scheme, and the roll out of measures increasing safety in the licenced premises of Sheffield such as provision of poly-carbonate glasses for premises to use during large events or for those with outside areas, reducing the risk of harm from incidents. Successful work was also undertaken addressing illegal and illicit alcohol, through Trading Standards and DACT joint working projects.

However, despite the successes of the previous strategies:

<u>There is evidence of alcohol related harm in Sheffield</u>:

- 19.5% (1 in 5) of the Sheffield population are estimate to drink at levels increasing the risk of alcohol related illness, including individuals who are physically dependent on alcohol;
- 7.2% (1 in 14) drink at higher risk of alcohol related illness;
- 26.9% admit to binge drinking.[1]

In addition, there are seven measures on which Sheffield performs worse than the England average[2] and the strategy responds to these issues through recognition and actions to improve them – these include alcohol specific mortality and alcohol related hospital admissions.

The strategy specifically addresses, evaluates and plans actions to support improvement of all of the above indicators, most specifically in the first two themes of the strategy: Alcohol and Health and Alcohol, Treatment and Recovery.

In addition, the strategy recognises the good work and achievements from previous strategy periods, and plans the continuation of this work in order to keep standards high and address those areas requiring improvement.

The alcohol strategy will plan work with the intended outcomes of improving the health and well-being of Sheffield residents related to their alcohol consumption, and have a positive impact on the performance measures by which we are monitored as a city such as the proportions of alcohol related hospital admissions of the population, and prevalence of alcohol related illnesses.

[1] Sheffield DACT alcohol needs assessment data refresh – 2015
[2] Local Alcohol Profiles England, 2015

As well as health, the strategy addresses in four other broad themes alcohol treatment and recovery, licensing and the night time economy, alcohol and crime, and vulnerable groups/individuals and community responses.

See main body of the report for details.

The intended outcomes of the alcohol strategy are numerous and stated in the strategy document. The strategy is formed across five main themes which have higher level outcomes, and actions that will be carried out on an operational level to ensure the outcomes are met:

Theme 1 – Alcohol and health

Outcomes – increased awareness of the mental and physical health impacts of alcohol use, an educated general population, alcohol screening available easily in universal health services, and a reduction in alcohol related hospital admissions and alcohol related ill health. This relates to a healthier local population in the city of Sheffield.

Theme 2 – Alcohol, Recovery and Treatment

Outcomes – continued commissioning of effective alcohol treatment, early intervention and screening, promoting Sheffield as a city with an active and vibrant recovery community, engaging in research with Sheffield Hallam University regarding treatment effectiveness and recovery approaches. Positive treatment outcomes, and sustained recovery with no requirement for re-presentation to treatment. This offers a positive customer experience for those needing to seek help with these issues.

Theme 3 – Licensing, trading standards and the night time economy

Outcomes – a vibrant night time economy which successfully balances economic success with safety and the wellbeing of its users. On-going Best Bar None and Purple Flag schemes, highlighting to the public what Sheffield can offer. Work with licensing and trading standards to reduce under age sales and sales of illicit alcohol. Lower rates of alcohol related anti-social behaviour and a night time economy made up of responsible retailers. This will contribute to the positive offer currently made by the night time economy and hopefully contribute to increased profitability and footfall.

Theme 4 – Alcohol and Crime

Outcomes – Reduced alcohol related crime, increased uptake of criminal justice treatment sentence options, ensuring there are systems in place to recognise the links between alcohol and offending and ensuring where appropriate, that treatment is used as part of the justice process. Links between alcohol and specific kinds of crime to be explored and processes to address put in place.

Theme 5 – Communities and vulnerable individuals and groups

Outcomes – raise awareness of the impact of alcohol on groups and individuals with specific vulnerabilities, and address the impact on communities. Address alcohol and health inequalities, particularly in relation to the disproportionate ill effects of alcohol on males from more deprived socio-economic groups.

The strategy is not seeking a large financial investment in order to implement it; rather, to change some working practice, continue that which works, and ensure that innovation in and promotion of the agenda of alcohol is present within Sheffield and can support better performance in outcome indicators, numbers in treatment, and reducing the harms from alcohol use and misuse. As such, the outcomes are likely sustainable in the long term, as they do not require specific non-recurrent or recurrent financial investment to affect change.

3. HAS THERE BEEN ANY CONSULTATION?

(Refer to the Consultation Principles and Involvement Guide. Indicate whether the Council is required to consult on the proposal, and provide details of any consultation activities undertaken and their outcomes.)

3.1 Yes. Stakeholders were invited to an initial 'expert group' event where the themes for the strategy were formulated and intelligence was sought on the issues that should be addressed as part of the strategy.

The first draft was written based on this event.

The first draft was sent out to stakeholders for comment for a 6 week period. A number of suggestions/corrections were taken which formed the final draft of the strategy which is being presented to Cabinet.

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality of Opportunity Implications

4.1.1 All equality of opportunity implications have been considered by the EIA embedded above.

4.2 Financial and Commercial Implications

4.2.1 There are no financial or commercial implications of this strategy. No specific funding is attached to its implementation nor contract being commissioned for its delivery.

4.3 Legal Implications

4.3.1 Implementation of the Sheffield Alcohol Strategy 2016-2020 will assist the Council in meeting its relevant legal duties and exercising its appropriate legal powers:

Duty to improve public health – s2B of the National Health Act 2006 (as

amended) states that the Council must take such steps as it considers appropriate for improving the health of the people in its area. The steps that may be taken include:

a) Providing information and advice;
b) Providing services or facilities designed to promote healthy living (whether by helping individuals to address behaviour that is detrimental to health or in any other way);
c) Providing services or facilities for the prevention, diagnosis or treatment of illness;
d) Providing financial incentives to encourage individuals to adopt healthier lifestyles;
e) Providing assistance (including financial assistance) to help individuals to minimise any risks to health arising from their accommodation or environment;
f) Providing or participating in the provision of training for persons working or seeking to work in the field of health improvement; and
g) Making available the services of any person or any facilities.

Duty to formulate and implement strategies – s6 of the Crime and Disorder Act 1998 states that the Council must formulate and implement

a) A strategy for the reduction of crime and disorder in the area (including anti-social and other behaviour adversely affecting the local environment);
b) A strategy for combatting the misuse of drugs, alcohol and other substances in the area; and
c) A strategy for the reduction of re-offending in the area.

Duty to safeguard and promote the welfare of children – s11 of the Children Act 2004 states that the Council must ensure that

a) Its functions are discharged having regard to the need to safeguard and promote the welfare of children; and
b) Any services provided by provided by another person pursuant to arrangements made by the person or body in the discharge of their functions are provided having regard to that need.

Homelessness duty – The Council has a duty under Part VII of the Housing Act 1996 to provide advice and assistance (and in certain circumstances accommodation) to eligible persons who are homeless or threatened with homelessness. Advice and information about homelessness and the prevention of homelessness must be available free of charge to any person in the area.

The Council has a power under section 11A of the Housing Act 1985 to provide welfare services in connection with the provision of accommodation of social housing.

Public Sector Equality duty – s149 of the Equality Act 2010 states that the Council must, in the exercise of its functions have regard to the need to:

a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and
c) foster good relations between persons who share a relevant protected

characteristic and persons who do not share it.

These duties and powers have been taken into account when drafting the Sheffield Alcohol Strategy 2016-2020.

4.4 Other Implications
(Refer to the Executive decision making guidance and provide details of all relevant implications, e.g. HR, property, public health).

4.4.1

5. ALTERNATIVE OPTIONS CONSIDERED

5.1 The 'do nothing' option would be to not have any form of alcohol strategy in place. However, Sheffield has had a strategy in place since 2007 that has guided the direction and work done to address alcohol use and misuse. Therefore not having a strategy would not support this approach.

Refreshing the 2010-2014 strategy – this would have been a shorter piece of work, however, the former strategy had a lot of focus on the night time economy and, whilst this is relevant and a lot was achieved during the last period of work, there have been a lot of changes since 2010 and areas on which the strategy needs to focus, so a new strategy was appraised as the most appropriate option.

6. REASONS FOR RECOMMENDATIONS

6.1 The strategy has been written based on robust local and national evidence.

The strategy has been widely consulted on, both before and after the first version was written – it has been inputted to by a vast range of agencies and professionals who have an expertise in alcohol related treatment and issues.

The strategy aims to reduce the harms