

ALCOHOL PLAN 2018-2021

OUR VISION: TO CREATE A BOROUGH WHERE ALCOHOL IS ENJOYED SENSIBLY

OUR PRIORITIES

NIGHT TIME
ECONOMY

AVAILABILITY

AFFORDABILITY

ACCEPTABILITY

CHILDREN AND
YOUNG PEOPLE

PARTNERSHIP
APPROACH

ALCOHOL
TREATMENT

OUTCOMES

- We will achieve Purple Flag accreditation and expand the Best Bar None awards
- We will assess the health impacts of each licensing application building an evidence base for cumulative impact policy where appropriate
- A reduction in the number of people diagnosed with alcohol-related liver disease
- A reduction in the number of alcohol-related hospital admissions
- A reduction in young people's alcohol consumption
- A reduction in alcohol-related crime and disorder
- A reduction in the number of dependent drinkers
- To stop the sale of high strength, low cost alcohol
- Increased awareness and understanding of alcohol-related harm across the whole population
- An informed workforce that feels empowered to have meaningful conversations about alcohol
- That people who are vulnerable due to alcohol are supported and kept safe (children, young people and adults)
- Developing better intelligence to achieve our vision
- Self-regulate local alcohol marketing and promotions to protect the under 18s from advertising

QUICK WINS

Establish an alcohol
alliance / partnership

To undertake CLear
peer assessment
and implement
improvement plan

Develop
communications plan
which aims to promote a
sensible drinking culture

Raise awareness of
alcohol units with wider
Barnsley's workforce
#whatsyourtotal

INDICATORS

- Hospital admission episodes for alcohol-related conditions
- Under 75 mortality rate from alcohol-related liver disease
- Hospital admission episodes for alcohol-related unintentional injury
- Violent crime (including sexual violence) - hospital admissions for violence
- Alcohol-related mortality
- Admission episodes for alcohol-specific conditions - Under 18s (Male & Females)
- Emergency hospital alcohol specific readmissions

DIGITAL

- Education & training
- Campaigns

HOW WE'LL GET THERE

- Partnership Approach
- Alcohol Alliance
- Action Plan



Executive Summary

Alcohol plays a significant role in our social lives and in our economy: it provides employment, generates tax revenue and stimulates the night-time economy.

Although the majority of people who drink do so moderately, alcohol consumption has doubled over the past 40 years. As a result, alcohol is the leading risk factor for deaths among men and women aged 15–49 years in the UK (PHE, 2018), and there are more than one million alcohol-related hospital admissions every year.

The harm from alcohol goes far beyond individual health affecting families, friends and communities; it contributes to violent crime, domestic violence and absence from work.

The impact of alcohol harm falls disproportionately on the more vulnerable people in society. Those in the lowest socioeconomic groups are more likely to be admitted to hospital or die from an alcohol-related condition compared to those in higher socioeconomic groups, so action that supports local work to prevent or reduce alcohol-related harm can also help reduce health inequality.

However, it is important that we do not neglect our efforts to those in the higher socioeconomic status groups. A study released by the Office for National Statistics (ONS) has found that the most regular drinkers are those in professional jobs, with 69.5% of professionals reported having drunk in the last week, compared with 51.2% of people in routine or manual occupations.

Although the relationship between alcohol consumption and socioeconomic status is complex there is a need to dismantle the stereotype around those who are problem drinkers.

National context

The new national alcohol strategy is due to be published in late 2019 and will focus on the need to reduce alcohol related harm in the home and community as well as the balance with the night time economy. In addition to a focus on behaviour change, marketing, NHS interventions and treatment it is understood that the strategy will include longer term ambitions around fiscal policies including taxation, duties and reformulation.

Local context

The alcohol CLear (Challenge, Leadership, Results) self-assessment tool has been produced by Public Health England (PHE) to support an evidence-based response to preventing and reducing alcohol-related harm at a local level and builds on experience and successes from the tobacco control CLear model.

CLear helps place-based alcohol partnerships to assess local arrangements and delivery plans providing assurance that resources are being invested in a range of services and interventions that meet local need and which, the evidence indicates, support the most positive outcomes.

The CLear self and peer-assessment has been completed in Barnsley and the results, along with a recently completed health needs assessment, now allows an approach to forming an alcohol partnership with a remit to: challenge services; provide leadership; develop and review pathways; establish information sharing protocols; and examine results all with a view to reducing the availability, affordability and acceptability of alcohol misuse across the population.

Key findings from the Barnsley HNA include:

- 1 in 4 residents drink too much
- By aged 15, almost 4 in 5 Barnsley young people have tried alcohol, and Barnsley has the highest prevalence in the country for 15 year olds who have ever had a drink
- 56 – 80 year olds with a high socioeconomic status are most likely to drink daily at home
- Audit scores in GP records show 1 in 7 Barnsley residents are drinking at ‘increasing risk’ levels
- Treatment services for dependent drinkers are performing better than the national average
- Mortality is in line with national average, however there is a significant non-specific health burden from alcohol, shown by high alcohol hospital admission
- Alcohol is widely available at a high density per head of population, particularly in the town centre

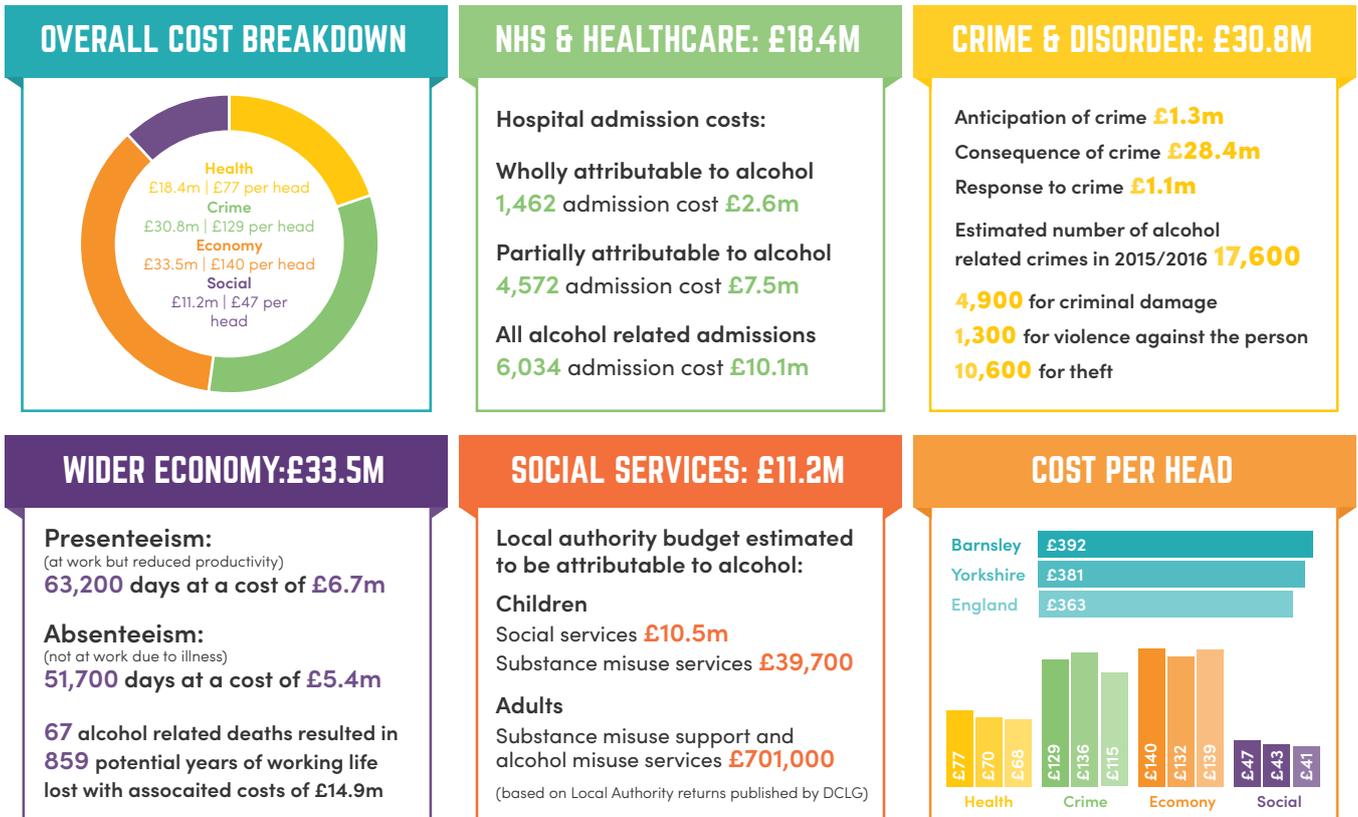
The HNA makes a number of recommendations as follows:

- Different approaches are needed for the different ‘types’ of drinkers – such as differently marketed communication and health messaging
- Build on previous local work with young people to delay drinking or provide social opportunities with alternatives to drinking
- Use Audit scores in GP records to gain a better understanding of local drinking behaviours and risk
- Limit alcohol outlet density through planning and licensing powers
- Consider the possibilities of local application of minimum unit pricing, which has the potential to reduce the amount of alcohol consumed

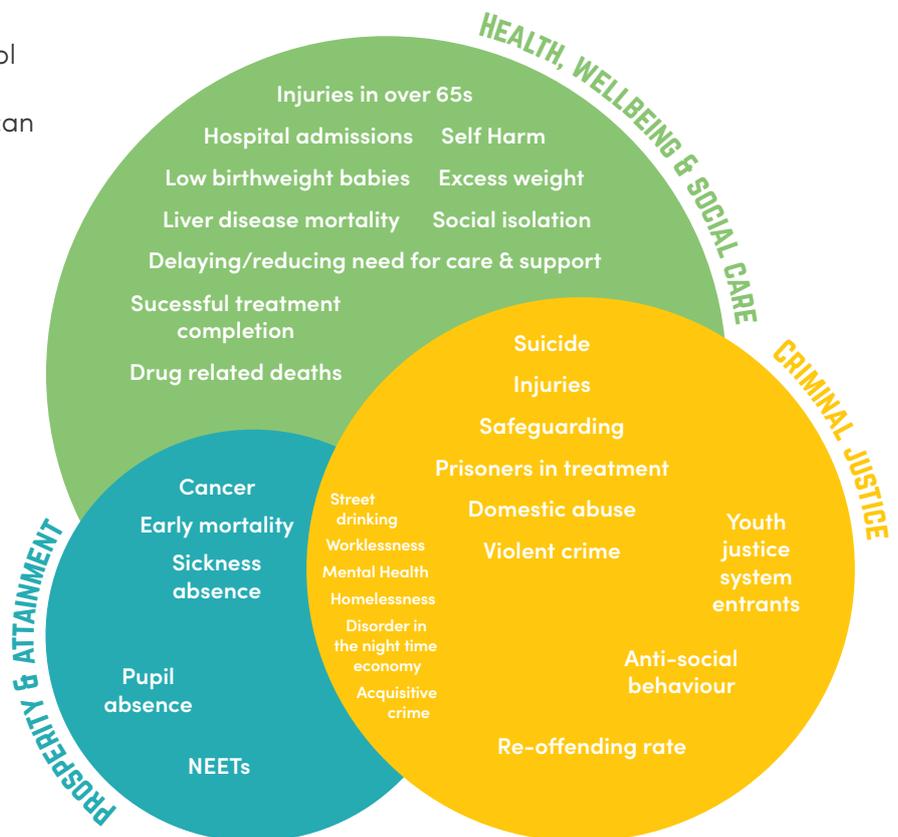
Making the case for continued investment in reducing alcohol related harm

Cost of alcohol harm in Barnsley

In 2015/16 the overall cost to the borough was 93.9million estimated to be: £392 per head of population.



The public health burden of alcohol is wide ranging, relating to health, social or economic harms. These can be tangible, direct costs (including costs to the health, criminal justice and welfare systems), or indirect costs (including the costs of lost productivity due to absenteeism, unemployment, decreased output or lost working years due to premature pension or death). The consequences of alcohol misuse are borne by individuals, their families, and the wider community. The figure to the right sets out the range of Public Health Outcomes Framework indicators that alcohol impacts upon. By taking action to reduce alcohol-related harm at the local level, it is possible to improve the positive outcomes achieved across systems.





The alcohol plan will complement other strategic plans where alcohol is a key issue, including, but not limited to:

- Health and Wellbeing Strategy
- Food strategy
- Safer Barnsley Partnership Plan
- Suicide Prevention Plan
- Children and Young People’s Plan
- Neglect Matters Strategy
- Statement of Licensing Policy
- Local Authorities Corporate Aims and Objectives

The extent of alcohol harm in Barnsley

Alcohol-related health risk is determined by the volume of alcohol consumed and the frequency of drinking occasions. Broadly, the more someone drinks, the greater the risk. As such, understanding levels and patterns of alcohol consumption in your local area can help you plan the activity needed to reduce alcohol-related harm. Dependent drinkers have a particularly high impact on NHS, police, criminal justice, and social care service costs per head.

In Barnsley it is estimated that alcohol consumption is currently at 7.7 litres per capita, representing an annual average expenditure on alcohol of £402.70 per person.

AT A GLANCE...

Consumption of pure alcohol per capita per year (based on off-trade sales)	8 LITRES
Proportion of the adult population estimated to be abstainers	14.5%
Proportion of the adult population drinking above low risk guideline	25.8%
Rate of alcohol-related hospital admission episodes (narrow measure)	773 PER 100,000
Estimated number of alcohol dependent adults	3,458
Estimated number of children living with an alcohol dependent adult	1,320
Proportion of children in need assessments that record alcohol as a contributory factor	8.6%

WE WILL WORK TOGETHER TO PROVIDE STRATEGIC VISION AND LEADERSHIP IN THE DRIVE TO PREVENT AND REDUCE ALCOHOL-RELATED HARM.

WE WILL ENSURE EVERYONE IS SUPPORTED TO MAKE INFORMED CHOICES ABOUT THEIR ALCOHOL USE.

ALCOHOL IS TAKEN FOR GRANTED IN THE UK TODAY.

IT IS EASY TO GET HOLD OF, INCREASINGLY AFFORDABLE, ADVERTISED EVERYWHERE AND ACCEPTED BY MANY AS AN INTEGRAL PART OF DAILY LIFE.

How we will deliver the Alcohol Plan

1. Action Plan

An action plan has been developed which lists the steps needed to achieve our vision. The action plan includes specific interventions, resources and timescales and will be continuously updated according to local need and national evidence.

2. One Council

The alcohol plan will be delivered in partnership with all council directorates and external partners. Although the plan will be led by public health, the alcohol agenda has relevance to all council business plans and strategies: therefore success will only be made possible through collaboration and shared responsibilities.

3. Alcohol Alliance

Progress and achievements will be monitored by public health DMT but it is proposed that an alcohol alliance be established with learning gained from the success of the tobacco control alliance.

Given the diversity of alcohol, developments will also be reported into other stakeholder groups as and when required – some of which are listed below.

4. Stakeholders

Alcohol is of interest to a number of different services in the community and departments within the Council, with many initiatives already addressing alcohol misuse and alcohol-related harm. To be successful, however, the alcohol plan will need support from all stakeholders who have an interest in this area and these stakeholders will need to work together to form an alliance and achieve shared priorities and outcomes.

Internal Stakeholders	External Stakeholders
Early Help Adults Delivery Group Area Councils Business Intelligence Barnsley Safeguarding Board Events and Culture Adult Commissioning Children's Commissioning Family Centres Planning Public Health Nursing Service Safer Neighbourhood Service Licencing Youth Offending Team Town Centre Management Trading Standards	CRC and Probation Yorkshire Ambulance Service Barnsley CCG Barnsley GP Federation Barnsley Hospital Healthwatch Schools & Colleges South West Yorkshire NHS Foundation Trust Voluntary Sector South Yorkshire Police South Yorkshire Fire and Rescue Berneslai Homes

