

**HEALTH, HOUSING AND SOCIAL CARE OVERVIEW & SCRUTINY  
COMMITTEE****1 JULY 2008****LONDON BOROUGH OF RICHMOND UPON THAMES****CABINET****DATE: 7 July 2008****REPORT OF: CABINET MEMBER FOR  
COMMUNITIES****LEAD  
OFFICER: Head of Strategy and Policy****SUBJECT: RESPONSE TO THE REPORT OF THE ALCOHOL TASK  
GROUP****WARDS: All****KEY DECISION?: NO****For general release****1. PURPOSE OF THE REPORT**

- 1.1 At the Cabinet meeting on April 14 an initial response to the Alcohol Task Group report was agreed. It was also agreed that a more detailed response would be prepared that would include partner's responses. This report includes the response to the Alcohol Task Group's recommendations which the Cabinet are asked to endorse

**EXECUTIVE SUMMARY**

- 1.2 This report builds on the Cabinet's initial response to the Task Group's report providing more detailed comment on the recommendations and outlining the approach to be taken with the development of a new Alcohol Strategy. The Cabinet remains committed to ensuring that the strategy will address the three key concerns highlighted in the previous report which were:

- The clear link between alcohol and anti social behaviour;
- The impact of alcohol on the health of the borough's residents

- The need to improve education for young people, adults and local licensees.
- 1.3 The Cabinet's response has also been informed by discussions on the Task Group's recommendations at the Local Strategic Partnership (LSP) held on March 30th. It has been agreed with partners that the development of this strategy will be led by the Adult Health and Well Being Partnership.

## **2. RECOMMENDATIONS**

- 2.1 *The Cabinet are asked to endorse the full response to the Alcohol Task Group's recommendations.***

## **3. DETAIL**

### **Executive Response to the Alcohol Task Group recommendations**

- 3.1 The Cabinet welcomes the Task Group's report and recommendations. This is an important issue for the borough and one that both the local authority and our partners see as a priority. The Cabinet believe that there are three key areas that need to be addressed within our work on alcohol, which are:
- The clear link between alcohol and anti social behaviour;
  - The impact of alcohol on the health of the borough's residents
  - The need to improve education for young people, adults and local licensees.
- 3.2 These have been highlighted in the Community Plan. There are clear commitments within the Plan to reduce the levels of binge drinking and increase the awareness of the impacts that excessive drinking can have on health. As highlighted in the Task Group's report there has been some progress towards addressing these issues but we realise that there is still considerable work to do in order to reduce the most negative impacts of alcohol consumption in the borough. The development of an alcohol harm reduction strategy is a first step and should provide the council with a clear strategy to implement and monitor.
- 3.3 We also agree with the report that there is a lack of local evidence around the impact of alcohol on our communities, in particular the direct health consequences in the borough from alcohol consumption, and this is something that we must work with the PCT and others to address. We will ensure that this issue is raised in the appropriate partnerships to discuss what information can be collected. This information could be used to develop a local indicator to measure the number of under 18 year olds admitted to hospital A & E departments as a result of alcohol consumption. The new National Indicator on alcohol related hospital admissions will also start to give us information on people admitted to wards for long term health issues related to alcohol consumption.

- 3.4 However, any response to the issue of alcohol consumption has to be appropriate. The council and its part majority of the population who enjoy alcohol responsibly.

### **An Alcohol Strategy**

- 3.5 Many of the recommendations within the report will be brought together and considered when the council and its partners review the existing alcohol strategy. At present this strategy is part of the Community Safety Strategy. However, whilst there are important issues with crime and disorder in relation to alcohol consumption, the LSP also felt there were considerable health impacts to be considered. There was a concern that a crime and disorder lead may detract from some of the health issues in the borough that could be of greater concern in the future. Therefore the LSP agreed, a decision that the Cabinet concurs with, that responsibility for the development of the new alcohol strategy sit with the Adult Health and Well Being Partnership.
- 3.6 Therefore this partnership will oversee the development and monitoring of the strategy ensuring it links with the community safety agenda through the Substance Misuse Joint Commissioning Group (JCG) and with the children and young people's agenda through links with the Be Healthy sub group.
- 3.7 Below are more detailed responses to the Task Group's recommendations. To provide a more holistic picture the responses from partners organisations have been included. Where appropriate the response given may cover a number of recommendations to avoid repetition.

#### ***Recommendation 1. Identification of relevant funding streams***

- 3.8 The Alcohol Strategy will seek to determine all sources of available funding. Some of this work is being done at present within the Substance Misuse JCG and any strategy will draw on the work of this group. The PCT has also committed to identifying resources.

#### ***Recommendation 2. Scrutiny of retail use from A1 to A3, A4 and A5***

- 3.9 Limiting change of use is strictly controlled by planning legislation and planning officers must adhere to this legislation when determining planning applications for change of use. However, the cabinet agrees that we should scrutinise the number of applications made between these retail uses.

#### ***Recommendation 3. Co-ordination of rubbish collection from shops and night time street cleaning.***

- 3.10 Whilst the Cabinet recognise the benefits of the Task Group's recommendation it feels that it is also necessary to ensure that any nuisance from nighttime cleaning is also avoided. In order to avoid any additional nuisance the Cabinet recommend that any cleaning activity considered be restricted to street clearing. There will also be cost implications from this recommendation that will need to be considered and weighed against the benefits of providing such a service.

***Recommendation 4. Investigate the possibility of using planning or licensing to minimise the amount of litter generated.***

- 3.11 This recommendation will need to be considered fully following the Government's review of the General Development Procedures Order. This may allow for the recommendation to be implemented and officers will consider it at this point.

***Recommendation 5. Research into the use of the borough's town centres.***

- 3.12 The Cabinet recognises the need for research in this area. However, the type of research needed will need to be considered as part of the development of a new alcohol strategy for the borough.

***Recommendation 6. Re-launch the voluntary code for alcohol retailers.***

- 3.13 The Community Safety Team will work with the Police Licensing Officer to re-launch the voluntary code for alcohol retailers.

***Recommendation 7. Work with colleges to develop a training module for staff working in off licences.***

- 3.14 The Community Safety Team and the police will begin to negotiate with local colleges to develop a module for staff in off licences in October.

***Recommendation 8. All staff in the borough be trained to sell alcohol responsibly.***

- 3.15 This will be considered as part of the borough's alcohol strategy.

***Recommendation 9. Richmond Town Centre redevelopment plans be reviewed to ensure adequate nighttime transport provision.***

- 3.16 This is still being considered by the appropriate officers.

***Recommendation 10. Investigate the setting up of a pilot marshalled taxi rank.***

- 3.17 The environment directorate will consider the development of a pilot "marshalled rank". However, this would need to be agreed with Transport for London (TfL) who oversee Hackney carriage operations and there would be a resource implication that will need to be considered.
- 3.18 The provision of a minicab kiosk would need further consideration and discussions with TfL and licensed minicab operators. This is a highly competitive area and how to offer equal and fair opportunity to each operator from such a kiosk would need to be considered. One alternative would be to ensure that TfL's CABWISE scheme, which gives details of approved/registered private hire companies is better publicised and this will need to be considered as part of the borough's Alcohol Strategy.

***Recommendation 11a. Local alcohol strategy to consider initiatives to develop the night time economy based on diversity.***

- 3.19 This will be considered in the borough's alcohol strategy but funding constraints need to be recognised.

***Recommendation 11b. Consideration be given to the appointment of a retail champion or co-ordinator.***

- 3.20 This recommendation will be considered when developing the revised alcohol strategy.

***Recommendation 11c. Consideration be given to piloting more cultural events and sports activities.***

- 3.21 The borough already provides a number of cultural events in the borough through the Arts and Sports Development Teams. Both these teams will be involved when developing the revised alcohol strategy to ensure that the use of sports and arts are fully considered.

***Recommendation 12. The alcohol strategy promotes support for people who are affected by alcohol.***

- 3.22 As the report highlights the council already has a drug, alcohol and substance misuse policy and acknowledges the benefits this could have for other organisations. The alcohol strategy will need to take this recommendation into account during its development.

***Recommendation 13. Alcohol arrest referral Schemes.***

- 3.23 We are currently waiting for the results of national pilot schemes and the possibility that funding may be given to progress arrest referral schemes. Once this information is available further consideration will need to be given to this proposal. However, we are also looking at the whole issue of arrest referral for both drugs and alcohol with a view to seeing how we could develop a partnership with other boroughs to deliver such a scheme.

***Recommendation 14. Roll out of an enhanced GP service across the borough.***

- 3.24 The PCT fully supports this recommendation and all practices will be invited to provide a service in 2008/09.

***Recommendation 15. Brief interventions at Tier 1***

- 3.25 The PCT fully agrees and will review the training available to PCT employed staff including school Nurses, and independent contractors including GPs.
- 3.26 The PCT has already committed to contributing to Hounslow Drug and Alcohol Team's funding of an A&E Alcohol Liaison worker, at West Middlesex University Hospital (WMUH), for the 08/09 pilot year. The service will consist of a full time alcohol liaison worker (employed by CNWL Mental Health Trust) who will work 9-5 Monday to Friday and whose duties will include
- Extended brief intervention (45 minutes) for patients referred from A&E (those who attend with an alcohol related presenting complaint who screen positive on a brief alcohol screening tool)
  - Data collection
  - Training of A&E staff

- 3.27 This post is based on the Paddington model that has been shown to reduce mean weekly consumption of alcohol and A&E re-attendance.
- 3.28 The PCT will explore possible funding sources of training for wider partnership colleagues including police and probation, however acute Trusts are expected to support staff training in house.

***Recommendation 16. Review of best practice contract specifications***

- 3.29 The PCT endorses this recommendation.

***Recommendation 17. Seamless movement across Tiers***

- 3.30 The PCT, and whole Community Safety Partnership (CSP) supports the key principle of service provision. The CSP, through the Pooled Treatment Budget, funds a user and carer lead to support the development of this involvement throughout the borough to enable user and carer involvement in the commissioning of services, incorporating easy access into, and between, services. The open access Tier 2 service (DAIS) also provides access into, and information about, services at any time for all.

***Recommendation 18. Monitoring of Tier 2 and Tier 3 capacity***

- 3.31 The PCT supports this recommendation, and will continue to monitor all commissioned providers on at least a quarterly basis. All providers also attend the bi-monthly planning forum which is an opportunity for providers to discuss activity and referral issues. All providers, as well as the wider partnership representatives, contribute to the annual needs assessment that informs the Treatment Plan for the financial year. The needs assessment for 08/09 was conducted in November 2007.

***Recommendation 19. PCT to look at substance abuse models to determine synergies in delivery***

- 3.32 The PCT will action this in the context of brief intervention models, for example review of the successful smoking cessation model.

***Recommendation 20a. Support for family members to be included in Tier 2 service contracts***

- 3.33 This is already included in relevant contracts. The service user and carer Lead (referred to above) will further develop this work. As discussed above, the PCT would see the 'hidden harm' as a priority for further identification and service provision.

***Recommendation 20b. Other support to be available for drinkers in the absence of close family support***

- 3.34 The PCT supports this principle and such support is available across the borough through the open access Tier 2 service (DAIS), and non-commissioned services including Al Anon.

***Recommendation 21. The collection and sharing of data needs to be improved by all.***

- 3.35 The PCT endorses this recommendation and will take action through the commissioning of the primary care enhanced alcohol service in 08/09, and through the WMUH A&E alcohol liaison worker. The PCT's Public Health Lead is also working closely with Kingston hospital's A&E department.

***Recommendation 22. That A&E depts share with police where drunken patients bought their last drink***

- 3.36 The PCT can address this with West Middlesex Hospital and Kingston Hospital however for maximum engagement this would need to be adopted by Hounslow PCT and Kingston PCT.

***Recommendation 23. Maximise opportunities to work with neighbouring PCTs and to share resources.***

- 3.37 The cabinet acknowledges this recommendation and recognises the potential benefits from cross boundary working. This is something the PCT has already recognised with joint working already taking place with Hounslow PCT and Kingston PCT.

***Recommendations 24a to 32 on developing services to address alcohol use amongst children and young people.***

- 3.38 As stated before the Cabinet share the Task Group's belief that educating children and young people on the impact of alcohol consumption needs to be a key theme of any alcohol strategy. As the report highlights schools are already accessing the support provided for them through the council's Young People Drug and Alcohol Support team. The team will continue to support schools and young people to reduce the impact of alcohol but it must be recognised that there is limited capacity within existing funds to deliver the totality of the recommendations 24a – 32. Any strategy should look at how this capacity could be increased. At present more funding to support awareness of alcohol amongst young people is being proposed as part of the PCT's Choosing Health budget. The Cabinet would endorse the use of the Choosing Health budget to support this work.

***Recommendation 33. That all stakeholders consider seriously the balance between benefits and harm whenever considering issues relating to the supply and consumption of alcohol.***

- 3.39 The cabinet supports this response.

***Recommendation 34a. That Cabinet supports the idea that a senior member of the Local Strategic Partnership be appointed as a champion for the strategy.***

- 3.40 At the LSP meeting on the 30<sup>th</sup> of April it was agreed that the Health and Well Being Partnership would take the lead role in developing and monitoring the alcohol strategy. The cabinet is satisfied with this arrangement and that the chair of the Health and Well Being Partnership will keep the LSP informed of progress in this area.

**Recommendation 34b. That the first task of the ‘champion’ be to look at how best to establish an alcohol co-ordinator post to ensure the Richmond upon Thames alcohol strategy is delivered. This should include consideration of:**

- **how the post is funded**
- **how the co-ordinator will work across a range of organisations**
- **what outcomes are to be achieved.**

3.41 The post suggested within the recommendation will need to be considered by all partners. The resources available externally to address concerns around alcohol are limited and with budgets already stretched across the borough it is unlikely that a single organisation would be able to fund such a post. In fact the cross cutting nature of the issues means that financial support, if it were available, would need to come from a range of organisations to build a shared ownership of the issues and solutions. The need, and available funding, for an alcohol co-ordinator will therefore need to be considered, with partners, in greater depth during the development of the alcohol strategy.

#### **4. CONSULTATION**

4.1 All relevant directorates were consulted in the preparation of this report as well as those partners who were highlighted by the Task Group as being key delivery partners for certain recommendations .

#### **5 FINANCIAL IMPLICATIONS**

5.1 There are potential financial implications from implementing the recommendations of the Task Group’s report that will need to be taken into account during the development of the alcohol strategy.

#### **6. POLICY IMPLICATIONS/CONSIDERATIONS**

6.1 Alcohol misuse is a key element of the borough’s Community Plan, Children and Young People’s Plan and the Community Safety Plan. Therefore, any Strategy will seek to address the key issues raised in both these policy documents.

#### **7. RISK ASSESSMENT**

There are risks in not addressing the issue of alcohol misuse in the borough, in particular in relation to health. By working in partnership with other agencies to address these issues we aim to reduce the risk of increasing alcohol misuse in the borough.

#### **8. EQUALITY IMPACT/CONSIDERATIONS**

There are no equality issues arising from this report.

#### **9. LEGAL IMPLICATIONS**

There are no legal implications from this report.

#### **10. ENVIRONMENTAL IMPACT ASSESSMENT**



There are no specific environmental impacts arising from this report.

**11. BACKGROUND DOCUMENTS:**

- Alcohol Task Group Final Report. February 2008.
- The Richmond upon Thames Community Plan 2007-2017
- Children and Young People's Plan 2006-2009.

**12. CONTACTS**

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