

Committee: Healthier Communities and Older People Overview and Scrutiny Committee

Date: 25th September 2013

Agenda item: 4

Wards:

Subject: Extension of Alcohol Pathways to increase prevention

Lead officer: Kay Eilbert, Director of Public Health

Lead member: Councillor Logie Lohendran, Chair of the Healthier Communities and Older People overview and scrutiny panel.

Forward Plan reference number:

Contact officer: Stella Akintan, stella.akintan@merton.gov.uk; 020 8545 3390

Recommendations:

A. That members comment on the presentation by the Director of Public Health on preventing the harmful impact of alcohol.

B.

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1. To update the panel on the council's approach to preventing the harmful impact of alcohol. Full details are attached at Appendix A

2 ALTERNATIVE OPTIONS

The Healthier Communities and Older People Overview and Scrutiny Panel can select topics for scrutiny review and for other scrutiny work as it sees fit, taking into account views and suggestions from officers, partner organisations and the public.

Cabinet is constitutionally required to receive, consider and respond to scrutiny recommendations within two months of receiving them at a meeting.

2.1. Cabinet is not, however, required to agree and implement recommendations from Overview and Scrutiny. Cabinet could agree to implement some, or none, of the recommendations made in the scrutiny review final report.

3 CONSULTATION UNDERTAKEN OR PROPOSED

3.1. The Panel will be consulted at the meeting

4 TIMETABLE

4.1. The Panel will consider important items as they arise as part of their work programme for 2013/14

5 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

5.1. None relating to this covering report

6 LEGAL AND STATUTORY IMPLICATIONS

6.1. None relating to this covering report. . Scrutiny work involves consideration of the legal and statutory implications of the topic being scrutinised.

7 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

7.1. It is a fundamental aim of the scrutiny process to ensure that there is full and equal access to the democratic process through public involvement and engaging with local partners in scrutiny reviews. Furthermore, the outcomes of reviews are intended to benefit all sections of the local community.

8 CRIME AND DISORDER IMPLICATIONS

8.1. None relating to this covering report. Scrutiny work involves consideration of the crime and disorder implications of the topic being scrutinised.

9 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

9.1. None relating to this covering report

10 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

- Presentation on preventing the harmful impact of alcohol.

11 BACKGROUND PAPERS

11.1.

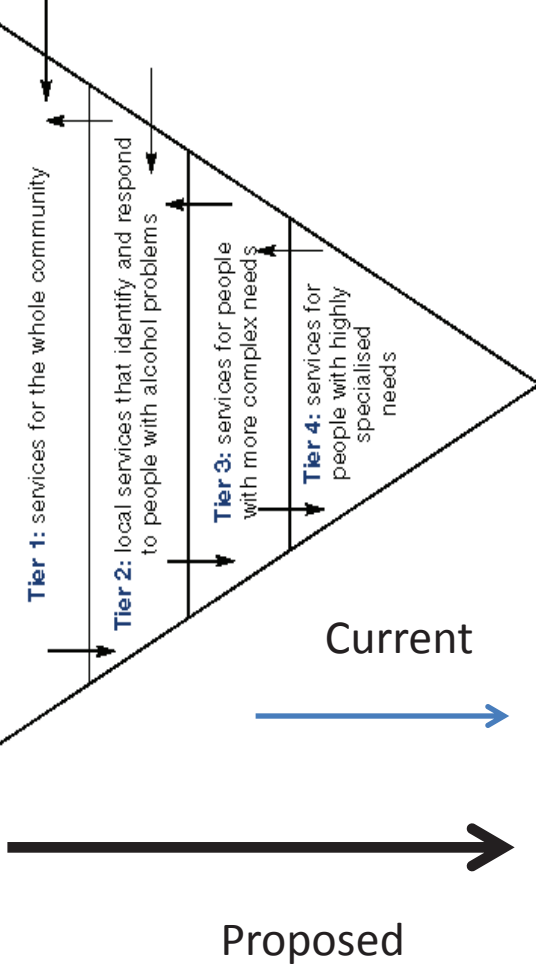
Preventing the Harmful Impact of Alcohol

Health and Wellbeing Board

1.10.2013

Proposed Intention

Change the discussion from harm reduction to harm prevention
Broaden focus to include not only treatment and health and social care services but also prevention

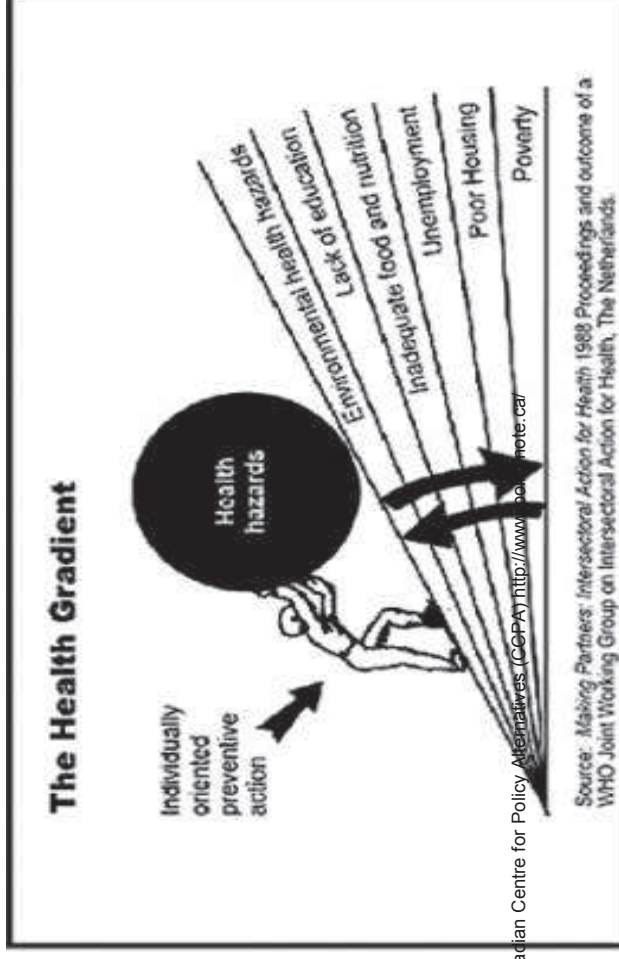


- Prevention – universal
- Early Detection and management
- Treatment
- Rehabilitation – specialised needs

- Drugs & Alcohol team working with public health to expand services within existing resource. Detailed plan will come back to HWB Board

Prevention Requires a 2-pronged Approach

Individual Lifestyle Change Change in Wider Determinants



Tier 1: Primary prevention - Lifestyle

- **Develop appropriate messaging to raise awareness**
 - provide information and education (at key stages) in schools and colleges, using social networking and proactive messaging, for example
- **Make every frontline contact count**
 - **Opportunistic and targeted** alcohol screening in primary care - GPs, pharmacies, Health Visitors, other Early Years practitioners, partner with LiveWell project and signpost to services as necessary
 - Train frontline staff in both primary and secondary alcohol prevention
- **Target work with BME and hard to engage groups, that do not access main stream services**

Tier 1: Primary prevention – Increasing Availability of Healthy Options

- **Use LBM policy levers –** planning, licensing, Public Health as a responsible authority to encourage more healthy options
- **Audit of sales points for cost of alcohol across Merton to collect evidence.**
- **Apply for Alcohol action zone pilot.**
- **Work with interested Cabinet members and officers**
- **Sociable Pubs –** Develop ‘Best Bar None’ idea further by promoting conservation of pubs as part of social fabric, while ensuring existing laws implemented and social activities increased to include, for example music, games, dances and opening for older people at tea time

Tier 2: Targeted Alcohol Work

- **Early detection and management** for moderately dependent/harmful drinkers – e.g., referrals/signposting from Tier 1 with signposting to Tier ¾ as required
 - targeted alcohol assessment and outreach embedded in variety of services:
 - sexual health, housing/homeless, Safer Neighbourhoods Teams, Licensing, Town Centre Enforcement Teams, Antisocial Behaviour Unit (ASBU) Children and Families services, MASH, Family and aftercare support services, domestic violence
- **London Safe and Social Partnership support**
 - Training in IBA (intervention and brief advice) for frontline workers
 - Pan London Pharmacies Alcohol Awareness Campaign pilot
 - scratch cards to assess level of alcohol intake and delivery of IBA (intervention and brief advice) in pharmacy settings.
 - Potential to expand to GP surgeries

Merton Harm Prevention Forum

- **Aim: To address lifestyle risk factors (starting with alcohol) by increasing focus on harm prevention from reduction**
- Partnership of interested stakeholders to tackle people's lifestyles and availability of healthy options (alcohol, fast food, betting shops, short term high interest money lending issues), which may be in part driving increasing health inequalities (gap in life expectancy between east and west Merton)
- Established as sub-group of Health and Wellbeing Board