

Health and Well-being Board - 19 January 2015

Health and Wellbeing Alcohol Work Group

1. Purpose

At its meeting on 20 October 2014 the Board agreed to a new approach to addressing some of the most complex and intractable health and wellbeing issues. This involved members of the board, supported by relevant specialist staff, pulling together resources from across the partnership to analyse data, actively assess evidence and produce an action plan. The action plan will show how the HWB will engage with wider stakeholders to look afresh at the identified issue and suggest new ways of working.

One of the issues identified for this approach was the problem caused by alcohol. Work has started on this task and a working group formed. The purpose of this report is to update the Health and Well-being Board on the progress made by the Alcohol Work Group.

2. Recommendation

To note the content of the report and recognise the potential negative impact alcohol can have upon individuals, families and communities across all the priority areas of the Health and Wellbeing Strategy.

3. Report detail

The Health and Wellbeing Board decided at the meeting on 20th October 2014 to set up a time limited alcohol work group to review the alcohol services, supportive legislation and inter-agency work in Walsall to be led by Councillor Lane supported by Jamie Morris, Executive Director of Neighbourhoods, and Dr Suri, deputy chair of Walsall Clinical Commissioning Group.

A representative group was formed from elected members, council representatives from Neighbourhoods and Children's Directorates, West Midlands Police and Walsall Clinical Commissioning Group.

The group met on 26th November 2014 and the agenda focused on the following areas; education/prevention and health promotion, clinical and psycho social treatment services, community safety and supportive legislation for trading standards, licensing and anti social behaviour.

A cross cutting issue regarding information sharing in particular between health and criminal justice agencies, with regard to a cohort of individuals recognised as vulnerable and challenging to service provider agencies, was raised. The initial discussions identified areas that required further exploration and these areas

formed an Action Plan with nominated leads to gather the information to be reported back to the follow up meeting planned for January 2015.

The Action Plan identified the following areas;

- a) How do we raise awareness, particularly in schools, about the problems of alcohol? How effective is this?
- b) Is community based de-toxification effective and if so do we need more?
- c) Is our alcohol liaison capacity effective and if so do we need more of it?
- d) Is the provision of a “wet room” effective and if so do we need to reinstate one? The council have the tools to restrict licensing applications in areas where there is already “saturation” coverage? Is this happening and if not why not?
- e) Do the ASB new tools and powers provide effective remedies to alcohol related problems and if so how are we going to use these?
- f) How do we ensure that agencies share appropriate information about individual’s cases to help us provide a more co-ordinated response?
- g) How can we focus more intensive support on the most complex cases (for example the most top 20 most complex cases)?
- h) What intelligence do we have about alcohol-related problems (e.g. dependent drinking, alcohol-related crime and anti social behaviour)?

Progress on these issues will be discussed at the next Work Group meeting (currently being arranged) and reported back to the next Health and Well-being Board in March 2015 to agree how to progress the actions.

4. Impact on health and wellbeing

The sensible and safe use of alcohol plays an important cultural and social role within our society. However the problematic use can have significant negative impact for individuals, their families and the communities if left unchallenged and unaddressed across the range of Marmot principles underpinning the priorities of the Health and Well-being strategy; alcohol co-morbidity with mental health problems is well documented, physical health problems as a result of harmful and hazardous drinking ultimately leads to poor health and reduced life expectancy, alcohol misuse during pregnancy can lead to babies being born with alcohol foetal syndrome, excessive parental alcohol use can be disruptive to families and impact upon parenting, increased levels of family dysfunction and domestic violence, community safety challenges resulting in increased fear and poor perceptions of rates of crime and the direct impact upon specific categories of offending.

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