

CABINET ITEM COVERING SHEET PROFORMA

AGENDA ITEM

REPORT TO CABINET

17 JANUARY 2008

REPORT OF ADULT SERVICES AND HEALTH SELECT COMMITTEE

CABINET DECISION

Adult Services and Health – Lead Cabinet Member – Councillor Mrs McCoy

SCRUTINY REVIEW – ALCOHOL SERVICES

1. Summary

The attached report sets out the findings and recommendations from the Adult Services and Health Select Committee's review of alcohol services in the borough.

2. Recommendations

1. That the North East Strategic Health Authority working with its public health partners and local authorities, build on the work of local initiatives to develop a campaign to reduce alcohol consumption.
2. That Stockton-on-Tees Borough Council and North Tees Primary Care Trust support the establishment by the SHA of a regional Office for the Safe Consumption of Alcohol (OSCA) in future budget setting processes.
3. That a multi-agency group identified by the Director of Public Health use the process of updating the "Alcohol: A digest for Stockton" published following the publication of the National Alcohol Strategy 2004 to inform the drafting of an alcohol strategy to determine the current extent of problems caused by alcohol consumption and identify commissioning needs.
4. That the alcohol strategy group develop a 3-year strategy through multi-agency representation, in keeping with the business planning process, to be costed and taken through the usual PCT/LA (as appropriate) financial approval processes.
5. That the multi-agency alcohol group undertake a gap analysis that includes needs assessment matched with current service provision. An action plan to address identified gaps would result in the strengthening and development of care pathways.
6. That the appropriateness of widening the DAT agenda to include alcohol (DAAT) should be examined as a matter of priority in accordance with the Alcohol Harm Reduction Strategy for England 2004 – Action 20.
7. That ongoing alcohol screening be provided at UHNT, subject to the pilot project findings, in order to provide signposting to support services.

8. That a clinical service specialist be identified to investigate and determine the scale and infrastructure required to provide the appropriate in-patient detoxification services to be commissioned from a range of providers.
9. That, subject to positive results of a pilot project in Middlesbrough, the Safer Stockton Partnership consider the suitability of introducing alcohol referrals for arrested individuals.
10. That North Tees PCT strengthens its alcohol services commissioning process by identifying a lead officer with responsibility for determining / coordinating service provision through appropriate multi-agency partnership arrangements.
11. That Stockton-on-Tees Borough Council's PIC (Participation, Involvement and Consultation) Network is consulted to determine how best to deliver services for alcohol reduction / cessation.
12. That the Leader of the Council write to Stockton Borough MPs highlighting the concerns identified during this review and request that appropriate representation supporting sensible and responsible alcohol licensing and retailing is made to Government Ministers and departments.

3. Reasons for the Recommendations/Decision(s)

To ensure that the Council and its health partners provide the appropriate services and level of services required to address the impact caused by alcohol consumption that accounts for the greatest level of average years of life lost for both men and women in Stockton Borough.

4. Members' Interests

Members (including co-opted Members with voting rights) should consider whether they have a personal interest in the item as defined in the Council's code of conduct (**paragraph 8**) and, if so, declare the existence and nature of that interest in accordance with paragraph 9 of the code.

Where a Member regards him/herself as having a personal interest in the item, he/she must then consider whether that interest is one which a member of the public, with knowledge of the relevant facts, would reasonably regard as so significant that it is likely to prejudice the Member's judgement of the public interest (**paragraphs 10 and 11 of the code of conduct**).

A Member with a prejudicial interest in any matter must withdraw from the room where the meeting considering the business is being held -

- in a case where the Member is attending a meeting (including a meeting of a select committee) but only for the purpose of making representations, answering questions or giving evidence, provided the public are also allowed to attend the meeting for the same purpose whether under statutory right or otherwise, immediately after making representations, answering questions or giving evidence as the case may be;
- in any other case, whenever it becomes apparent that the business is being considered at the meeting;

and must not exercise executive functions in relation to the matter and not seek improperly to influence the decision about the matter (**paragraph 12 of the Code**).

Further to the above, it should be noted that any Member attending a meeting of Cabinet, Select Committee etc; whether or not they are a Member of the Cabinet or Select Committee concerned, must declare any personal interest which they have in the business being considered at the meeting (unless the interest arises solely from the Member's membership of, or position of control or management on any other body to which the Member was appointed or nominated by the Council, or on any other body exercising functions of a public nature, when the interest only needs to be declared if and when the Member speaks on the matter), and if their interest is prejudicial, they must also leave the meeting room, subject to and in accordance with the provisions referred to above.

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HEALTH SELECT COMMITTEE**

CABINET DECISION

1. SCRUTINY REVIEW – ALCOHOL SERVICES

2. SUMMARY

The attached report sets out the findings and recommendations from the Adult Services and Health Select Committee's review of alcohol services in the borough. The report seeks to ensure that the Council and its health partners provide the appropriate services and level of services required to address the impact caused by alcohol consumption that accounts for the greatest level of average years of life lost for both men and women in Stockton Borough.

3. RECOMMENDATIONS

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4. DETAIL

1. The report presents Cabinet with the findings of the scrutiny review into the types and levels of alcohol services undertaken by the Adult Services and Health Select Committee between June 2007 and January 2008.
2. The Committee over a number of years has been made aware of the issue of alcohol related harm by the Director of Public Health, North Tees Primary Care Trust in his annual reports in particular following the launch of a National Alcohol Strategy.
3. The culture of 'binge' drinking is particularly strong in this region and that traditional alcohol education programmes have had little impact upon this and that, as a society, we are drinking more, with serious social and health consequences.
4. Information showed there to be a number of gaps that existed in service provision to treat alcohol problems. In particular, the North East fared badly for available services which was confirmed when examining Stockton Borough specifically.
5. Following consideration by Cabinet and health service providers an action plan will be submitted to the Select Committee setting out how the approved recommendations will be implemented detailing officers responsible for action and timescales.

5. FINANCIAL IMPLICATIONS

The main financial implications affect North Tees Primary Care Trust's ability to commission services.

Drug Action Team (DAT) monies are ring fenced to deliver services specifically for people affected by drug use and addiction. The Alcohol Harm Reduction Strategy (2004) encourages DATs to become Drug and Alcohol Action Teams (or other local partnership arrangements) to assume greater responsibility in commissioning and delivering alcohol treatment services but no additional funding is identified to undertake the increased remit.

6. LEGAL IMPLICATIONS

There are no direct legal implications emanating from the recommendations.

7. RISK ASSESSMENT

The North East experiences the highest levels of alcohol-related harm and without action will continue the high incidence of alcohol related violence, disorder and poor health. The need for appropriate treatment would appear to be particularly high but the region has the fewest agencies providing specialist alcohol interventions and the average waiting time for treatment is longer than anywhere else in the country.

8. COMMUNITY STRATEGY IMPLICATIONS

Alcohol Services contribute to the following Community Strategy priorities:-

- Healthier Communities and Adults
- Community Safety

9. CONSULTATION INCLUDING WARD/COUNCILLORS

No specific consultation was undertaken

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Background Papers: None

Ward(s) and Ward Councillors: Not ward specific

Property: None