

## Local action on alcohol: a new era

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### Introduction

The alcohol harm reduction field has long argued that central government targets are needed to drive action on alcohol. The targets have now arrived. There are also powerful new drivers and opportunities to give alcohol its due priority at local level, and to secure mainstream and area based funding.

This is a new era for action on alcohol in England, heralded by the updated national alcohol strategy *Safe. Sensible. Social.*<sup>1</sup> which, unlike its predecessor, has managed to acquire some teeth in the form of a new Public Service Agreement, new statutory duties on local partnerships, and the new commissioning framework for health and social care.

### The Public Service Agreement (PSA) for reducing alcohol-related harm

New PSAs set out the key priority outcomes the Government wants to achieve in the next spending period (2008-2011). Each PSA is underpinned by a single Delivery Agreement shared across all contributing Government departments.

PSA 25<sup>2</sup> aims to reduce the harm caused by alcohol (and drugs):

- To the community as a result of associated crime, disorder and anti-social behaviour
- To the health and well-being of those who (use drugs or) drink harmfully
- To the development and well-being of young people and families

The delivery strategy for achieving this is divided into three strands:

- i. Using widely and effectively the laws and licensing powers introduced to tackle alcohol-fuelled crime and disorder, protect young people and bear down on irresponsibly managed premises
- ii. Focussing prevention, information and support, and where appropriate the criminal justice system at the minority of drinkers who cause or experience the most harm to themselves, their communities and their families. These are: 18-24 year-old binge drinkers; young people under 18 who drink alcohol; and harmful drinkers
- iii. Collaborative work by all agencies to shape an environment that actively promotes sensible drinking. Delivery will draw on the

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<sup>1</sup> <http://www.homeoffice.gov.uk/documents/Alcohol-strategy.pdf?view=Binary>

<sup>2</sup> [http://www.hm-treasury.gov.uk/media/B/1/pbr\\_csr07\\_psa25.pdf](http://www.hm-treasury.gov.uk/media/B/1/pbr_csr07_psa25.pdf)

knowledge, skills, commitment and ability of local communities, the police, local authorities, prison and probation staff, the NHS, third sector organisations, the alcohol industry, the wider business community and the media.

### **New requirement for local alcohol strategies on alcohol-related crime**

By April 2008, responsible authorities (generally local authorities, Local Strategic Partnerships and/or Crime and Disorder Reduction Partnerships (CDRPs)) are required by the *Police and Justice Act 2006* to have carried out a strategic assessment of local priorities. They must also have strategies in place to for tackling crime, disorder, antisocial behaviour and substance misuse, including alcohol<sup>3</sup>.

### **New frameworks for commissioning health and social care**

The *Local Government and Public Involvement in Health Bill 2006-07* will make Joint Strategic Needs Assessment (JSNA) a statutory duty from April 2008, requiring PCTs and local authorities (LAs) to base PCT three year plans and Local Area Agreements on a joint PCT/LA assessment of local prevention and treatment needs. Alcohol should be included in the JSNA.

The *Commissioning Framework for Health and Wellbeing* starts to shift commissioning from treatment to prevention, enabling a stronger focus on commissioning the services and interventions that will achieve better health, across health and local government, with everyone working together to promote inclusion and tackle health inequalities. It requires PCTs to base strategic plans for prevention and treatment on the JSNA.

There is no requirement for PCTs to develop local alcohol strategies to address health harm due to alcohol. However, PCTs are identified as responsible authorities within CDRPs, so will be involved in the development of strategies to address alcohol-related crime (as above). A forthcoming Home Office/Department of Health toolkit on the local implementation of *Safe. Sensible. Social.* is expected to argue for cross-cutting local alcohol strategies that include health and young people as well as crime.

A new statutory instrument<sup>4</sup> sets out what information CDRP partners must share. It places a duty on PCTs to provide quarterly submissions to the CDRP, with depersonalised data on alcohol-related hospital admissions and ambulance call outs.

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<sup>3</sup> Statutory Instrument SI1830: The Crime and Disorder (Formulation and Implementation of Strategy) Regulations 2007 [http://www.opsi.gov.uk/si/si2007/uksi\\_20071830\\_en.pdf](http://www.opsi.gov.uk/si/si2007/uksi_20071830_en.pdf)

<sup>4</sup> Statutory Instrument SI 1831: The Crime and Disorder (Prescribed Information) Regulations 2007 [http://www.opsi.gov.uk/si/si2007/uksi\\_20071831\\_en.pdf](http://www.opsi.gov.uk/si/si2007/uksi_20071831_en.pdf)

The new NHS Performance Management Framework, due to be published at the end of 2007, will have goals and indicators. PCTs will have to report on all the indicators . including, it is expected, an indicator for alcohol, but will choose a subset of them to prioritise through the JSNA process. Ideally these priorities will reflect priorities within the Local Area Agreement.

## Local Area Agreements

LAAs are currently in place across England (with the exception of the Isles of Scilly). From 2008, LAAs will become the central delivery contract between central government and local government and its partners. LAAs will be the only mechanism where central government agrees targets with local government.

The LAA targets selected will be drawn from the National Indicator Set (see below). There will be a maximum of 35 improvement targets in addition to 18 statutory education and early years targets in each LAA, negotiated between the regional Government Offices and Local Strategic Partnerships (LSPs) . or Local Area Agreement partnerships in two-tier areas - based on a local areas priorities. LAAs attract area based funding in addition to mainstream funding, the allocation of which is negotiated locally through the LSP.

## Indicators for measuring progress: the new National Indicator Set

The new national indicator set for local authorities and local authority partnerships was announced in October 2007. The new national indicators will be the only means of measuring national priorities that have been agreed by Government. The number of national indicators has been radically reduced, from the around 1200 that local authorities and their partners report on at present, to 198.

For alcohol, the indicators are as follows:

- NI 39 Alcohol-harm related hospital admission rates (PSA 25)
- NI 41 Perceptions of drunk or rowdy behaviour as a problem (PSA 25)
- NI 115 Substance misuse by young people (PSA 14<sup>5</sup>)

A further indicator is associated with alcohol:

- NI 20 Assault with injury crime rate (PSA 23<sup>6</sup>)

## Summary and conclusions

The government has committed itself to reducing alcohol-related harm, measured by perceptions of drunk and rowdy behaviour, substance misuse by young people, and by alcohol-related hospital admissions. The regulatory frameworks are in place for local

<sup>5</sup> [http://www.hm-treasury.gov.uk/media/1/1/pbr\\_csr07\\_psa14.pdf](http://www.hm-treasury.gov.uk/media/1/1/pbr_csr07_psa14.pdf)

<sup>6</sup> [http://www.hm-treasury.gov.uk/media/E/9/pbr\\_csr07\\_psa21.pdf](http://www.hm-treasury.gov.uk/media/E/9/pbr_csr07_psa21.pdf)

partnerships to prioritise action on alcohol through strategic assessment of need, and to agree local targets and funding through Local Area Agreements.

CDRPs must develop alcohol strategies for tackling alcohol-related crime, but it makes sense for all other local action on alcohol - ie around health and young people - to be coordinated too, to maximise efficiency. Local arrangements for such coordination will vary, but the LSP is the obvious place to start.