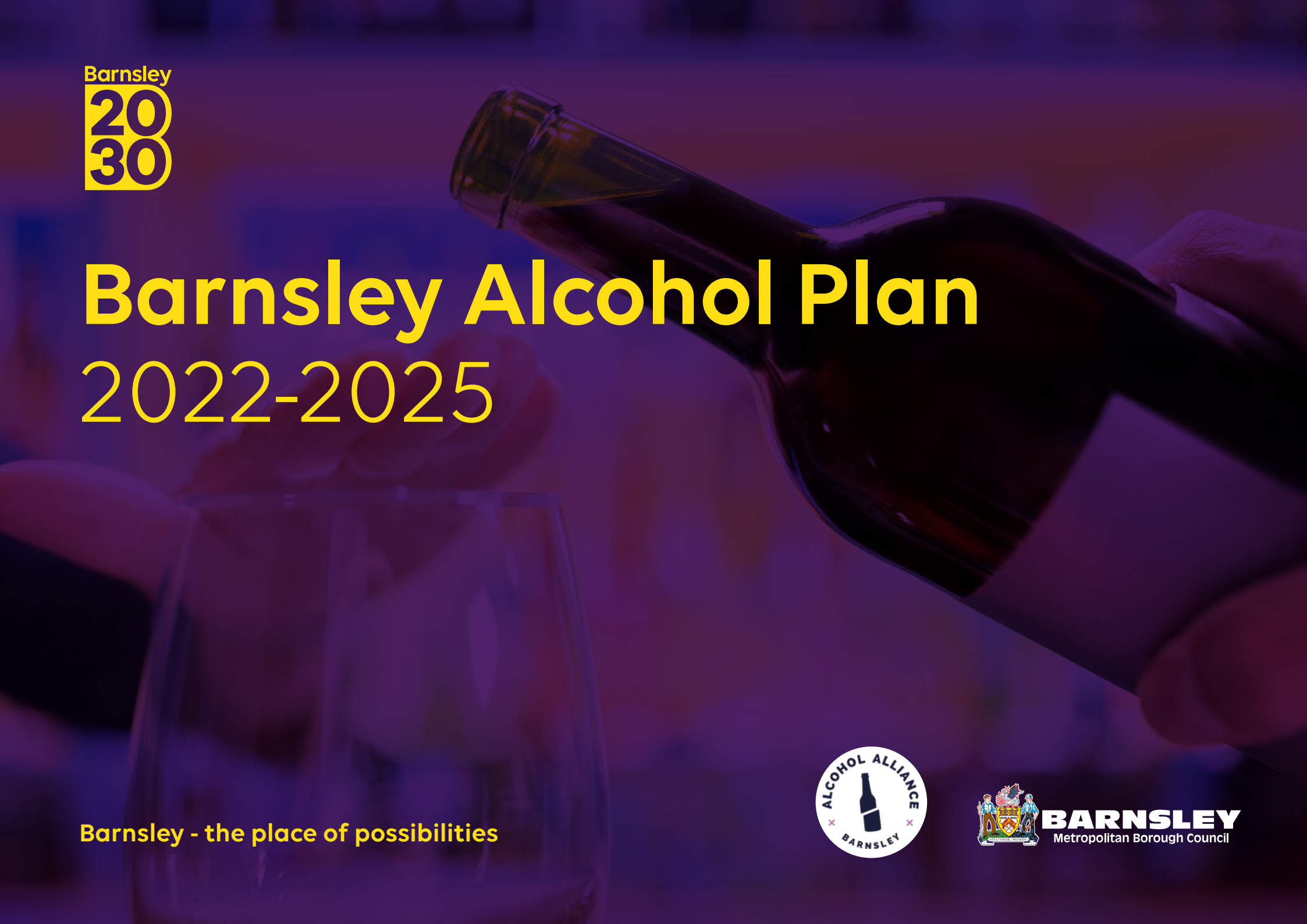


Barnsley Alcohol Plan 2022-2025

Barnsley - the place of possibilities

ALCOHOL ALLIANCE BARNSLEY

BARNSLEY Metropolitan Borough Council

Contents

Executive summary

Alcohol plays a significant role in our social lives and our economy: it provides employment, generates tax revenue and stimulates the night-time economy.

Although most people who drink do so moderately, alcohol consumption has doubled over the past 40 years. As a result, alcohol is the leading risk factor for deaths among men and women aged 15–49 years in the UK (PHE, 2020), and there are more than one million alcohol-related hospital admissions every year.

The harm from alcohol goes far beyond individual health, affecting families, friends and communities; it contributes to violent crime, domestic violence and absence from work.

The impact of alcohol harm falls disproportionately on the more vulnerable people in society. Those in the lowest socioeconomic groups are more likely to be admitted to hospital or die from an alcohol-related condition than those in higher socioeconomic groups. Therefore, action that supports local work to prevent or reduce alcohol-related harm can also help reduce health inequality.

However, we mustn't neglect our efforts to higher socioeconomic status groups. A study released by the Office for National Statistics (ONS) has found that the most regular drinkers are those in professional jobs, with 69.5 per cent of professionals reported having drunk in the last week, compared with 51.2 per cent of people in routine or manual occupations.

Although the relationship between alcohol consumption and socioeconomic status is complex, there is a need to dismantle the stereotype of problem drinkers.

Alcohol and the COVID-19 pandemic

A groundbreaking new report (University of Sheffield 2021) has found alcohol fuelled the coronavirus pandemic in different ways.

The authors examined data, news media reporting and the first scientific studies of this rapidly evolving situation to compile a comprehensive analysis of what we know so far about alcohol's contribution to the pandemic, how the pandemic might drive alcohol harm, the effects of alcohol policy and the activities of the alcohol industry to capitalise on the public health crisis. The analysis completed is the first comprehensive picture of the individual, societal and policy dimensions of the interaction between alcohol and the coronavirus pandemic.

Alcohol use, and particularly heavy use, may increase an individual's risk of contracting and transmitting infectious disease and increase symptom severity. Elevated risks of infection and disease progression have been established for alcohol for other contagious diseases like tuberculosis,

pneumonia and HIV. There are many reasons to suspect that this will also prove to be the case for COVID-19. Pathways by which this may occur include direct effects on the immune system and organ-specific functioning (e.g., lungs, liver, gut) and psychiatric conditions. In addition, alcohol's psychoactive effects on cognitive functions and behaviours, such as inhibition and risk-taking, that may also interact with drinking context to influence risk.

The first COVID-19 lockdown was associated with significant changes in alcohol consumption among adults in England compared with changes throughout the same period a year previously. High-risk drinking prevalence increased comparatively across all groups, but particularly pronounced rises were seen in women and people from less advantaged social grades. Alcohol reduction attempts increased significantly comparatively among high-risk drinkers. There is little evidence of significant changes in the use of support for alcohol reduction.

Drinking behaviours have not occurred equally among all socio-demographic groups. With regard to drinking outcomes, an increase in high-risk drinking prevalence was observed across all socio-demographic groups, but the change was greater among women than men and among adults from social grades C2DE (less advantaged) than ABC1 (more advantaged).

In addition, a significant increase in alcohol reduction attempts was only observed among high-risk drinkers from social grades ABC1. At the same time, absolute changes from before to during lockdown were similar among social grades, and the change in social grades C2DE was comparable with changes during the same period in the previous year.

The greater increase in high-risk drinking among women than men has been documented in other surveys and may reflect stress associated with exacerbating gender inequalities. During the pandemic, women have experienced higher rates of job loss and taken on a disproportionately greater share of housework, childcare and home-schooling responsibilities.

The pandemic has worsened socio-economic inequalities, which may have driven the greater increase in high-risk drinking among people from less advantaged social grades and made attempts to reduce alcohol consumption less of a priority.

The present findings have implications for public health. While lockdown restrictions have been necessary to control COVID-19 transmission, they may have adversely affected population health through the increased prevalence of high-risk drinking. With greater increases in high-risk drinking among adults from social grades C2DE than ABC1 and increased alcohol reduction attempts among social grades ABC1, but not C2DE, socio-economic health inequalities may worsen due to lockdown-associated drinking. It will be important to monitor the extent to which changes in drinking during lockdown are sustained during the medium and long term to evaluate the pandemic's full public health impact and help to tailor future harm reduction interventions.

Alcohol Plan 2018-2021 – what have we done?

The 2018 seven priority areas were agreed:

1. Availability
2. Acceptability
3. Affordability
4. Children and young people
5. Evening and night-time economy
6. Partnership working
7. Alcohol treatment

A borough-wide Alcohol Alliance has been established to oversee the delivery of the Alcohol Plan. The Alliance meets quarterly and is chaired by Barnsley Council's Deputy Leader and Public Health portfolio holder. A detailed Alcohol Action Plan was developed based on the Public Health England evidence based CLeaR self and peer-assessment recommendations. The Action Plan highlights areas of focus for the Alcohol Alliance and identifies leads for each action area.

Key summary of work from 2018-2021:

- A work programme has been developed with partners to address issues relating to older people and alcohol use. This work has also included ensuring alcohol and related harm is referenced in care home specifications.
- We have worked closely with the A&E department at Barnsley Hospital to identify any emerging risk factors, patterns, and trends to then be able to implement targeted effective interventions for children and young people.
- A family support worker has commenced in the role of early help navigator within the A&E department at Barnsley Hospital.
- A data sub-group was established to focus on the high rates of under 18 (female) hospital admissions related to alcohol, and further work is continuing to understand data anomalies in this area and gain a true local picture of the suspected concern for under 18 females.

- Based on recommendations from the Barnsley Alcohol Alliance, a Hidden Harm Strategy Steering Group was established, and a related strategy is due to be completed in late 2021.
- Based on recommendations from the Alcohol Alliance and the Safer Barnsley Partnership Board, we have worked in partnership with the local alcohol treatment service to develop an Identification and Brief Advice (IBA) training package. This training is ongoing and will aim to encourage all front-line workers and services, internal and external to the Council, to engage in alcohol awareness and IBA training.
- We have developed alcohol health promotion resources, enabling people to increase control over their health and its determinants. These resources currently include:
    - Alcohol tool kits for older people and professionals who work with them; younger people and professionals who work with them; those who may be suffering from the stigma attached to their alcohol consumption; and those with a learning disability and professionals working with this cohort. We will continue this intervention for other cohorts throughout the length of this plan.
    - We have collaborated with HumanKind Charity to commission the DrinkCoach digital intervention tool. This tool assists people to understand their daily and weekly alcohol unit intake, offers free coaching sessions and several other health promotion tools and signposting to specialist treatment.
    - We have started to develop a Barnsley Council alcohol webpage, which will be further developed over the length of this plan.
- We have developed good working relationships with our internal and external organisations Communications teams. Working with Public Health, our Communications colleagues have developed communication plans for the previous three years and will continue this process. In addition, we have developed an alcohol and stigma campaign, highlighting the impact of stigma, how this impacts people and how to avoid stigmatising behaviours.
- Since 2018, Public Health started to lead on specific areas in the evening and night-time economy (ENTE) to reduce alcohol-related anti-social behaviour, crimes and ensure the ENTE offer is welcoming and diverse. This work has included developing our local Best Bar None (BBN) scheme, winning a national award for the Best New Scheme, and being shortlisted in 2019 for Most Innovative Scheme. The scheme was paused in 2020 due to the COVID-19 pandemic. However, we are developing a bigger and better scheme for 2021/22.
    - In 2018 we also started work to secure Purple Flag status for Barnsley ENTE. The Purple Flag submission was a collaborative approach between the Council, South Yorkshire Police (SYP), the Council's Safer Neighbourhood Service (SNS), our town centre businesses, and other partners and services. Our submission was successful in 2019, where we gained Purple Flag status for the first time, and we continued with this accolade after re-submitting in 2020.

- At the same time as developing the BBN scheme and Purple Flag work programme, we commissioned a Night-life Marshal Service to enhance security and a feeling of safety in the ENTE, specifically focusing on the main town centre taxi rank and high footfall areas.
- We have worked with SYP and colleagues from the Violence Reduction Unit (VRU) on developing SIA and wider training for all those working in the ENTE. This work has also included securing one-off funding for Smart Water/Tag training and resources for our town centre security to use where they believe violent crime is occurring.
- An Evening and Night-time Economy Group (ENTEG) has been established to oversee and provide leadership of all the above work.

- Barnsley Council's Public Health team have worked collaboratively with Barnsley Hospital to secure NHS funding to be one of two Alcohol Care Team pilot sites in the North of England. We have worked collaboratively to develop a working model, specification, and pathways for this newly established service.
- We have supported Barnsley's Council's substance misuse commissioner to develop a Substance Misuse Needs Assessment (2021) with our specific input related to alcohol. This needs assessment gives us a good understanding of where to target some resources over the length of the 2022-2025 alcohol and action plans.
- The effects of alcohol have been identified as a determinant of violence in many settings. Over the last year, we have been working with the VRU to introduce the 'Cardiff Model' to develop Information sharing protocols to tackle alcohol-related violence. This will ensure Barnsley A&E department share data about attendees injured by violent crime. The Safer Barnsley Partnership (SBP) will use this data to target hot spots and resources to reduce alcohol-related violence.
- As part of a regional and national push, we have continued to lobby to encourage the government to introduce Minimum Unit Pricing (MUP) in England, similar to that established in Scotland and Wales.

2022-2025 priorities

Without the introduction of a National Alcohol Strategy and taking into consideration the impact of COVID-19 on alcohol consumption, Barnsley Council's Public Health Team has consulted with partners and the Alcohol Alliance to agree on a refresh of priorities for a new Alcohol Plan 2022 2025.

National priorities:

1. Availability
2. Affordability
3. Acceptability

Local Priorities:

4. Children of alcohol dependent parents
5. Children and young people
6. Mental health
7. Alcohol treatment
8. Night-time economy
9. Partnership approach
10. Licensing and regulation

Outcomes

We will continue with Purple Flag accreditation and expand the Best Bar None awards.

We will assess the health impacts of each licensing application building an evidence base for cumulative impact policy where appropriate.

A reduction in the number of people diagnosed with alcohol-related liver disease.

A reduction in the number of alcohol-related and specific hospital admissions.

A reduction in young people's alcohol consumption.

A reduction in alcohol-related crime and disorder.

A reduction in the number of dependent drinkers.

To stop the sale of high strength, low-cost alcohol.

Increased awareness and understanding of alcohol-related harm across the whole population.

An informed workforce that feels empowered to have meaningful conversations about alcohol.

People who are vulnerable due to alcohol are supported and kept safe (children, young people and adults).

Self-regulate local alcohol marketing and promotions to protect the under 18s from advertising.

Increased awareness and understanding of alcohol-related harm across the whole population. Ensure treatment is available and accessible, without barriers, across the whole population.

Ensure mental health status is considered within alcohol treatment and pathways between mental health and alcohol treatment are simple and used consistently.

Quick wins

- Continue with the Alcohol Alliance/ Partnership.
- Continue with our communications plan, which aims to promote a sensible drinking culture.
- Raise awareness of alcohol units with wider Barnsley's workforce #whatsyourtotal.
- Continue with our digital intervention approach by promoting DrinkCoach in all communications and training.
- Contribute to the alcohol and drugs treatment tender process in 2022.
- Work with the local Alcohol Care Team to develop real-time hospital admission data and intelligence to enable targeted intervention.
- Continue with developing our training offer to all front line workers in Barnsley.

Digital

- **Education and training**
- **Campaigns**
- **DrinkCoach**

Indicators

- Hospital admission episodes for alcohol specific conditions.
- Hospital admission episodes for alcohol-related conditions (Narrow.)
- Under 75 mortality rate from alcohol-related liver disease.
- Violent crime (including sexual violence) - hospital admissions for violence.
- Alcohol-related mortality.
- Admission episodes for alcohol-specific conditions - under 18s (male and females).
- Emergency hospital alcohol specific re-admissions.
- Reducing the number of dependant drinkers and the treatment naïve.

National context

The new national alcohol strategy was due to be published in 2019. However, this has been paused due to the COVID-19 pandemic, and no dates for this publication have been communicated. Previous communications stated that the new strategy would focus on the need to reduce alcohol-related harm in the home and community and the balance with the night-time economy. In addition to a focus on behaviour change, marketing, NHS interventions and treatment, it is understood that the strategy would include longer-term ambitions around fiscal policies, including taxation, duties, and reformulation.

Local context

The alcohol CLeaR (Challenge, Leadership, Results) self-assessment tool has been produced by Public Health England (now known as the Office for Health Improvement and Disparities) to support an evidence-based response to preventing and reducing alcohol-related harm at a local level and builds on experience and successes from the tobacco control CLeaR model.

CLeaR helps place-based alcohol partnerships to assess local arrangements and delivery plans, ensuring that resources are being invested in a range of services and interventions that meet local needs and which, the evidence indicates, support the most positive outcomes.

The CLeaR self and peer-assessment have been completed in Barnsley. The results, along with a recently completed health needs assessment (HNA) specific to alcohol, and a recent substance misuse needs assessment (SMNA) allow for our continued approach to an alcohol partnership with a remit to challenge services; provide leadership; develop and review pathways; establish information-sharing protocols, examine results, and formulate actions to reduce the burden of alcohol-related harm in Barnsley.

Key findings from the Substance Misuse Needs Assessment specific to alcohol, include

A study undertaken by the University of Sheffield in 2017 indicates that there are an estimated 3,551 adults in Barnsley who are alcohol dependent which equates to 1.8 per cent of the adult population.

The Health Survey for England 2011/2014, showed that a large proportion of the Barnsley adult population reported that they drank alcohol (85.5 per cent), which was above both the regional and national averages of 83.2 per cent and 84.5 per cent respectively.

It is estimated that 702 (20 per cent) of the alcohol dependent population are parents and that 1,317 children across the borough live with an adult with alcohol dependency.

The Barnsley prevalence rate for dependent drinkers is the second highest in Yorkshire and the Humber (1.3 per cent) and is also higher than the national average of 1.5 per cent.

Around one in four adults in Barnsley (25.8 per cent) drank more than 14 units of alcohol a week. Of the total adult population in Barnsley 19.9 per cent are estimated to be binge drinkers.

People in structured treatment for alcohol use make up the second largest group (36.7 per cent) of all adults in treatment which is higher than the national picture (28 per cent).

A large proportion of these cases also had a diagnosed mental health condition – Affective Disorder / Mood Disorder being the most common.

The estimated proportion of people in Barnsley who are alcohol dependent and not accessing support via the specialist substance misuse service is 84.6 per cent compared to the national average of 80.8 per cent. This means that only 15.4 per cent of the estimated number of dependent drinkers are getting their needs met.

The number of people accessing structured treatment and support for alcohol use has fallen between 2017/2018 (n524) and 2019/2020 (n404). However, in 2020/21 this figure increased slightly to 459 from the previous year.

Of the suspected suicide cases reported during 2018 and December of 2020, 16 per cent of individuals had a history of alcohol use.

During 2020/21, Barnsley Recovery Steps have seen a different cohort of alcohol users accessing support than those that usually engage – this is thought to be due to the delivery of remote and on-line interventions where the individual does not have to attend the more traditional face to face support.

Of the 914 individuals who were accessing Barnsley Recovery Steps on 31 March 2020, 61 per cent (n555) reported that they were parents/had contact with the children – 13.9 per cent (n77) were alcohol users. Of the 77, only 7 individuals are known to be receiving early help or in contact with children's social care (6 early help, 1 child in need, 1 child protection plan).

The Substance Misuse Needs Assessment make several recommendations

Improve education and early intervention to encourage and inform behaviour change for those drinking at harmful levels.

Reduce the level of unmet need relating to those who are alcohol dependant across the borough.

Improve access and accessibility to the substance misuse service for those who require support for their alcohol use.

Reduce the impact of parental alcohol use on children and families.

Address the mental and physical ill health of those using alcohol and reduce alcohol related deaths.

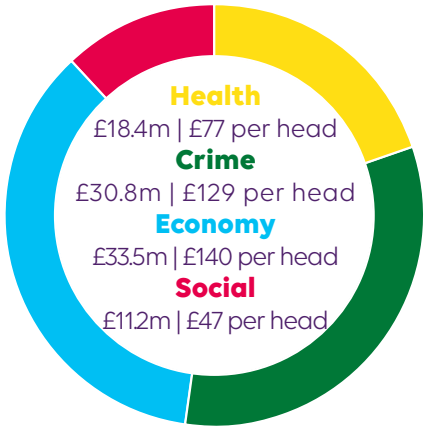
Recommended local Indicator: The estimated proportion of people who are dependent on alcohol not in the treatment system.

Making the case for continued investment in reducing alcohol-related harm

Cost of alcohol harm in Barnsley

- In 2015/16, the overall cost to the borough was £93.9million, estimated to be £392 per head of population.

OVERALL COST BREAKDOWN



NHS AND HEALTHCARE: £18.4M

Hospital admission costs:

Wholly attributable to alcohol
1,462 admission cost **£2.6m**

Partially attributable to alcohol
4,572 admission cost **£7.5m**

All alcohol related admissions
6,034 admission cost **£10.1m**

CRIME AND DISORDER: £30.8M

Anticipation of crime **£1.3m**
Consequence of crime **£28.4m**
Response to crime **£1.1m**
4,900 for criminal damage
1,300 for violence against the person
10,600 for theft
Estimated number of alcohol related crimes in 2015/2016 **17,600**

WIDER ECONOMY:£33.5M

Presenteeism: (at work but reduced productivity)
63,200 days at a cost of **£6.7m**

Absenteeism: (not at work due to illness)
51,700 days at a cost of **£5.4m**

67 alcohol related deaths resulted in **859** potential years of working life lost with assocaited costs of **£14.9m**

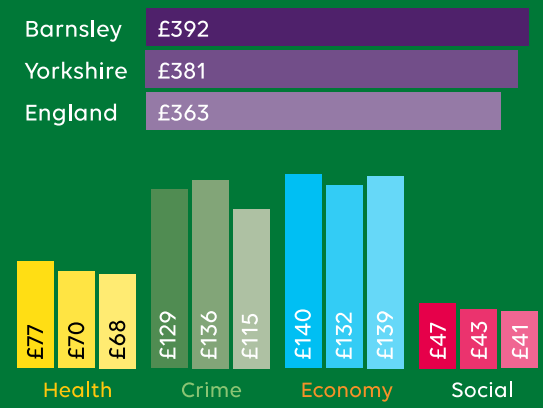
SOCIAL SERVICES: £11.2M

Local authority budget estimated to be attributable to alcohol:

Children
Social services **£10.5m**
Substance misuse services **£39,700**

Adults
Substance misuse support and alcohol misuse services **£701,000**
(based on Local Authority returns published by DCLG)

COST PER HEAD



The public health burden of alcohol is wide-ranging, relating to health, social or economic harms. These can be tangible, direct costs (including costs to the health, criminal justice and welfare systems), or indirect costs (including lost productivity due to absenteeism, unemployment, decreased output or lost working years due to premature pension or death). The consequences of alcohol misuse are borne by individuals, their families, and the wider community. The figure on page 16 sets out the range of Public Health Outcomes Framework indicators that alcohol impacts upon. By reducing alcohol-related harm at the local level, it is possible to improve the positive outcomes achieved across systems.

The extent of alcohol harm in Barnsley

Alcohol-related health risk is determined by the volume of alcohol consumed and the frequency of drinking occasions. Broadly, the more someone drinks, the greater the risk. As such, understanding levels and patterns of alcohol consumption in your local area can help you plan the activity needed to reduce alcohol-related harm. Dependent drinkers have a particularly high impact on the NHS, police, criminal justice, and social care service costs per head. In Barnsley, it is estimated that alcohol consumption is currently at 7.7 litres per capita, representing an annual average expenditure on alcohol of £402.70 per person.

AT A GLANCE...	
Consumption of pure alcohol per capita per year (based on off-trade sales)	8 litres
Proportion of the adult population estimated to be abstainers	14.5 per cent
Proportion of the adult population drinking above low risk guideline	25.8 per cent
Rate of alcohol-related hospital admission episodes (narrow measure)	773 per 100,000
Estimated number of alcohol dependent adults	3,458
Estimated number of children living with an alcohol dependent adult	1,320
Proportion of children in need assessments that record alcohol as a contributory factor	8.6% per cent

We will work together to provide strategic vision and leadership in the drive to prevent and reduce alcohol related harm.

We will ensure everyone is supported to make informed choices about their alcohol use.

Alcohol is taken for granted in the uk today. It is easy to get hold of, increasingly affordable, advertised everywhere and accepted by many as an integral part of daily life.

How we will deliver the Alcohol Plan

1. Action Plan

An action plan has been developed which lists the steps needed to achieve our vision. The action plan includes specific interventions, resources and timescales and will be updated according to local needs and national evidence.

2. One Council

The alcohol plan will be delivered in partnership with all council directorates and external partners. Although the plan will be led by Public Health, the alcohol agenda has relevance to all council business plans and strategies; therefore, success will only be made possible through collaboration and shared responsibilities.

3. Alcohol Alliance

Public Health DMT will monitor progress and achievements, but the overall governance, monitoring of progress, achievements, risks and setting of actions will be managed through the alcohol alliance. Given the diversity of alcohol, developments will be reported into other stakeholder groups when required – some of which are listed opposite.

4. Stakeholders

Alcohol is of interest to many different services in the community and departments within the council, with many initiatives already addressing alcohol misuse and alcohol-related harm. To be successful, however, the alcohol plan will need support from all stakeholders who have an interest in this area. These stakeholders will need to work together to continue with the success of the Alcohol Alliance to achieve shared priorities and outcomes.

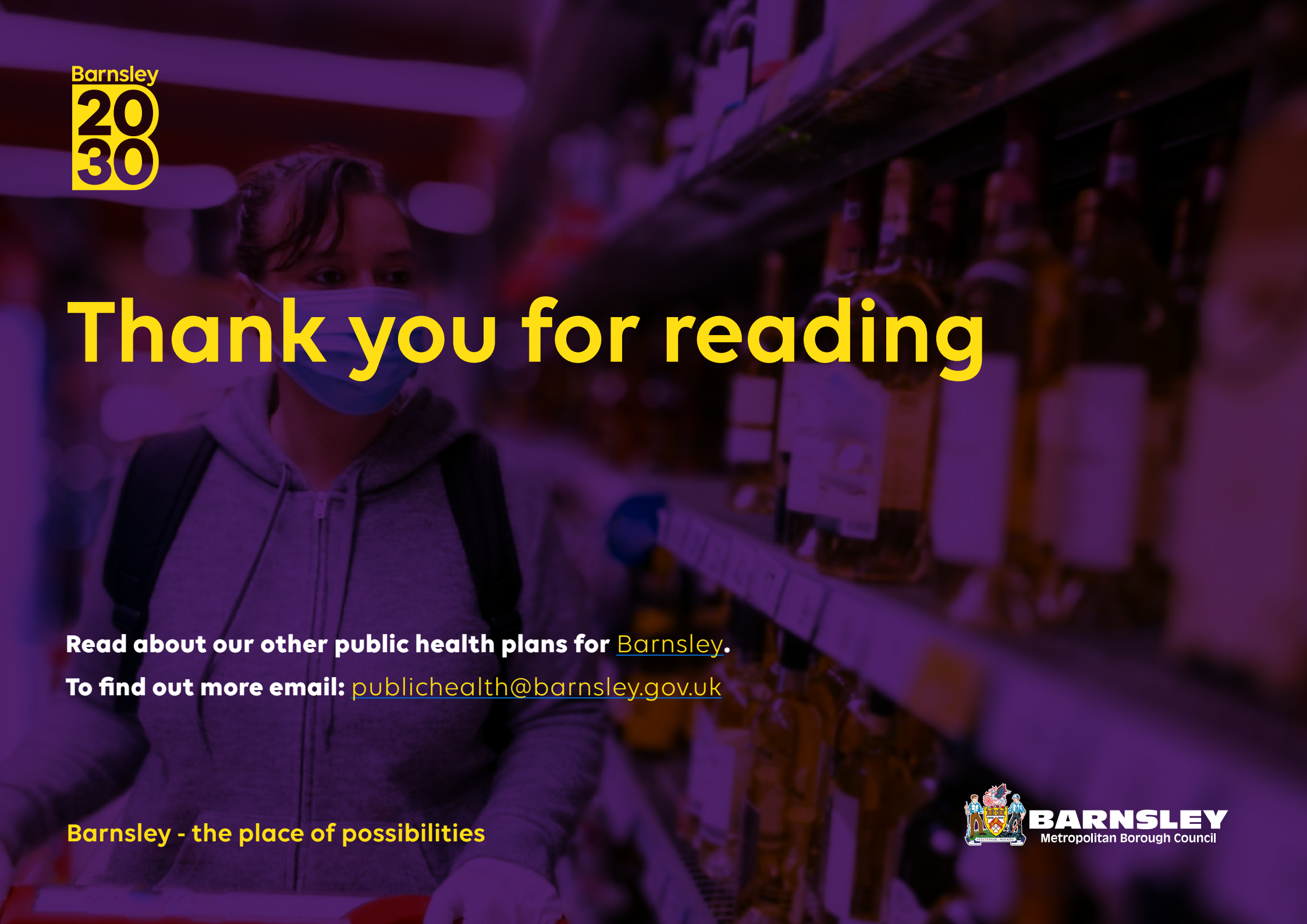
Internal Stakeholders	External Stakeholders
Early Help Adults Delivery Group	National Probation Service
Area Councils	Yorkshire Ambulance Service
Business Intelligence	Barnsley CCG
Barnsley Safeguarding Board	Barnsley GP Federation
Events and Culture	Barnsley Hospital
Adult Commissioning	Healthwatch
Children's Commissioning	Schools and Colleges
Family Centres	South West Yorkshire NHS Foundation Trust
Planning	Voluntary Sector
Public Health Nursing Service	South Yorkshire Police
Safer Neighbourhood Service	South Yorkshire Fire and Rescue
Licensing	Berneslai Homes
Youth Offending Team	Office for Health Improvement and Disparities, Alcohol Care Team
Town Centre Management	
Trading Standards	
Highways and Health and Wellbeing Board	

The Alcohol Plan will complement other strategic plans where alcohol is a key issue, including, but not limited to

- Food Plan
- Gambling Plan
- Sexual Health Plan
- Heart Health Plan
- Tobacco Control Plan
- Suicide Prevention Plan
- Safer Barnsley Partnership Plan
- Children and Young People's Plan
- Neglect Matters Strategy
- Statement of Licensing Policy
- Alcohol and Drugs Needs Assessment
- Local Authority Corporate Aims and Objectives

The Alcohol Plan will work towards the **Barnsley 2030 Plan**, with particular focus on the **Healthy Barnsley Ambition**. We want to reduce health inequalities in the borough so our residents can live independently and enjoy life with good physical and mental health for as long as possible.

The Alcohol Plan will also link in to key aspects of the **Barnsley Health and Wellbeing Strategy 2021-2030**. Focusing on the three pillars of 'Starting Well', 'Living Well', and 'Ageing Well', the strategy has the vision that all Barnsley residents can enjoy long, fulfilling and healthy lives in safe, strong and vibrant communities where every person is equipped with the skills and resources they need to thrive.



Thank you for reading

Read about our other public health plans for Barnsley.

To find out more email: publichealth@barnsley.gov.uk

Barnsley - the place of possibilities

BARNSLEY
Metropolitan Borough Council