

## **CHESHIRE AND WARRINGTON HEALTH & WELLBEING COMMISSION**

### ***YEAR 3 DELIVERY PLAN : April 2012-March 2013***

***Year 3 AIM: To further consolidate the Commission's work on reducing alcohol consumption and its harmful impacts.***

#### ***Why are we doing this?***

Alcohol remains a priority for the Commission's third year because of sub-regional evidence on harmful levels of alcohol consumption from and the related impacts from a health, wellbeing and crime perspective.

The latest 'Local Alcohol Profiles for England' data (2010/11) show that overall, the picture for Cheshire and Warrington Local Authorities across a range of health-related indicators is worse than the national average, in some cases significantly worse – including for example alcohol-specific hospital admissions for under 18s and women.

Across Cheshire and Warrington, the proportion of adults engaging in 'binge' drinking is also higher than the national average.

The Primary Care Trusts in the sub-region signed up to alcohol being the Commission's top priority for Year 1 and will continue to support the work going forward into Year 3.

Good progress has been made over the last year, for example in relation to securing support for the introduction of Minimum Unit Pricing (MUP) and through the joint work with Merseyside to produce a specimen Byelaw. The Commission will respond to the forthcoming Government's consultations on different aspects of the Alcohol Strategy (including MUP).

The Commission will also retain an overview of changes to the health landscape in Cheshire and Warrington as the Health and Social Care Act (2012) changes move forward over the next 12 months.

### **Year 3 Objectives**

1. Respond to the Government's consultation on their Alcohol Strategy to lobby for the implementation of a National Minimum Unit Price of 50p.
2. Continue to implement the North West's 'Large Scale Change Programme' as the overarching body of work for the Commission in Year 3, to achieve the 3-5 year vision : 'Act together to reduce alcohol harm, so that we can all have healthier, safer lives' .

#### **THE FIVE PRIMARY DRIVERS FOR LARGE SCALE CHANGE:**

- 2.1) *Create joint leadership of public sector leaders who will drive transformational change through collaboration across and within sub regions*

Refresh the pan-Cheshire and Warrington cross public sector alcohol strategy group and prepare an alcohol strategy.

- 2.2) *Calculate the whole public sector costs of alcohol related harm and identify opportunities to reduce these costs*

Use the evidence gathered during 2011-12 to make the case that the cost of alcohol harm is too high. Identify initiatives to work together to reduce costs where possible and improve residents health and wellbeing.

- 2.3) *Raise awareness of and address alcohol consumption across the public sector workforce*

Further roll out of the standardised Identification and Brief Advice Programme (IBA), using ChamPs as the conduit.

Promote the Government's Public Health Responsibility Deal in relation to 'Health at Work Pledges' and the Workplace Charter's commitment to being 'healthy employers'.

2.4) *Raise awareness of, and address alcohol consumption of children and young people, including the physical and psychological harm caused to children and young people by alcohol-related adult behaviour*

Engage effectively with local Directors of Children's Services.

Create clear and consistent messages for C&YP, their parents / guardians.

2.5) *Tackle the causes of excessive and harmful drinking*

Respond to the Government's consultation on elements within the Alcohol Strategy relating to the availability and accessibility of alcohol and use local evidence in relation to health harms and the financial cost of alcohol harms to raise public awareness of the issues.

3. Continue to link into the Sub-Regional 'architecture' by informing the Leadership Board of the Commission's planned activities and achievements. Attempt to make links with the Local Enterprise Partnership (LEP) to maintain the profile of alcohol harm reduction as a key determinant of health and prosperity. Identify a Business representative to join the HWC – if possible a LEP member, or member of the LEP Stakeholder group.

4. Continue to run a communications strategy alongside the work of the Commission, especially to highlight and celebrate success

5. Set sub-regional targets for alcohol harm reduction; monitor and evaluate

Maintain an evidence-based approach to the work on alcohol, in line with best practice guidance such as that from the National Institute for Clinical Effectiveness and the National Alcohol Learning Centre. Maintain the presentation of annual data reports to the Commission, with background commentary based on Local Area Profiles.

Develop an evaluation process for the Delivery Plan so that impact/outcomes and shortfalls are clear.

6. Prioritise smoking cessation through partnership working to address the denunciation of the tobacco industry's corporate social responsibility funding and encourage local authorities to introduce a voluntary smokefree code - 'Play Smokefree' in park play areas.
7. Keep a watching brief on the changes to the health landscape within Cheshire and Warrington and review the future of the Commission in the light of those changes.

**Delivery Framework**

Objective	Measure / Target	By	Action(s)	Lead	Progress
<b>1. Respond to National Alcohol Strategy Consultation</b>	National Implementation of MUP	<b>TBC (no consultation dates yet announced)</b>	1.1 Respond to consultation on MUP advocating an MUP of 50p 1.2 Respond to consultation on the ban of multi-buy promotions in the off trade.	Sarah M/Guy K	
<b>2. Large scale change programme</b>  <b>2.1 Joint Leadership</b>	Continued Political and senior management support to reduce alcohol harm.  Publish Alcohol Harm Reduction Strategy	October 2012  March 2013	2.1 .1 Refresh the Alcohol Strategy Group to ensure appropriate membership  2.1.2 Research, draft and publish sub regional Alcohol Harm Reduction Strategy.  2.1.3 Continue to 'join up' groups, and initiatives within public , voluntary and community sectors working to address alcohol harms and improve wellbeing.	Alcohol Strategy Group	

<p><b>2.2 identify opportunities to reduce public sector costs linked to alcohol harm.</b></p>	<p>An identifiable reduction in costs to the Public Sector</p>	<p>By March 2013</p>	<p>2.2.1 Use evidence from 2011-2012 to make the case that the costs of alcohol harm are too high</p> <p>2.2.2 Identify initiatives to reduce costs where possible</p> <p>2.2.3 Consider actions to build personal wellbeing and resilience and address the social determinants</p>	<p>ChaMPs</p> <p>All</p> <p>All</p>	
<p><b>2.3 Public Sector Workforce</b></p>	<p>Numbers of staff undertaking IBA training</p>	<p>By March 2013</p>	<p>2.3.1 Deliver an IBA programme across all frontline staff, working with ChamPs as the conduit</p> <p>2.3.2 Contribute to work on quality marking the IBA training available</p> <p>2.3.3 Support and promote Workplace Health initiatives, including the 'Health at Work Pledges' and the Workplace Charter 'Healthy Employers commitment.</p>	<p>SM</p> <p>All</p>	

<b>2.4 Children &amp; Young People</b>	Proactive engagement with Directors of Childrens Services	By December 2012	2.4.1 Prepare engagement plan 2.4.2 Agree follow-up actions on the findings from recent NW research.	Need an existing C&YP group to work with.	
<b>2.5 MUP and Bylaws</b>	A consistent approach to MUP is taken across the sub-region, either through national implementation or local byelaws.  Increase public awareness of alcohol harms	By December 2012	2.5.1 Respond to Government consultation when launched  2.5.2 Follow up action to be determined by result of national consultation.  2.5.3 Initiate campaign to raise awareness of costs of alcohol harm.	GK /All	
<b>3. Continue to link into the sub-regional 'architecture'</b>	Quarterly Reports to Leadership Board	Quarterly	3.1.1 Discuss health links with the LEP; particularly on alcohol harm and productivity, and generic workplace health issues  3.1.2 Continue engagement with NW Employers	GK	

<p><b>4. Continue to run a communications strategy</b></p>	<p>Ensure regular communications on the Commission's work and achievements, using a range of media</p>	<p>Ongoing</p>	<p>4.1 Produce a bi-annual e-bulletin</p> <p>4.2 Support the Commission with communications about alcohol harm reduction</p> <p>4.3 Deal with media enquiries on alcohol harm and MUP</p> <p>4.4 Provide communication support for elected members and Local Authority officers on alcohol harm and MUP</p> <p>4.5 Manage any public facing alcohol/MUP campaigns</p> <p>4.6 Represent the communications function on the Cheshire and Merseyside joint MUP task and finish group</p> <p>4.7 Facilitate a workshop for Commission leads to ensure consistent messaging on alcohol harm and MUP across Cheshire and Merseyside</p>	<p>Tracey L/Jo R</p>	
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	<p>evaluation process to demonstrate impact and shortfalls, and to inform future direction</p> <p>Monitor and Performance Manage the Year 2 Delivery Plan so that Commission members are all equally aware of the progress of the Delivery Plan, and are able to advise on remedial actions as necessary.</p>		<p>Programme Office</p> <p>5.6 Provide regular updates on progress to the Commission.</p>		
<p><b>6 Prioritise smoking cessation</b></p>	<p>Implementation of a voluntary smokefree code - 'Play Smokefree' across all play areas in Local Authority parks in C&amp;W</p>	<p>March 2013</p>	<p>6.1 Undertake a public survey with visitors to park play areas to assess local levels of support for a voluntary smokefree code</p> <p>6.2 Coordination of Scrutiny /Council Cabinet submission reports to ratify the voluntary smokefree code</p> <p>6.3 Delivery of training to Local</p>	<p>MP/JB/GK</p>	

	<p>Coordination of the denunciation of corporate social responsibility funding from the tobacco and alcohol industries by C&amp;W Local Authorities</p>		<p>Authority parks employees</p> <p>6.4 Development and installation of supporting play area signage</p> <p>6.5 Coordination of Local Authority Play Smokefree launches and media releases to increase public awareness of the initiative</p> <p>6.6 Development of a briefing paper and template Council Cabinet submission report</p> <p>6.7 Coordination of Council Cabinet submission to pass a motion to refuse CSR funding from the tobacco and alcohol Industries.</p> <p>6.8 Inclusion of motion within Local Authority tobacco control and corporate policies, the Joint Strategic Needs Assessments and the Health and Wellbeing Strategies</p>		
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<p><b>7 Monitor the changes to the NHS system locally to ensure a smooth transition</b></p>	<p>Future of Commission determined post April 2013</p>	<p>March 2013</p>	<p>7.1 Regular reporting of progress by each area at Commission meetings</p> <p>7.2 Initiate discussion in Autumn to determine the Commission's future.</p>	<p>All</p> <p>GK</p>	
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