

Wolverhampton City Council

**OPEN DECISION ITEM**

Health and Wellbeing Board

Date 3 July 2013

Originating Service Group(s) Community – Public Health

Contact Officer(s)/ Ros Jervis – Director of Public Health  
Telephone Number(s) 01902 551372

Title **Alcohol Strategy - Progress Update**

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**RECOMMENDATION**

That the Health and Wellbeing Board:

- Notes the update in relation to the implementation of the Wolverhampton Alcohol Strategy 2011-2015;
- Notes the information on performance against the Action plan for 2012/13 and endorses the revised Action Plan, for 2013/2014

## 1. **PURPOSE**

- 1.1 To provide members of the Health and Wellbeing Board with an update regarding the implementation of the Wolverhampton Alcohol Strategy 2011-2015 highlighting performance against the outturn for 2012/13 and present the revised action plan for 2013/2014; following a review of the Strategy Action Plan undertaken early 2013.

## 2. **BACKGROUND**

### 2.1 **Wolverhampton Alcohol Strategy 2011 - 2015**

The Shadow Health & Wellbeing Board endorsed the Wolverhampton Alcohol Strategy 2011 – 2015, associated action plan and performance management framework on 5th September 2012 and agreed to receive periodic progress reports.

- 2.2 On 1<sup>st</sup> May 2013, Members considered an update report on the Joint Health and Wellbeing Strategy for which Alcohol harm reduction was a key priority. The HWBB requested that a full review and details of the Alcohol Strategy Action Plan for 2013/14 be presented to the Board in July 2013.

- 2.3 A review of current performance against the 2012/13 action plan was undertaken early 2013. In addition to partner agency's performance against targets the review considered the way data was collected, specific actions contained within the plan and circumstances which may now deem an existing action or, KPI no longer appropriate and whether alternative actions or KPIs should form part of the action plan. It identified areas of success and areas requiring further consideration and formed the basis of the refreshed action plan for 2013/14.

- 2.4 Performance against the Action Plan for 2012/13 shows significant areas of success. Notably:

#### **Goal 1: A Whole Community Approach to Changing Alcohol Habits in Wolverhampton**

- The Health Related Behaviour Survey of which 8141 children and young people participated showed a downward trend of alcohol misuse compared to previous surveys and that over 12,000 children and young people approximately, have received drug/alcohol education through PHSE drug and alcohol curriculum in schools.

#### **Goal 2: Developing a Well Managed Night Time Economy**

- Improvements in the standards of premises within the City, particularly the city centre and specifically in terms of food safety, licence condition compliance and levels of risk. Hence reductions in the number of establishments triggering the need for formal action and/or a multi-agency visit.
- Reduction in the number of establishments identified as problem premises in relation to under-age sales.
- Positive outcomes in respect to Hackney Carriage policy and taxi marshalling scheme.
- Responsible Authority Forum established.

#### **Goal 3: Combating Alcohol Related Crime and Disorder and Increase Community Safety Due to Alcohol Misuse**

- A joint collaboration between leads in Goals 2 and 3 has resulted in the development and implementation of a city-wide Designated Public Place Order (DPPO). This extends the legal tools and powers available to Police when encountering alcohol-related nuisance and disorder in public areas and reduces the risk of nuisance

displacement. Its use will be closely monitored by Safer Wolverhampton Partnership over the coming months.

- A Pub Watch scheme implemented across the city has seen an increase in the number of premises involved in the scheme. There are now 21 premises involved out of 38 within the city centre.
- Marked reductions in violent crime and alcohol-fuelled anti-social behaviour.

#### **Goal 4: Improving Health and Alcohol Treatment Services in Wolverhampton**

- 313 staff received Alcohol Identification and Brief Advice (IBA) training across the voluntary, statutory and health sectors including; GPs, practice nurses, health visitors, community pharmacists, dentists, health checkers, Neighbourhood Support Officers, housing support workers, staff from West Midlands Fire Service and domestic violence staff.
- New and enhanced alcohol services (services in the acute sector and community) were commissioned and became operational during January 2013 and April 2013, including an Alcohol Liaison Service at New Cross Hospital and community detoxification services. 95% of people who started community detoxification successfully completed their programme of treatment.

2.5 Summaries of the reviews for all goals 1, 2, 3 & 4 are attached at Appendix A.

#### **2.6 Revised Wolverhampton Alcohol Strategy Action Plan 2013/2014**

The Wolverhampton Alcohol Strategy Action Plan has been revised for 2013/14 to better reflect progress on alcohol activity and work, within the City and to ensure progress can be demonstrated. The revised action plan builds on the solid progress delivered during 2012/13 and demonstrates the dynamic, all-encompassing and changing nature of alcohol related work within the City.

2.7 Good progress was made during 2012/13, however as the Strategy is still relatively new, the review enabled a fresh focus on areas that may need a new approach or change of direction. Some of these changes have been highlighted below, as well as some of the other key areas of focus. In summary:

##### **Goal 1:**

- Where data collation has been problematic service specifications have been revised to ensure that the monitoring schedule reflects the KPI's highlighted in the alcohol action plan.

##### **Goal 2:**

- The plan for 2013/14 builds on / consolidates the foundations laid down by the previous years' activity in relation to premises standards.
- Further emphasis is given to identifying and dealing with underage sales and sales to intoxicated persons.
- Further development of the role of the Responsible Authorities Forum as an expert group to inform policy review.
- Development of more comprehensive data sets in relation to licenced premises and crime and disorder associated with them to inform policy and approach.

##### **Goal 3:**

- During 2012-13, nuisance street drinkers were identified within the city centre as requiring targeted support and enforcement action and being particularly damaging to the city's image. A partnership approach has been adopted, led through the Anti-social Behaviour team, with the support of Police and local businesses; enforcement action is now being taken with 10 orders being sought through court. As part of our

review process, further targeted activity will be undertaken in areas where alcohol-related nuisance is identified as being problematic.

**Goal 4:**

- A new recovery focused integrated substance misuse service for alcohol, drugs, & young people's substance misuse service has been commissioned and is operational from 1 April 2013. This fundamental change in the delivery of treatment services for alcohol has required changes to actions and KPIs.

2.8 To keep the Strategy live and an active working document it will be necessary to review and update the action plan regularly, likely on an annual basis. In addition, progress throughout the year will be monitored on a quarterly basis. A copy of the revised Action Plan for 2013/2014 is attached at Appendix B.

**3. FINANCIAL IMPLICATIONS**

3.1 Actions arising from the Strategy will be delivered within the approved budgets held under Public Health, other mainstream budgets held by services and external agencies that are responsible for delivery of specific actions.  
[AS/24062013/M]

**4. LEGAL IMPLICATIONS**

4.1 There are no direct legal implications arising from this report. However, a number of the actions contained within the Action Plan will require specific legal involvement on an individual, case by case, basis.  
[FD/24062013/E]

**5. EQUAL OPPORTUNITIES IMPLICATIONS**

5.1 The broad aims and objectives of the Wolverhampton Alcohol Strategy are intended to reduce the harmful impact of alcohol on health & wellbeing and reduce health inequalities.

**6. ENVIRONMENTAL IMPLICATIONS**

6.1 There are direct environmental implications arising from this report as several actions contained within the strategy and action plan seek to improve environmental conditions, particularly within the City Centre.

## **Wolverhampton Alcohol Strategy Action Plan**

### **Goal 1: A Whole Community Approach to Changing Alcohol Habits in Wolverhampton**

#### **Progress Summary: 2012/13**

#### **Strategic Objective i : To support the better understanding of harms caused by alcohol and meet whole family needs in delivering services**

- The Health Related Behaviour Survey (HRBS) was carried out in April/May 2012, 8141 young people took part from Primary and Secondary Schools including Pupil Referral Units and Special Schools, below are some of the key highlights;
- 7% of young people of Primary age had a drink in the last week compared to 17% in 2006
- 18% of young people of Secondary age had a drink in the last week compared to 32% in 2006
- 6% of young people of Secondary age got drunk in the last week compared to 10% in 2010
- 86% of secondary pupils could remember receiving alcohol/drug education lessons in school
- Secondary Schools pupils felt that the knowledge they received was 'quite' or 'very useful'

The survey shows a downward trend of substance misuse compared with previous surveys.

Drug and Alcohol Support is offered to schools through the Healthy Schools Team this includes; curriculum development, co-ordination of PHSE, early identification through the use of DUST, training to school staff as well as the wider workforce

#### **Strategic Objective ii: To ensure the earliest possible identification of risk and risky behaviour affecting the well-being of children & young people and enable them to receive the support they need as quickly as possible to reduce that risk**

- Drug Use Screening Tool is used by the workforce to refer young people who use drugs/alcohol in quarter 1 this was 50% and in quarter 3 this is 70%.
- The data received on the Hospital Youth Service has been poor subsequently the service specification for 2013/14 has been strengthened to include a robust monitoring schedule, so that data and interventions offered can be collated more systematically. This will be supported through the new SM contract delivered by NACRO which will include alcohol liaison nurses based within A&E.

- CHAT is currently delivered in 7 schools by Connexions, Youth Service and School Nursing Service, it is YP led about any issue that they wish to talk about. There have been over 1000 contacts, however YP have not raised any issues relating to alcohol. This has been taken out of the 2013/14 action plan however will continued to be monitored as part of the Targeted Youth Support Strategy
- Currently no one has been referred for Specialist Treatment from Extended Panel Meetings. This indicator has been included in the SM specification 2013/14 so this can be monitored against the new contract.
- A total of 15 stage 1 letters were sent out by the police from April 2011/12. The police have adopted this approach and because the numbers are small this KPI will no longer be in the action plan, although police will continue to monitor.
- 470 parents who had children were in treatment. This is currently collated from the National Alcohol Data Base. This will continue to be monitored and a whole family approach supported through the new SM contract by utilising the Common Assessment Framework.
- Adult Services have not initiated any CAF's however have been involved in 25 'team around the child meetings' as part of the CAF process. Further work needs to be done to ensure that a whole family process is used in relation to alcohol. This will continue to be monitored as part of the SM contract. This will be supported by Safeguarding Multi Agency Guidelines focusing on the impact of parental alcohol and drug misuse followed by a co-ordinated training programme which will be made available across the children and adult workforce.

## **Wolverhampton Alcohol Strategy Action Plan**

### **Goal 2: Developing a Well Managed Night Time Economy**

#### **Progress summary 2012-13**

#### **Strategic Objective: A prosperous and diverse, high quality, night time economy**

- Annual review of Cumulative Impact Policy complete
- Reduced number of vertical drinking establishments within the city centre – reduced from 43 to 38
- Increased number of restaurants in the city centre – increased from 27 to 28
- Agreement obtained from Cabinet and Licensing Committee for a package of measures to ensure that the city's Hackney Carriage services are fit for the city's current and future needs.
- Increased number of 4 and 5 star food premises in city centre – increased from 28 to 30
- Reduced number of unsatisfactory food premises in city centre – reduced from 38 to 15
- Stage 1 of Casino Premises Licence application process complete

#### **Strategic Objective: A safe and well regulated night time economy**

- Number of licenced premises subject to formal enforcement action – reduced from 13 to 6
- Number of premises deemed 'High Risk' and requiring multi-agency visit – reduced from 18 to 6
- Following the introduction of the Licensing Authority and Public Health as Responsible Authorities under the Licensing Act 2003 the Responsible Authorities Forum has been established and co-ordinates representations, enforcement activities and policy development in relation to the Licensing Act 2003.
- Effective Intervention Management:
  - 15 representations made by Licensing Authority
  - 23 representations made by Environmental Health
  - 12 representations made by Public Health
  - 15 multi-agency visits
- Taxi Marshalling Service pilot introduced – over 40,000 passengers used the service and crime in the vicinity of the Market Street rank in the night time economy reduced by 50%. Funding secured to deliver scheme in 13/14.
- 16 overt plying for hire patrols delivered.
- Keep it Safe 2012 delivered £3k under budget, funding identified for 2013.

#### **Strategic Objective: A night time economy that is supported by responsible businesses**

- Door Supervisors Forum established and maintained

- Exclusion Notice scheme implemented and maintained by pubwatch, agreement given by pubwatch to consider police referrals to the scheme.
- Sensible pricing approach agreed by all WCC owned and managed premises
- No local voluntary code agreed with trade on responsible alcohol promotions, however Licensing Committee supportive of Responsible Authorities recommended price policy for city centre premises.
- CCTV monitoring pilot introduced in partnership with Mander Centre.



## Wolverhampton Alcohol Strategy Action Plan

### Goal 3: Combatting Alcohol-related Crime and Disorder and Increase Community Safety due to Alcohol Misuse.

#### Progress summary 2012-13

##### Strategic Objective: Improve perception of crime and community safety

- Household survey – perceptions data
- Communications protocol developed – in response to concerns raised about negative city image arising from planned campaigns and enforcement activity, a working group formed to draft a communications protocol for use across partners.

##### Strategic Objective: Improve early intervention methods

- Enforcement action – Enforcement action is now being taken against 10 city-centre nuisance street drinkers
- Strategic sign off was secured through Licensing Services for implanting a city-wide Designated Public Place order enabling a wider use of powers to be used by Police when encountering alcohol-related nuisance and disorder.
- Pub watch scheme implemented across city with an increase in the number of premises involved in the scheme. There are 21 attendees at city centre pubwatch out of 38 premises.

#### Reductions in violent crime and alcohol-related crime/ASB:

- **Violence With Injury in Wolverhampton;** 1984 (2011/12), 1709 (2012/13) 14% reduction
- **Most Serious Violence in Wolverhampton;** 256 (2011/12), 221 (2012/13) 14% reduction
- **Alcohol Related Antisocial Behaviour in Wolverhampton;** 713 (2011/12), 460 (2012/13) 35% reduction
- **Violence With Injury in the City Centre;** 355 (2011/12), 306 (2012/13) 14% reduction
- **Most Serious Violence in the City Centre;** 78 (2011/12), 64 (2012/13) 18% reduction
- **Alcohol Related Antisocial Behaviour in the City Centre;** 221 (2011/12), 173 (2012/13) 22% reduction

#### Reduce Cycle of Reoffending

- Unclear of extent to which fixed penalty waiver scheme, magistrates referral scheme or conditional cautioning/restorative justice have been used in relation to alcohol-related crimes.
- Probation have made use of DRRs and ATRs, however numbers engaging in these interventions have been very low, which is mostly attributed to low numbers of relevant cases going through the courts.

**Strategic Objective: Improve systems for collection, collation and use of alcohol-related crime data**

- Evidence that use of the Ai (alcohol involved) crime marker has increased over 2012-13. Whilst the actual number of offences deemed “Ai” in Wolverhampton over the past three years has remained rather static, crime figures have fallen meaning that “Ai” forms a higher percentage of crimes. For violent crime the average percentage of “Ai” crimes has increased year on year; t There have been similar increases across WMP as a whole and the Black Country.
  - 2011/12 – 11.6%
  - 2012/13 – 15.9%
- A&E data now received on a monthly basis. Just over half all the data received since February 2010 is marked as having alcohol involved. Approximately 70% of the data contains a mappable location that can be used in hotspot identification. The number of referrals through this process has dropped significantly since Feb 2010 – from an average of 69 per month in 2010 to an average of 20 per month in 2013 (Jan-Mar). In general, the number of referrals does not greatly assist in identifying hotspots on a tactical basis, but could be used to add weight to more long term strategic work.

## **Wolverhampton Alcohol Strategy Action Plan**

### **Goal 4 - Improving Health and Alcohol Treatment Services in Wolverhampton**

#### **Progress summary 2012-13**

##### **Outcome 1 – Prevent harmful and dependent drinking through earlier Identification and effective interventions**

The health check programme was implemented. Late appointments resulted in delay in the service starting so the 7,500 health checks per annum target was not achieved. The actual number of health checks completed for 2012/13 was 3483

During 2012, three hundred and thirteen staff from health, statutory and voluntary organisations received IBA training to increase confidence in being able to offer advice about alcohol, identify individuals with possible alcohol problems and sign-post them into specialist services if required. Those trained included GPs, practice nurses, health visitors, community pharmacists, dentists, health checkers, Neighbourhood support officers, housing support workers, staff from West Midlands Fire Service and domestic violence staff. The 200 target was exceeded.

##### **Outcome 2 - Improve the long term health outcomes for hazardous and harmful drinkers in Wolverhampton**

Access to motivational therapies has been extended through the Health Trainer Service, with the employment of three additional health trainers who have specific responsibility for providing motivational therapies for people with alcohol misuse problems. However, issues with data collection means that it has not been possible to identify whether 1500 interventions were provided.

##### **KPI**

Reduce alcohol related age standardised mortality rates for people all ages to that of our ONS comparator group within 5 years per 100,000  
Annual outturn is 19.4% which shows a decrease on target.

##### **Objective 3 Improve access to a range of appropriate treatment services in both the community and acute setting in Wolverhampton**

New and enhanced alcohol services (services in the acute sector and community) were commissioned and became operational during January 2013 and April 2013. These services, an Alcohol Liaison (ALN) service in New Cross Hospital, the single point of contact (SPOC) for all alcohol referrals in the City, and services in the community; community detoxification, an Asian support service, and assertive outreach.

During 2012/13, the ALN service worked with 289 patients at New Cross Hospital. On average over the four quarters 27% of referrals to the SPOC came from the ALN service with n=110 referrals in Qtr 4. The ALN service has supported the integration of acute and community services. The service works closely with the Community detoxification service to complete detoxification programmes in the community where appropriate. In addition the ALN service liaises with the SPOC, and ensures that patients are referred into community services on discharge from hospital.

During 2012/13, 95% individuals successfully completed a community alcohol detoxification plan. The community detoxification service is effective in engaging, working and liaising with service users GPs to ensure that they are prescribed any on-going medications they require following a detoxification; and following the a community assisted withdrawal referred to other alcohol services to receive on-going support and motivational therapies to prevent relapse.

### **KPI**

Reduce the rate for alcohol specific admissions by 3%

The annualised outturn at December 2012 is 718, and thus this KPI is on target.

(The original published baseline was incorrect. A rebased annual baseline for 2011/12 has been established as 735. The 5 year target to 2016/17 is 715. )

**Wolverhampton Alcohol Strategy Action Plan: 2013/2014****Goal 1: A Whole Community Approach to Changing Alcohol Habits in Wolverhampton****Delivery Lead: Fiona Ellis, Head of Commissioning, Housing Support & Social Inclusion, Wolverhampton City Council****Strategic Objective i) – To support the better understanding of harms caused by alcohol and meet whole family needs in delivering services****Outcome i A:-** Children, young people and their families have access to accurate and consistent information in relation to the harms of alcohol.**KPIs:**

- Primary Schools 13/14 - target 43 schools-59%
- Secondary Schools 13/14 -target 13 schools-76%
- Special Schools 13/14 - target 5 schools- 85%
- PRU's 13/14 - target 4 PRU's-100%
- Total of 68% of all schools

<b>Actions</b>	<b>Tasks</b>	<b>Lead</b>	<b>Time Scale</b>	<b>Progress/Risk</b>
i. Prevention To support schools in their delivery of the Local Drug & Alcohol Education Programme, to ensure provision of a consistent education package around alcohol.	<ul style="list-style-type: none"> <li>• Access to Wolverhampton Drug Education Programme to all schools in Wolverhampton via Trustdecca website.</li> <li>• Promotion of Programme via Healthy Schools Award schemes, newsletter, network groups and related events.</li> <li>• Support to teaching staff via opportunities to access central / INSET / twilight training; consultancy; team teaching / observation. Review / update of Programme materials supported by annual audit questionnaire sent to schools.</li> </ul>	Louise Sharrod	July 2013 Quarterly data collection	



**Strategic Objective ii) – To ensure the earliest possible identification of risk and risky behaviour affecting the well-being of children & young people and enable them to receive the support they need as quickly as possible to reduce that risk.**

**Outcome iiC:-** Reduce the risks to YP who are affected by parental alcohol misuse

**KPIs**

- % of people in treatment that are parents/carers
- No's of CAF's initiated by Adult Services (baseline to be established)
- No's of CAF's initiated where a whole family approach has been taken in relation to alcohol (baseline to be established)
- Concerns about alcohol misuse by the child
- Concerns about alcohol misuse by the parent/carer
- Concerns about alcohol misuse by another person living in the household

Actions	Tasks	Lead	Time Scale	Progress/Risk
Identify no's affected parental alcohol misuse through commissioned services.	<ul style="list-style-type: none"> <li>• Annual Children in Need (CIN ) census return on alcohol feedback to be given to PH.</li> <li>• To develop and complete identified work as part of the Hidden Harm project and ensure it is targeted at all professionals working with parents, young people and children in Wolverhampton.</li> <li>• Develop a Hidden Harm multi-agency guidance document to support practice and also raise awareness of Hidden Harm and the the impact it can have on families.</li> <li>• To oragnise a launch event for the multi-agency guidance document</li> <li>• Update Hidden Harm e-learning training programme</li> <li>• Develop multi-agency training programme, is to raise awareness of Hidden Harm and enable practitioners to identify and work effectively with families affected by substance misuse.</li> <li>• To establish a trainign pool, consisting of key professionals to deliver a locally developed programme of training, to be widely cascaded.</li> </ul>	<p>R.Seehra R.Marsh</p> <p>Sally Ellis/ Gillian Ming</p>	<p>Annual 2014</p> <p>Quarterly data collection</p> <p>Jan 2013</p> <p>March 2013</p>	<p>Completed</p> <p>In progress launch May/June 2013</p> <p>Completed</p> <p>Near completion</p> <p>In progress approx June 2013</p>

**Strategic Objective ii) – To ensure the earliest possible identification of risk and risky behaviour affecting the well-being of children & young people and enable them to receive the support they need as quickly as possible to reduce that risk.**

**Outcome iiD:-** Improve intelligence of alcohol problems

**KPIs**

- No of complaints from the public where alcohol is being sold
- Of those visted how many reviews were initiated

Actions	Tasks	Lead	Time Scale	Progress/Risk
<p>Key agencies to provide and share data – the police, A&amp;E, schools, substance misuse and children’s services to identify those at risk and put in preventative measures to address the issues.</p>	<ul style="list-style-type: none"> <li>• Continuation of the YP Substance Misuse Partnership Board where strategy and development of issues are discussed and actioned</li> <li>• Continuation of Treatment and Care for YP where operational issues are resolved and itelligence is shared</li> <li>• Public Health Needs Assessment to be completed on YP and Substance Misuse where partners will be expected to contribute</li> <li>• Public Health to engage with Targeted Youth Support to ensure that preventaive measures are promoted (i.e. the use of DUST)</li> </ul>	<p>R.Seehra ongoing</p>	<p>Quaterly data collection</p>	<p>.</p>



## Wolverhampton Alcohol Strategy Action Plan: 3013/2014

**Goal 2:** Developing a Well Managed Night Time Economy

**Delivery Lead:** Andy Jervis, Wolverhampton City Council

### Strategic Objective i) – A prosperous and diverse, high quality, night time economy

Outcome i A:- Licensing Policy that is aligned to/ supports a nte that is prosperous, high quality and diverse.

#### KPIs

- Reduced number of vertical drinking establishments within the city centre. (to 36 by 31.3.2014)
- Increased number of restaurants in the city centre. (to 30 by 31.3.2014)

Actions	Tasks	Lead	Time Scale	Progress
i. Annual review of Cumulative Impact Policy	<ul style="list-style-type: none"> <li>○ Review of Cumulative Impact Policy</li> </ul>	CP	04/2013	
ii. Biennial full review of Licensing Policy Statement	<ul style="list-style-type: none"> <li>○ Commence review early 2014</li> <li>○ Review to reflect opportunities of Police Reform Bill etc</li> </ul>	CP	01/ 2014	
iii. Review of Gambling Policy	<ul style="list-style-type: none"> <li>○ Conduct review</li> </ul>	CP	tbc	
iv. Explore introduction	<ul style="list-style-type: none"> <li>○ Canvass views at Licensing Forum</li> </ul>	CP	04/2013	

of Late Night Levy	<ul style="list-style-type: none"> <li>○ Consider at Responsible Authorities Forum</li> <li>○ Agree approach to managing relationship between BID and LNL</li> <li>○ Take to MRG for direction</li> <li>○ Commence statutory process</li> <li>○ Implement LNL</li> </ul>	CP CP  CP CP CP	04/2013 04/2013  04/2013 06/2013 04/2014	
v. Develop baseline data for licensed premises	<ul style="list-style-type: none"> <li>○ Review and improve data on licenced premises in CC + % of restaurants, takeaways and vertical drinking establishments</li> </ul>	CP	06/2013	
vi. Develop data set on crime and disorder in CIZ	<ul style="list-style-type: none"> <li>○ Review and improve data set</li> </ul>	Analyst	06/2013	

**Strategic Objective i) – A prosperous and diverse, high quality, night time economy**

Outcome i B:- The Casino application adds value to the nte.

KPIs

- NONE

<b>Actions</b>	<b>Tasks</b>	<b>Lead</b>	<b>Time Scale</b>	<b>Progress</b>
i. Finish competition stage	<ul style="list-style-type: none"> <li>○ Complete admin of competition process.</li> </ul>	CP	07/2013	
ii. Award licence	<ul style="list-style-type: none"> <li>○ Issue Licence</li> </ul>	CP	09/2013	

**Strategic Objective i) – A prosperous and diverse, high quality, night time economy**

Outcome i C:- Delivery of proportionate enforcement.

KPIs

- No of premises licence reviews. (5/27 to 4/22 by 31.3.2014)

Actions	Tasks	Lead	Time Scale	Progress
i. Maintain Responsible Authorities Forum	<ul style="list-style-type: none"> <li>○ Develop programme of activities</li> <li>○ Share intelligence</li> <li>○ Co-ordinate RA approach to applicants, conditins, reviews etc</li> <li>○ Review policy etc</li> </ul>	<ul style="list-style-type: none"> <li>CP</li> <li>CP</li> <li>CP</li> <li>CP</li> </ul>	<ul style="list-style-type: none"> <li>04/2013</li> <li>Ongoing</li> <li>Ongoing</li> <li>Ongoing</li> </ul>	
ii. Maintain multi-agency task force approach	<ul style="list-style-type: none"> <li>○ ID interventions based on risk</li> <li>○ Undertake joint visits</li> </ul>	OW	Ongoing	
iii. Effective intervention management	<ul style="list-style-type: none"> <li>○ Cases Panel (legal action)</li> <li>○ Review Hearings (licenced prems)</li> <li>○ Mini Panel (drivers)</li> </ul>	OW / PJC / PC	Ongoing	
iv. All formal action to be approved by 'Cases Panel'	<ul style="list-style-type: none"> <li>○ Administer Reg Services Input</li> </ul>	AJ	Ongoing	
v. Maintain	<ul style="list-style-type: none"> <li>○ Maintain routine engagement</li> </ul>	OW	Ongoing	

<p>engagement of regulatory agencies with WV One</p> <p>vi. Explore further compliance and consenting measures linked to city centre regeneration</p>	<ul style="list-style-type: none"> <li>○ Attend all meetings</li> <li>○ Consult partners on proposals</li> <li>○ Consult Stakeholders "</li> <li>○ Obtain Member endorsement / approval</li> </ul>	<p>OW</p>	<p>03/2014</p>	
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**Strategic Objective i) – A prosperous and diverse, high quality, night time economy**

Outcome i D:- Improved perception of City Centre.

**KPIs**

- Implement national food hygiene rating scheme.
- Increased number of 4 and 5 star food premises in city centre (to 70 by 31.3.2014)
- Reduced number of unsatisfactory food premises in city centre (to 10 by 31.3.2014)

Actions	Tasks	Lead	Time Scale	Progress
i. Implement national food premises rating scheme and explore 'Rate my Place' scheme as 'host'	<ul style="list-style-type: none"> <li>○ Confirm suitability of proposed scheme for W'ton</li> <li>○ Bid to FSA for funding</li> </ul>	OW	09/2013	
i. Align partners' Service Plans and Work Programmes to Alcohol and City Centre Strategies and city centre regeneration plans	<ul style="list-style-type: none"> <li>○ Agenda item at DMTs</li> </ul>	AJ	Ongoing	
ii. Develop Communications /Marketing strategies.	<ul style="list-style-type: none"> <li>⊖ Develop use of social networking tools to effectively 'Market' the city offer.</li> <li>○ Utilise oportunities to promote positive outcomes</li> </ul>	PC	Ongoing	
		All	Ongoing	

**Strategic Objective ii) – A safe and well regulated night time economy**

Outcome ii A:- The most significant risks to public safety / health are addressed.

KPIs

- Number of premises deemed 'High Risk' and requiring multi-agency visit (to 10pa by 31.3.2014)

Actions	Tasks	Lead	Time Scale	Progress
i. Maintain high risk business engagement model (Trading Standards)	<ul style="list-style-type: none"> <li>○ Apply model to newly id'd risks</li> <li>○ ID intervention type</li> <li>○ Arrange early intervention</li> <li>○ Share details on progress</li> </ul>	PJC PJC PJC PJC	Ongoing	
ii. Review use of licensing review regime	<ul style="list-style-type: none"> <li>○ Undertake review of roles and responsibilities</li> <li>○ Engage with partners</li> <li>○ Propose revised arrangements</li> </ul>	CP  CP CP	06/2013  07/2013 09/2013	

**Strategic Objective ii) – A safe and well regulated night time economy**

Outcome ii B:- Increased levels of regulatory compliance.

KPIs

- Number of city centre premises subject to formal enforcement action. (to 6pa by 31.3.2014)

Actions	Tasks	Lead	Time Scale	Progress
i. Regulatory interventions to be complemented by the issue of advice and support.	<ul style="list-style-type: none"> <li>○ All interventions to offer additional advice / information</li> </ul>	AJ	Ongoing	
ii. Maintain Licensing Forum	<ul style="list-style-type: none"> <li>○ Schedule forum meetings</li> <li>○ Administer “</li> </ul>	CP	Ongoing	
iii. Reduce sales of Alcohol to intoxicated persons	<ul style="list-style-type: none"> <li>○ Consider at RA Forum</li> <li>○ Develop approach</li> <li>○ Implement in priority areas</li> </ul>	WMP WMP WMP	04/2013 06/2013 07/2013	

**Strategic Objective ii) – A safe and well regulated night time economy**

Outcome ii C:- Further reductions of under age sales.

**KPIs**

- No of off licences identified where u/age drinking / sales identified as an issue.(to 18pa by 31.3.2014)  
No of off licences visited.(ALL identified above)

Actions	Tasks	Lead	Time Scale	Progress
i. Advice pack to off-licenses (WCC & WMP)	<ul style="list-style-type: none"> <li>○ Deliver to new premises and those developing complaints or subject to review</li> </ul>	PJC	Ongoing	
ii. Maintain high risk business engagement model (Trading Standards)	<ul style="list-style-type: none"> <li>○ See Strategic Obj ii) Outcome ii A Action ii)</li> </ul>	PJC	09/2012	
iii. Effective use of licensing review regime	<ul style="list-style-type: none"> <li>○ Utilise reviews in accordance with UAS policy</li> </ul>	PJC/OW/CP	Ongoing	
iv. Targeting off licences where there has been evidence of under age drinking.	<ul style="list-style-type: none"> <li>○ Analyse information/ intel/evidence</li> <li>○ Identify test purchase programme</li> <li>○ Complete test purchases</li> <li>○ Investigate proxy sales</li> <li>○ All appropriate cases to formal Review</li> </ul>	PJC PJC PJC PJC	Ongoing 04/2013 31/03/2013 Ongoing Ongoing	



**Strategic Objective ii) – A safe and well regulated night time economy**

Outcome ii D:- Customers, employees etc get home safely.

KPIs - NONE

Actions	Tasks	Lead	Time Scale	Progress
i. Review approach to plying for hire enforcement	<ul style="list-style-type: none"> <li>○ Establish working Gp</li> <li>○ Propose new policy</li> <li>○ Implement new policy</li> </ul>	OW	03/2013	
ii. Implement revised policy on Hackney Carriage / PHV criteria	<ul style="list-style-type: none"> <li>○ Identify sustainable funding source</li> <li>○ Align to PRSR reforms</li> </ul>	CP CP	04/2013 04/2013	
iii. Maintain taxi marshalling scheme	<ul style="list-style-type: none"> <li>○ Identify funding source</li> <li>○ Award contract</li> <li>○ Monitor</li> </ul>	CP CP CP	04/2013	
iv. Proactive 3 <sup>rd</sup> sector engagement to agree deployment of resource eg Street Pastors	<ul style="list-style-type: none"> <li>○ Identify sectors to engage with</li> <li>○ Schedule engagement</li> <li>○ Agree issues</li> <li>○ Agree resource deployment</li> <li>○ Implement</li> <li>○ Review</li> </ul>	RA Forum	04/13 04/13 06/13 06/13 09/13 12/13	

**Strategic Objective ii) – A safe and well regulated night time economy**

Outcome ii E:- KIS campaigns mainstreamed.

<b>Actions</b>	<b>Tasks</b>	<b>Lead</b>	<b>Time Scale</b>	<b>Progress</b>
i Explore resourcing options	<ul style="list-style-type: none"><li>○ Carry forward U/spends</li><li>○ ID mainstream funding</li><li>○ ID alternative funding</li></ul>	MS / OW	04/2013	
ii Devise and implement KIS delivery plan	<ul style="list-style-type: none"><li>○ Review, develop and mainstream previous delivery plans.</li></ul>	MS/OW	09/2013	

**Strategic Objective iii) – A night time economy that is supported by responsible businesses**

Outcome iii A:- Increased partnership working with licensed / entertainment trade (Security Industry Authority & Business Crime Partnership)

KPIs

- See strategic objective 1 above

Actions	Tasks	Lead	Time Scale	Progress
i. Develop use of radio link scheme	<ul style="list-style-type: none"> <li>○ Training</li> <li>○ Information/Intelligence Sharing</li> </ul>	LB	Ongoing	
ii. Maintain city centre consultation / engagement forums	<ul style="list-style-type: none"> <li>○ Pubwatch/SIA Forums</li> <li>○ Regular SEAS (Strategic Environmental Access Safety Group) and Business Crime Partnership Meetings</li> </ul>	LB	Ongoing	
iii. Explore possibility of additional neighbourhood schemes. Eg local 'PubWatch' schemes.	<ul style="list-style-type: none"> <li>○ Canvass views at Licensing Forum</li> <li>○ Consider at Responsible Authorities Forum</li> <li>○ Agree approach</li> <li>○ Implement</li> </ul>	Police/LNP	04/2013 06/2013 07/2013 09/2013	
iv. Utilise City Tasking to address alcohol related issues	<ul style="list-style-type: none"> <li>○ Attendance of PJC at tasking</li> <li>○ Response to issues raised at tasking</li> </ul>	PJC PJC	Ongoing Ongoing	

**Strategic Objective iii) – A night time economy that is supported by responsible businesses**

**Outcome iii B :-** Promotion of well managed responsible business.

**KPIs**

- Increase in take up of Voluntary CoP (to 50 by 31.3.2014)

Actions	Tasks	Lead	Time Scale	Progress
i. Explore the feasibility of Best Bar None or alternative scheme for city centre	<ul style="list-style-type: none"> <li>○ Review criteria for Best Bar None Scheme in line with a localised city centre scheme</li> <li>○ Benchmark</li> </ul>	RA Forum	04/2013	
ii. To investigate best practice, standards and training for bar staff and management	<ul style="list-style-type: none"> <li>○ To coordinate and facilitate training as and when funding required</li> </ul>	CP	12/2013	
iii. Explore the introduction of a city centre voluntary agreement on 'drinks promotions'.	<ul style="list-style-type: none"> <li>○ Consider national Pubwatch/ATCM for guidance/good practice in other towns/cities</li> </ul>	ML/OW	12/2013	
iv. Encourage take-up	<ul style="list-style-type: none"> <li>○ Progress through City Centre</li> </ul>	OW	06/2013	

<p>of Voluntary CoP on street litter by business.</p> <p>v. Adoption of best practice by WCC and all businesses utilising WCC premises (eg promotions, controls, sales practices, training of staff etc)</p>	<p>Compliance team</p> <ul style="list-style-type: none"> <li>○ Engage with Promotions and Partnerships</li> <li>○ Engage with Physical Regeneration</li> <li>○ Develop best practice proposals</li> <li>○ RA Forum to consider</li> </ul>	<p>OW/PJC/CP</p>	<p>12/2013</p>	
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## Wolverhampton Alcohol Strategy Action Plan: 2013/2014

**Goal 3:** Combating Alcohol Related Crime & Disorder and Increase Community Safety Due to Alcohol Misuse  
**Delivery Leads:** Karen Samuels, Safer Wolverhampton Partnership & Inspector Pete Haywood, West Midlands Police

### Strategic Objective i) Improve perception of crime and community safety

**Outcome i A:-** Greater use of Social Media.

#### KPIs

- Bench Mark media campaigns throughout the year to establish outcomes of use of social media.

<b>Actions</b>	<b>Tasks</b>	<b>Lead</b>	<b>Time Scale</b>	<b>Progress</b>
i. Joint Social Media strategy to be targetted at key campaigns throughout the year.	SWP shared communications protocol developed and agreed across partners.  Identification of key campaigns 2013-14 and lead agencies  Joint working with Safer Wolverhampton Partnership (SWP )and Wolverhampton Communications Team to emdbed protocols/strategic leads throughout 2013/14	Pete Haywood./Karen Samuels.	May 2013   Sept 2013	

**Strategic Objective ii) Improve Early Intervention Methods**

- **Outcome ii A:-** Use of appropriate legislation to prevent escalation of violence by early intervention.

**KPIs**

- Reduce **Violence With Injury (VWI)** in **Wolverhampton**; (2012/13, 1709, 14% reduction) current milestone is -6%
- Reduce **Violence With Injury** in the **City Centre**; (2012/13, 306, 14% reduction) current milestone is -6%
- Reduce **Violence With Injury** in **Whitmore Reans**; (2012/13, 310, 27% increase) current milestone is -6%
  
- Reduce **Alcohol Related Antisocial Behaviour** in **Wolverhampton**; (2012/13, 460, 35% reduction)
- Reduce **Alcohol Related Antisocial Behaviour** in the **City Centre**; (2012/13, 173, 22% reduction)
- Reduce **Alcohol Related Antisocial Behaviour** in **Whitmore Reans**; (2012/13, 17, 11% reduction)

<b>Actions</b>	<b>Tasks</b>	<b>Lead</b>	<b>Time Scale</b>	<b>Progress</b>
i) Increase use of Sec 27 Dispersal Powers. ii) Action Plans and Reviews to be used and monitored following any interventions which causes closure of premises including Section 161. iii) Utilise Exclusion Orders upon conviction. iv) Effective use of Sec 19 Closure Notices. v) Use of positive ASB interventions covering hotspot locations and Priority Areas.	<ul style="list-style-type: none"> <li>• New Milestone VWI to be assessed as to impact on Most Serious Violence (MSV) reductions over previous years</li> <li>• Monitor use of Sec 27 Notices and areas where they have been issued.</li>   <li>• Monitor escalation from warning letters to ASB interventions, in particular in Local Priority Areas</li> </ul>	i- iv) Insp Pete Haywood.          Jo Mason	On going – Discussed in Daily Business – Robust management practice to engage before the need to escalate.       Review Sept 2013	New Milestone introduced to measure 'Violence with injury' – included after the Police & Crime Plan recognised its profound impact upon victims.   There has been a decrease in use of Sec 27 notices – work to understand contributing factors of reduction. City Centre has already seen this stage progressed to seeking ASB enforcement action against street drinkers.

<p>vii) Monitoring implementation/progress of Designated Public Place Order (DPPO) and then consideration of Alcohol Exclusion Zones in areas that support the requirement.</p>	<ul style="list-style-type: none"> <li>• Include within monthly City Tasking and agree appropriate intervention</li> <li>• Agree performance measures with Regulatory Services and include as part of SWP quarterly performance monitoring</li> <li>• Six month review will be completed in October 2013.</li> </ul>	<p>Matt Hind</p>	<p>Quarterly</p> <p>Oct 2013</p>	<p>Robust Management of Licensed premises – no closures but challenges and amendments to licensing conditions.</p> <p>8<sup>th</sup> April DPPO now city wide – Interventions to be monitored and built into overall strategy around warning letters following issue of Sec 27 Notices. Warning letters sent after 2 Sec 27 notices &amp; Consultation with partners held. If 3<sup>rd</sup> notice issued then escalation with supporting evidence to consider ASB Action.</p>
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**Strategic Objective ii) Improve Early Intervention Methods**

- **Outcome ii B:-** Implmetation of Non Statutory Legislative policies to prevent violence.
- **KPIs**

No current data around Exclusion Orders – further work required to understand this within the Criminal Justice Process

Actions	Tasks	Lead	Time Scale	Progress
i) Re invigorate Barred from one barred from all. ii) Increase involvement of City Centre Pub watch and monitor the spread of Pubwatch across the City , include Local Banning Orders as a standing item on their agenda.	<ul style="list-style-type: none"> <li>• Review of Barriers to achieving greater engagement with the Pub Watch Scheme across the city.</li> <li>• Establish methodology of capturing data in more detail around barred from one barred from all.</li> <li>• Endeavour to include all licensed premises.</li> </ul>	Pete Haywood	Mid Review Sept 2013  End Of Year Review Alcohol Strategy Leads	Pub Watch Scheme now being implemented across the city – need to bench mark schemes and seek their use within Local Priority Areas if practicable. There has been an increase in number of premises involved in scheme.

**Strategic Objective iii) – Reduce Cycle of Re-offending**

**Outcome iii A:-** Diversion Schemes for persons arrested for alcohol related offences

**KPIs**

- To be agreed following discussions with new service provider

<b>Actions</b>	<b>Tasks</b>	<b>Lead</b>	<b>Time Scale</b>	<b>Progress</b>
i) Monitor Fixed Penalty waver scheme. ii) Implement Alcohol Charge/Magistrates referral scheme. iii) Implement Conditional Cautioning/Restorative Justice for Alcohol related crimes.	Link with NACRO service provision to establish capacity to continue with this programme and then manage metric returns.	Insp Pete Haywood	May/June 2013	Suspended – awaiting review of NACRO service provision.

**Strategic Objective iii) – Reduce Cycle of Re-offending**

**Outcome iii B:-** Managing convicted offenders to tackle their alcohol needs

**KPIs**

- To be agreed following discussions with new service provider

<b>Actions</b>	<b>Tasks</b>	<b>Lead</b>	<b>Time Scale</b>	<b>Progress</b>
i) Improve targeting into appropriate interventions. ii) Develop more robust alcohol treatment requirement provision for dependent drinkers convicted of offences	Meeting with NACRO to agree targeting of interventions Agree processes for Drug Rehabilitation Requirments (DRRs) and Alcohol Treatment Requirements (ATRs)	Neil Appleby	May/June 2013	Meeting scheduled May 2013

**Strategic Objective iv) Improve systems for collection, collation and use of alcohol crime related data.**

**Outcome iv :-** Provision of comprehensive data collection to support Partnership Strategy

**KPIs**

- Use of ‘Alcohol Involved’ (Ai) marker in violent crime recording (2012/13 15.9%)
- Feedback required from Police Wc 392 reports. (192 for period 1/12/12- 7/1/13 ) Set as Baseline for monthly data.

Actions	Tasks	Lead	Time Scale	Progress
i. Weekend Licensing Tasking Document for Police to provide HotSpot locations based on all data.		Insp Pete Haywood		There is evidence of an increase in the use of the “Ai” marker when crimes are recorded.
ii. Increase the use of “Alcohol Involved” marker within the Police Crimes system to support data collection and mapping.		Insp Pete Haywood	Ongoing	
iii. Clearer identification around alcohol and Domestic Violence to establish whether	Agree system for collecting data on WC392 reports and Domestic Abuse, Stalking and Honour Based Violence (DASH ) risk assessments to identify alcohol prevalence for	Matt Hind	Sept 2013	

<p>alcohol is an offender or victim issue. ( wc 392 reports )</p> <p>iv) Use of A+E data to inform identification of hotspot alcohol related assault locations.</p> <p>v) Quarterly crime figures for the City Ctre Night Time Economy/Cumulative Impact Zone.</p>	<p>victims and offenders of domestic violence</p> <p>Undertake a review of available A &amp; E alcohol-related data to determine effective use.</p>	<p>Matt Hind</p>	<p>June 2013</p>	<p>A&amp;E data now received on a monthly basis. Just over half all the data received since February 2010 is marked as having alcohol involved. Approximately 70% of the data contains a mappable location that can be used in hotspot identification.</p> <p>Work not yet completed.</p>
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## Wolverhampton Alcohol Strategy Action Plan: 2013/14

**Goal 4: Improving Health and Alcohol Treatment Services in Wolverhampton**

**Delivery Lead: Margaret Liburd - Public Health, Wolverhampton City Council**

**Strategic Objective i) – Prevent harmful and dependant drinking through earlier identification and effective interventions.**

### Outcome

Commissioned services that improve the provision of early identification and brief intervention services.

### KPIs

- 7,500 health checks completed per annum. ( Source - Lifestyles data quarterly)
- As a result of health checks number of people identified with an audit score of : - Dependent - 20+ ; 16 – 19; or 8-15 ( Lifestyles data quarterly. ( Baseline to be established after first 6 months)

Actions	Tasks	Lead	Time Scale	Progress
Implement a health check programme that includes targeted alcohol IBA to 16-74/75 year olds (particularly ethnic groups and deprived postcodes) through a new lifestyles contract.	Agree with provider a process to ensure that audit score data can be collected.	PH	on-going	
Undertake an alcohol marketing campaign	Commission initial research Deveop campaign Artwork Success metrics Run campagin Evaluate effectiveness of campagin	Marketing Dept/PH  Marketing Dept	June 2013  Dec 2013	

**Strategic Objective ii - Improve the long term health outcomes for hazardous and harmful drinkers in Wolverhampton.**

**Outcomes**

Reduction in alcohol related age standardised mortality rates

Increased access to alcohol services for Asian alcohol

**KPIs**

- Reduce Alcohol related age standardised mortality rates for people all ages to that of our ONS comparator group within 5 years (baseline 2007-2009 22.3. Target 15.5 per 100,000). ONS annual reporting.
- 2,500 specialist interventions (sessions) per annum. Lifestyles data quarterly
- Increased numbers of referrals of Asian alcohol misusers (baseline to be set in first 6 months of service)

<b>Actions</b>	<b>Tasks</b>	<b>Lead</b>	<b>Time Scale</b>	<b>Progress</b>
<p>Commissioned an enhanced health trainer service.</p> <p>ii) Implement specialist health trainers suitably trained to deliver extended brief interventions and motivational interviewing to hazardous and harmful drinkers.</p> <p>Provision of culturally appropriate alcohol services, interventions, advice &amp; information to reduce the harms caused by alcohol misuse within the Asian community</p>	<p>Actions to be confirmed and agreed with new provider</p>	<p>PH</p> <p>PH/NACRO</p>	<p>On-going</p>	

## Strategic Objective iii – Improve access to a range of appropriate treatment services in both the community and acute settings in Wolverhampton

### Outcomes

- Remodelled care pathways to ensure holistic care for the most acute and seriously ill.
- Increase in the no of asian alcohol misusers in structured treatment (baseline to be set in first 6 months of service)
- Increase access and choice o community services
- Integration of acute and community services

### KPIs

- Reduce the rate for alcohol specific admissions by 3%
- 90% of individuals withdrawing from alcohol in the community successfully completing the detoxification plan.
- 28 days after a care planned discharge; 90% of service users are drinking beneath harmful levels (Safe levels)
- “Frequent flyers” who engage with the ALN service, subsequently record at least a 50% reduction in hospital episodes over three months in comparison to the monthly average for the 3 months prior to intervention.
- Pharmacology – 67.5% of service users per annum will have received a care planned discharge

Actions	Tasks	Lead	Time Scale	Progress
Implement an triage and referral hub (SPOC)	Establish new model  Pubices Drugs & Alcohol SPOC Tel no:  Advertise young persons substance tel; no.	NACRO	May/June 2013	
Implement integrated substance misuse services in City, including services in the community and acute sector, including an ALN service at RWHT .	Service user consultation  <ul style="list-style-type: none"> <li>• Agree information sharing protocols</li> <li>• Provide staff training on new information systems</li> <li>• Selection &amp; recruitment process for staff in to the new service model</li> <li>• Undertake stakeholder engagement</li> <li>• Publicity and marketing campaign</li> </ul>	NACRO	April / May 2013	



Actions	Tasks	Lead	Time Scale	Progress
	New substance misuse service model in operation	NACRO	June 2013	
	Maintain and review service and treatment pathways	NACRO/PH	Autumn 2013	
	Quarterly monitoring	PH	On-going	