

# Wolverhampton City Council

## OPEN INFORMATION ITEM

Committee / Panel **LICENSING COMMITTEE** Date **27/06/2012**

Originating Service Group(s) **COMMUNITY**  
**EDUCATION AND ENTERPRISE**

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Title/Subject Matter **WOLVERHAMPTON ALCOHOL STRATEGY 2011 – 2015: REDUCING**  
**THE HARMS CAUSED BY ALCOHOL TO CITIZENS OF**  
**WOLVERHAMPTON**

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### **Recommendation**

That Members note the Wolverhampton Alcohol Strategy 2011 - 2015 the associated action plan and performance management framework on behalf of the Licensing Authority.

# **WOLVERHAMPTON ALCOHOL STRATEGY 2011 – 2015: REDUCING THE HARMS CAUSED BY ALCOHOL TO CITIZENS OF WOLVERHAMPTON**

## **1.0 Purpose**

- 1.1 To appraise Members of the Wolverhampton Alcohol Strategy 2011 – 2015, its associated action plan which are attached at Appendices A and B respectively and the arrangements in place to ensure their delivery.

## **2.0 Background**

- 2.1 Wolverhampton's Alcohol Strategy 2011-2015 was developed as a direct response to the need for a collective and consistent approach amongst partners in tackling the harms caused by alcohol across the city. Alcohol related harm being the single biggest threat to health in Wolverhampton.
- 2.2 The development of the Strategy was initially driven by the Wolverhampton Alcohol Steering Group (now operational as an alcohol reference forum) set up as part of the Healthy Places, Healthy Lives national programme. A wide range of local public, private and voluntary sector partners have contributed to its development and will also be instrumental in its delivery.
- 2.3 The content of the Strategy has been informed by our Alcohol Strategic Needs Assessment (ASNA) which details key issues and the current situation for Wolverhampton. The ASNA concluded the following key points:
- Wolverhampton spends approximately £20million P/A on addressing the harms caused by alcohol.
  - Nearly 9000 people in the city are dependant on alcohol with over 40,000 drinking to hazardous or harmful levels.
  - Over 4,800 hospital admissions were alcohol-related at a cost of £9, 612, 560.
  - 50% of all child protection cases have identified alcohol as a factor.
  - Around half of violent crime is alcohol-related.
  - Between a 1/3 and half of domestic violence is alcohol related.
  - The City has more than double the national alcohol death rate.

In addition, it is known that it is not possible to improve life expectancy in Wolverhampton without reducing the alcohol related mortality rate.

- 2.4 It is important to note the Government has recently launched a new national Alcohol Strategy in March 2012 which sets out a clear commitment from Government to address the harms of alcohol and encourage responsible behaviour. The Strategy contains significant proposals which we will keep abreast of and update our local strategy as necessary.

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

- 3.1 This updated Strategy aims to reduce the harm caused by alcohol to both residents and communities in Wolverhampton. The Strategy aims to address harms caused by alcohol misuse in terms of health, crime, community safety, criminal justice and social exclusion.

- 3.2 The Strategy details the evidence of need, reviews local action to date and sets out a delivery structure. An associated action plan (attached at Appendix B) identifies how key aims, objectives and targets will be achieved.
- 3.3 Both the Strategy and action plan are focused on prevention & education, identification and treatment and enforcement and community safety and are structured around the following goals:
- Supporting a whole community approach to changing alcohol habits in Wolverhampton
  - Developing a well-managed night time economy
  - Combatting alcohol-related crime and disorder and increasing community safety due to alcohol misuse
  - Improving health and alcohol treatment services in Wolverhampton.
- 3.4 The above goals are supported by cross-cutting themes:
- Raising awareness of alcohol-related harms for all citizens
  - Improving infrastructure to help us better work together to reduce alcohol-related harms
  - Reducing health inequalities
- 3.5 A number of the actions detailed in the Strategy's plan are of direct relevance to the areas of responsibility of this Committee.
- 3.6 Achieving these aims will require concerted multi-agency working therefore the Strategy sets out a cross-Wolverhampton approach that relies on building and formalising partnerships across our City.
- 3.7 The Strategy is designed to link in with a wide range of other local and national strategies (page 3 Appendix A) and plans to compliment and support them.
- 3.8 The Strategy is intended to be endorsed by the Health and Well-being Board shortly.

#### 4.0 **Implementation of Actions**

- 4.1 Each goal has a nominated lead officer who is responsible for monitoring performance in accordance with actions and KPI's outlined in the action plan. Progress on delivery is monitored by the overall strategic lead for the Alcohol Strategy, Dr Adrian Phillips Director of Public Health who performance manages the strategy as a whole via the Alcohol Strategy leads group and reports on progress to both the Safer Wolverhampton Partnership and the Health and Wellbeing Board.

#### 5.0 **Financial Implications**

- 5.1 The majority of the actions contained within the Strategy and Action Plan can be delivered through existing budgets.
- 5.2 Where the actions contained within the Plan may have require additional budgetary resources, the lead as set out in Appendix B will seek the necessary authorisations through appropriate mechanisms for that organisation.
- 5.3 The potential impact on the Council is currently forecast to be re Goal 2 – Explore opportunities to re-introduce taxi marshalling scheme. [CS/15062012/L]

## 6.0 **Legal Implications**

6.1 There are no direct legal implications arising from this report. However, some of the proposals contained within the action plan will require legal input and clearance. SH/15062012/D

## 7.0 **Environmental Implications**

7.1 There are direct environmental implications arising from this report as a number of actions contained within the strategy and plan seek to improve local and commercial environmental conditions, particularly within Wolverhampton city centre.

## 8.0 **Equalities Implications**

8.1 The broad aims and objectives set out in the strategy are intended to reduce the adverse impact of alcohol on people's health and wellbeing and therefore have a positive impact on the reduction of health inequalities.

8.2 Due to disproportionate alcohol related admission rates from South Asian males further research was commissioned by Wolverhampton City PCT in June 2010 to conduct an exploratory piece of investigative research to explore perceptions of alcohol use and alcohol treatment services within the Asian communities living in Wolverhampton.

## 9.0 **Background Papers**

9.1 The Government's National Alcohol Strategy and Alcohol Strategy Needs Assessment (ASNA) are available via email upon request.

# Wolverhampton Alcohol Strategy 2011-2015

**Reducing the harms caused by alcohol to  
citizens of Wolverhampton.**



## Foreword

Many of us enjoy drinking alcohol, with few ill effects, indeed, it is very much a part of our culture and traditionally enjoyed at many of our festivals. But sadly, alcohol can also contribute to some far more negative consequences, which press our public services. These include crime and disorder, harms to health and harm to wider society.

In Wolverhampton, it is estimated that alcohol related issues cost public services approximately £20 million. This is mainly made up of the costs of crime and disorder, health and loss to the economy in productivity. Our alcohol strategic needs assessment (ASNA) assesses how alcohol harms affect the community and the population. It is also the case that citizens in the hardest pressed areas of our City suffer the most from alcohol-related disease and the ill effects of crime and disorder.

Here in Wolverhampton, the problems relating to alcohol are increasing, have been for a number of years and have now reached a point where urgent action needs to be taken to address them. Doing nothing is not an option as it will have a detrimental effect on the community of Wolverhampton, its prosperity and its citizens.

We have considered many issues relating to alcohol in our ASNA and concluded that a multi- agency approach is the best way of dealing with these issues. We need a concerted effort from all our public sector workers to help combat this problem. Many different agencies have supported the development of this strategy and they will also be instrumental in helping us deliver it.

We are committed to working with residents to help ensure that Wolverhampton makes the most of its assets and vibrant culture and that the future of the City is not jeopardised by consequences of alcohol misuse.

We welcome this strategy and its implementation which will help us all work together and focus on the challenges ahead to support a better future for Wolverhampton.

Dr Adrian Phillips  
Director of Public Health  
Wolverhampton City PCT, Wolverhampton City Council

## Our Partners

We have already received important support from partners across the City in helping develop our alcohol needs assessment, and have held a series of workshops outlining our plans.

We would like to thank all our partners for their on-going support

Addiction Services  
Anti-social Behaviour Unit  
Aquarius  
Children and Young People  
Commissioning  
Communications  
Domestic Violence Forum  
GP Practices  
Housing Support & Social Inclusion  
Licensing  
Local Strategic Partnership  
Local Neighbourhood Partnership Service  
New Cross Hospital – A&E Public Health Team  
Primary Care Consortium  
Safer Wolverhampton Partnership  
Staffordshire and West Midlands Probation Trust  
The Haven  
West Midlands Fire Service  
West Midlands Police Authority  
Wolverhampton City Council  
Wolverhampton Voluntary Sector Council  
YMCA

## Link to other strategies and plans

The strategy is designed to link with other strategies and plans to compliment and support them. Alcohol may be one facet of much larger issues for many people with complex needs.

- \* Strategic plan 2008-2013 for Wolverhampton City PCT
- \* Child Poverty Strategy
- \* Children & Young Peoples Plan 2011-2014
- \* Safer Wolverhampton Partnership priorities
- \* Wolverhampton City Strategy
- \* West Midlands Fire Service Well-being Strategy
- \* West Midlands Police
- \* Young Persons Treatment Plan
- \* Adult Treatment Plan
- \* Housing Support & Social Inclusion Strategy 2010 – 2015
- \* Mental Health Strategy
- \* Violence against Women and Girls Strategy
- \* Teenage Pregnancy Strategy
- \* Whole Family Joint Protocol
- \* Wolverhampton City Council's Corporate Plan 2009-2012



## Executive Summary

This strategy sets out how Wolverhampton plans to tackle alcohol related harm in the City. There will be a multi-agency approach with support from a wide number of public sector, community and voluntary groups. We also need support from employers and the private sector and citizens themselves as this work will be beneficial to all those with an interest in Wolverhampton. Our City has a population of approximately 251,462 and is the thirteenth most populated city in England.

We estimate that Wolverhampton spends approximately £20million per year on addressing the harms caused by alcohol and this is a conservative estimate. The effects of alcohol misuse are far reaching and as well as causing health disorders and disease, there are also issues of alcohol fuelled crime and anti-social behaviour, loss of productivity in the workplace and wider problems for those who misuse alcohol and their families including domestic violence and undermining family cohesion.

The annual cost of alcohol misuse in Wolverhampton per annum includes:

- \* 17% of adults binge drinking (34,549)
- \* 20% of adults drinking at hazardous or harmful levels (41,480)
- \* 4% of adults dependent on alcohol (8,940)
- \* Approximately 2,724 violent incidents (around half of all violent crime)
- \* Approximately 2,572 incidents of domestic violence (around a third of violent crime)
- \* Anti-social behaviour– 12% of residents (sample from Feeling the Difference survey April 2011) perceive drunk or rowdy behaviour to be a problem in their area
- \* Over 4,810 hospital admissions for alcohol related health problems costing £9,612,560
- \* Approximately 26,458 days lost through alcohol-related absence
- \* Between 5% and 10% of children affected by parental alcohol problems
- \* Increased divorce – marriages where there are alcohol problems are twice as likely to end in divorce
- \* Over 2,500 life years lost with 620 in the three most deprived wards
- \* 50% of all child protection cases have alcohol identified as a factor
- \* Higher than average number of fires caused by alcohol and/or substance misuse.



In addition to these stark facts, alcohol is the largest contributor to premature mortality in Wolverhampton and we have significantly more problems with alcohol mortality than any of our comparator areas. It is undoubtedly one of the key issues which will increase life expectancy in the area.

The focus of this strategy is on support, treatment and prevention. We also intend to operate in a proportional way to identify those most at risk of alcohol issues and work with them to support lifestyle and behaviour change to help reduce the gap in health inequalities due to deprivation.

The direction set out in this strategy is based on a detailed analysis of the key issues and the current situation for Wolverhampton. We recognise that the public sector needs to highlight where it should lead and intervene, but the responsibility for alcohol misuse cannot rest with the public sector alone and citizens must help us with this.

Importantly this strategy sets out a cross-Wolverhampton approach that relies on building and formalising partnerships across our City. The drinks industry, health and police and individuals and communities all have their part to play to tackle alcohol misuse. Historically interventions for alcohol have been piecemeal and services have not communicated well with each other. Progress has been difficult to monitor due to the availability of data.

### **This strategy aims to be:**

- \* Coherent and draw together the work from individual agencies, as isolated interventions are unlikely to succeed;
- \* Sustained, as short-term interventions have lesser impact;
- \* Strategic, so that activities are co-ordinated with a strong governance structure; and
- \* Measured so that we can review progress.

### **We have focused on four main goals:**

- \* Supporting a whole community approach to changing alcohol habits in Wolverhampton
- \* Developing a well-managed night-time economy
- \* Combatting alcohol-related crime and disorder and increase community safety due to alcohol misuse
- \* Improving health and alcohol treatment services in Wolverhampton.

### **These goals are supported by cross-cutting themes:**

Our infrastructure needs to be developed to ensure that we can measure success and we also address issues which might be related to health inequalities and raise awareness of issues relating to alcohol as part of an on-going programme of work.

- \* Raising awareness of alcohol-related harms for all citizens
- \* Improving infrastructure to help us better work together to reduce alcohol-related harms
- \* Reducing Health Inequalities

## Goal 1. Supporting A Whole Community Approach to changing Alcohol habits in Wolverhampton.

Developing an approach to alcohol which spans the whole community is important as we seek to support citizens to adopt a different approach to alcohol. Within this approach we will look at individual groups where specific initiatives will be developed.

### 1. Children and Young People (0-19)

Alcohol misuse is becoming commonplace at a young age. A generation of young people are being brought up in a culture where it is thought to be normal to get drunk and abuse alcohol. This has a detrimental effect on their perception of socialising and interactions with others. Young people are more likely to binge drink and are at increased risk of accidents and alcohol poisoning. We aim to build on the dialogue with children and young people to help them not only understand the harms caused by alcohol, but also adopt strategies to avoid falling into drinking harmfully. There are also important social consequences from abusing alcohol at a young age and they may be at risk from STIs, sexual misadventure, accidents, unplanned pregnancy, anti-social behaviour, criminal activity and an increased risk of using other substances.

The Health Related Behaviour Survey tells us:

- \* Currently 25% of children in Wolverhampton drink regularly (10 units) approximately 4,000 11-15 year olds.
- \* Half of all teenagers admit to binge drinking.
- \* 40% of children aged 12-15 surveyed admit to having a whole

drink and 12% were drunk at least once in the last month. About 500 12-15 year olds may be getting drunk on a regular basis.

- \* 28% of 8-11 year olds drank with parental complicity and over 60% of year 10 students (15-16years) drink at home.
- \* 26% of Year 10 students who drank claimed to have purchased alcohol from an off-license.
- \* 22% of those being treated for alcohol-related problems are aged under 18 years.

We will adopt a range of measures to help reduce drinking in children and young people including education, raising aspirations, cultural change, access to treatment and punitive measures.

### Strategic Objective

To support the better understanding of harms caused by alcohol and meet whole family needs in delivering services

**Delivery Lead: Children's and Young People's Services, Wolverhampton City Council.**



## 2. Families

Alcohol misuse in the family can cause great harms to individuals and also wider society. Family breakdown is more likely to occur and many children are harmed and may face being taken into care or being neglected. Nationally alcohol is listed as a factor in 50% of all child protection cases. Accidents in the home may occur and even be potentially fatal e.g. in terms of fires or distressing in terms of domestic violence.

The British Crime Survey indicates that a third of sexual violence was committed while the perpetrator was under the influence of alcohol and alcohol is consumed before 73% of domestic violent incidents with 48% of convicted abusers dependent on alcohol. In Wolverhampton 2,572 reported DV incidents may be alcohol related. This will have a negative effect on the family relationships leading to a range of psychological and behavioural

problems. Victims of domestic violence may also use alcohol as a coping mechanism as reported by local Wolverhampton providers of services to victims of domestic violence.

### Strategic Objective

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

**Delivery Lead: Children's and Young People's Services, Wolverhampton City Council.**



### 3. Vulnerable People and Communities – Deprived communities, Black and Ethnic Minority Groups, Offenders and people with Mental Health Problems.

Particular groups of the community may be more vulnerable to the harms of alcohol. Evidence from the Wolverhampton Alcohol Needs Assessment identified that populations in parts of the City such as Heath Town and Bilston East, Black and Ethnic Minority Groups (BME), people with mental health problems and offenders suffer more from the effects of alcohol harms. This can have a negative effect on themselves and the health and well-being of those around them and in their community. Vulnerable people might be less able or willing to seek help or recognise the harm that alcohol plays in their lives and communities.

- \* Mortality due to alcohol harms is 29.6 per 100,000 in the most deprived 20% of Wolverhampton versus 7.4 per 100,000 in the least deprived 20%
- \* The more affluent 20% of the population have better outcomes after hospital admissions for alcohol harms
- \* 68% of the Asian population surveyed recently would not know where to get help for alcohol misuse.
- \* People with Asian heritage in Wolverhampton have significantly more alcohol specific admissions than those from West European heritage.
- \* More deprived areas such as Heath Town have the highest number of years of life lost (456), followed by Bilston East (435) and East Park with 428 years of life lost.
- \* People with mental health problems are at risk of alcohol misuse and vice versa.

- \* Figures from the probation service indicate that 40% of offenders had problems with alcohol misuse.

Evidence in Wolverhampton has found that males from an Asian heritage are likely to suffer from the ill effects of alcohol and tend to present with advanced stages of disease. Relative to their numbers in the population Asian and Asian British people had more alcohol specific admissions than any other group. They also had greater morbidity and mortality in relation to alcohol use succumbing to liver cirrhosis and cancers and CVD at an earlier age. Asian groups were also less likely to present until they were in advanced stages of disease. Research in Wolverhampton has shown that this population seems to be more impervious to safe drinking messages and also less likely to use services or acknowledge when there might be a harmful problem in relation to their drinking. Cultural issues such as drinking being shameful, hiding drinking and other cultural factors might come into play. Males are more likely to drink and older Sikh men are perceived to drink the most harmfully and there is a lack of knowledge about how and where to seek help. Approaches to working with this population include to focus on awareness raising and portraying clear messages in places where the population gather where drinking might take place and opportunistic screening in health settings such as primary care and hospitals.





People who live in the more deprived 20% of the City are also more likely to suffer worse harms from alcohol problems. These ill effects are likely to become a self-fulfilling prophesy as poverty, stressful lives and environments lead to more alcohol use and more alcohol use contributes to stressful and poorer environments. Individuals in these areas suffer from more crime, anti-social behaviour and health problems. In turn these are translated into more negative behaviours and health outcomes, in individuals trying to survive in these hard-pressed areas and these in turn are passed on to the younger generation.

The issues and environments where people live may render them more vulnerable to alcohol misuse and the ill effects of this. This may lead to tenancy problems, disputes and criminal activity.



## Strategic Objective

To reduce the harms caused by alcohol in our populations who are vulnerable to alcohol harms – offenders, those with mental health problems, the South Asian community and domestic abuse victims

**Delivery lead: Head of Commissioning, Housing Support & Social Inclusion, Wolverhampton City Council**



## Goal 2. Developing a well-managed night time economy

A vibrant night-time economy is desirable for Wolverhampton as it is a cultural centre in the area and boasts many theatres and galleries as well as pubs and restaurants. The City attracts visitors from both the City and outside who visit for shopping, art and shows. It is desirable that we provide a safe environment for our visitors and citizens as well as stimulating the local economy and helping people to enjoy their time in the City.

Alcohol has the capacity to undermine the experience of visiting the City and rowdy and drunken behaviour has increased in recent years. This may undermine the economy in a number of ways – a perception of not feeling safe may deter visitors from spending more time in their evening in the City, families may be deterred from visiting the City in the evening and businesses which seek to provide family dining or activities may be deterred from setting up their businesses in the City. All these things have a detrimental effect on the economy and image of Wolverhampton. When night-time economies are well managed everyone wins: consumers come into the town centres, businesses and local economies flourish.

Street drinking, broken glass, noise, litter from fast food outlets and even human waste can be intimidating and off-putting for both residents and visitors. It is also costly for the Council to clear up. Many

people will want to spend less time in a City Centre that appears to be dominated by alcohol.

Currently there are a range of initiatives involved in helping Wolverhampton to manage alcohol issues, including a successful seasonal “Keep it Safe” campaign. Responsibility for the night-time economy falls to individuals making informed choices about how much they drink and being responsible for their actions, working with the night-time economy to ensure that alcohol misuse is minimised and accurate information is given to customers and authorities, a multi-agency approach to tackling the problems.

### Strategic Objectives

- \* A prosperous and diverse, high quality, night time economy
- \* A safe and well regulated night time economy
- \* A night time economy that is supported by responsible businesses

**Delivery lead: Regulatory Services, Wolverhampton City Council.**

### Goal 3. Combating alcohol related crime, disorder and increasing community safety due to alcohol misuse

We seek to make the City a good place to visit, both for our own community living and working in Wolverhampton and also for others visiting the City for a day or evening out. We will take steps to reduce alcohol-related crime and disorder and help improve the image of the City.

Alcohol misuse is a major contributor to crime, disorder and anti-social behaviour, with alcohol-related crime costing millions for Wolverhampton each year in terms of dealing with offenders, providing health care and street cleansing. The most visible issues include alcohol-related disorder and anti-social behaviour in the town centre and other centres at night and under-age drinking. Other areas of concern are crime, disorder and anti-social behaviour, recidivists, domestic violence and drink driving.

Currently out of 5,448 violent offences recorded in 2009/10, approximately half include alcohol. Probation services record 40% of offenders as needing support with alcohol problems – 822 people over an 11 month period. Wolverhampton has historically suffered from higher rates of violence and sexual offenses compared to national averages, and is currently only slightly above average than our most similar comparator areas with marked reductions in both these crime types. Reductions of all crime types by 13.5% have been achieved over the last three years. The importance of having a robust city-wide alcohol strategy will support Wolverhampton to make further impact on reduction of crime.

There is evidence to suggest that extended licensing hours tends to encourage the consumption of alcohol where there is a culture of binge drinking and this may exacerbate the problems of crime and disorder in the City. The

percentage of crimes thought to be attributable to the night-time economy in the City centre is 35% which has increased in the last three years. There has also been a rise in the number of licensed premises by 16%. Evidence from the Police suggests that a high volume of crime emanates from a small number of locations. Focusing resources in these areas could help reduce violent crime. Partnership work with A&E focussing on assaults may support this approach.

A&E data from New Cross hospital suggest that 54% of assaults are alcohol related which is approximately 14 visits per week with most visits occurring at the weekend between 11pm and 3am.

There are a number of laws and powers available to Police, Regulatory Services and other statutory Partners that can restrict offenders' behaviour or be utilised as early intervention techniques to prevent the potential for crime and disorder to escalate. These range from drunk and disorderly, orders to leave the area, through to banning orders upon conviction. Improved partnership working and better use of licensing legislation can significantly impact on reducing crime, and need to be developed and used more frequently.

One step might be to ensure that premises that sell alcohol are more intrusively managed, but having suitable diversion and early intervention programmes for alcohol related offenders is paramount to successfully improving community safety. These referral pathways have had substantial impact in other areas across England where alcohol related crime and repeat offending has reduced sharply. This needs to be replicated in Wolverhampton, starting with a better use of legislation with a coercive approach.

This requires development of innovative initiatives around Penalty Notice Waiver Schemes and Conditional Cautioning for the lower level drink related/binge drinking type offenses, supported by those referral pathways in place to address the harms caused by alcohol. This will aim to break the cycle of arrest, convict and re-offend.

### **Strategic Objectives**

- \* Improve perception of crime and community safety
- \* Improve Early Intervention Methods
- \* Reduce Cycle of Re-offending
- \* Improve systems for collection, collation and use of alcohol crime related data.

**Delivery lead: Head of Community Safety Partnership, Wolverhampton City Council and Partnerships Manager, West Midlands Police Authority**



## Goal 4. Improving health and alcohol treatment services in Wolverhampton.

Alcohol misuse is the single biggest threat to health in Wolverhampton. Excessive alcohol consumption doesn't just cause alcohol liver disease; it causes a range of health harms, including injury due to alcohol-related assaults and increases the risk of developing conditions and diseases, such as hypertension, stroke and coronary heart diseases and cancers.

The City as a whole has more than double the national alcohol death rate, with rates of alcohol-related mortality 45% higher than our comparator areas. There is a clear link between deprivation and mortality with those living in the South East of the City experiencing the most alcohol-related mortality.

Alcohol misuse is also killing people at a young age. Alcohol deaths account for the 3<sup>rd</sup> highest number of Years of Life Lost (YLL) in the under 75 year olds in the City, only infant mortality and coronary heart disease have higher rates. Our alcohol needs assessment indicated that there are over 2,500 years of life lost for the inhabitants of Wolverhampton with 1,200 of these in the most deprived areas of the city.

Providing interventions for those with serious alcohol problems or alcohol dependency provides a great potential to reduce alcohol-related mortality and alcohol-related hospital admissions.

We seek to improve access to services for individuals who need support to address problems with alcohol. Steps will be taken to ensure that dependent drinkers and those in the most need can access services appropriate to them.



A successful alcohol treatment programme needs:

- \* Identification and referral of people with alcohol problems.
- \* Treatment tailored to differing individual needs and motivations including support for families.
- \* Services that are effective in helping vulnerable and at-risk groups.

Historically we have faced a number of problems in relation to existing identification, referral and treatment services.

- \* Drinking problems have not been identified at an early enough stage.
- \* Health staff in the main have not known how to deal with or refer onwards individuals who have presented with these issues.
- \* Demand and supply for appropriate treatment has not previously ensured that all people who needed help have been able to access the pathway through different routes.
- \* Procedures for referring vulnerable people or those with complex problems have not been clear; this potentially meant that patients either get lost in the system or fall between services.

Moving forward Wolverhampton PCT has developed plans to introduce new alcohol treatment services which will change the face of alcohol services in Wolverhampton. Through the commissioning and implementation of new interventions and services we aim to address the preventable harms caused by alcohol, increase life expectancy and reduce health inequalities in Wolverhampton.

We know that many of our alcohol related deaths present to hospitals or other services in the three years before they succumb to their disease and the worse outcomes are experienced by the most deprived communities. We need to ensure that all cases are identified and managed in a timely way to prevent these deaths where possible. Evidence shows that treatment can be effective for some of those patients who have been dependent drinkers for many years. Efforts will be made to identify and treat issues focussing on chronic and dependent drinkers in hospital and primary care and other settings but also in encouraging more responsible drinking through working with the community and well-being teams and health trainers.

Health data shows that alcohol morbidity and mortality is manifesting itself earlier between 45-59 for males and women 35-45 years. Most people (65%) who die from alcohol related conditions in Wolverhampton have been admitted at least once in the 36 months prior to death and may be heavy users of services. Potentially these individuals could be better served by the health services.

A minority of service users have complex needs and alcohol may only be one of them and treatment could fail if there is a lack of co-ordination between all relevant services. A third of psychiatric patients with serious mental illness have a substance misuse problem, half of rough sleepers are alcohol dependent and an estimated 25% of drug misusers also misuse alcohol. The services developed will enable these

complex patients to be managed appropriately by ensuring they can access treatment through different routes, robust procedures for identifying problems will be put in place and client referrals will be managed between services. Clients will also receive the follow up support they need.

### **Strategic Objectives**

- Prevent harmful and dependant drinking through earlier identification and effective interventions.
- Improve the long term health outcomes for hazardous and harmful drinkers in Wolverhampton.
- Improve access to arrange of appropriate treatment services in both the community and acute settings in Wolverhampton.

**Delivery lead: Consultant in Public Health**

## Areas of Activity which cut across all four goals.

### Raising Awareness

We are mindful that the issue of alcohol is one which is the responsibility of everyone in Wolverhampton to manage. We will make a start by ensure that all public sector and voluntary sector workers are aware of the issues and can think about addressing them on a personal level and within their families as well as with the wider public. We also need to encourage



individuals to take personal responsibility for their behaviour and their actions when drunk.

A first step is to ensure that people understand the potential risks of irresponsible drinking and alcohol misuse and these messages need to be sustained. People will receive messages from advertising, education at school or work, information from the drinks industry and most importantly friends, family and

the wider community. However we need to ensure that these messages actually lead to changes in behaviour and initiatives need monitoring and managing.

We need to ensure that we are providing information that is easy to understand, targeted appropriately to those communities who may be experiencing the most harm, including binge and chronic drinkers. We also need to share information about what works best with different communities.

We have a number of large public sector employers in Wolverhampton – including the City Council, the NHS, the Police and the University. We intend to raise awareness of issues for all staff. We want to ensure that all our staff are healthy and happy at work and also able to give messages about sensible drinking to others.

As well as being a health and safety issue, alcohol misuse is a major cause of absenteeism and lost profitability and productivity. Employers need to know how to recognise when an employee has an alcohol problem and what actions to take and what procedures to follow. This should be laid down in an alcohol policy, followed by staff training.

We seek to develop “health champions” in the community too. These individuals will be identified through our neighbourhood teams and also through publicity and our staff. We will particularly wish to identify champions from areas where alcohol harms are worse and from communities who might suffer worse harms. All our partners will support us on this.

### Improving Infrastructure

Good infrastructure and joined up services are the cornerstone of addressing alcohol-related issues. This is a theme which will

run through our four goals as we seek to improve our existing partnerships and build new ones.

### **Data collection**

Data sharing protocols should enhance joint working, however in some areas data is lacking or of poor quality and intermittently collected. Here it becomes hard to manage or report progress on issues. Much progress has been made on this area but we have identified from our needs assessment key areas where data collection needs to be improved to enhance our ability to monitor progress and outcomes.

### **Joining up Services**

We have realised that partnerships across the City are essential for helping us deliver this strategy, and already we have made progress in building the foundations of good partnership working. We will seek to strengthen these partnerships and work together to achieve more positive outcomes for the residents of Wolverhampton. We will do this by ensuring that all our partners are clear of the services and initiatives available to help reduce the effects of alcohol harms.



### **Commissioning**

We must ensure that we are commissioning services for residents who misuse alcohol in a consistent way. We are currently commissioning a wider range of services across the City in piecemeal fashion. Commissioners are working hard to address these issues and to ensure that

we provide a high quality service for all service users. Our focus will be on ensuring that we provide adequate and timely services around prevention and also help support those with more serious alcohol problems. We will also ensure that we commission services which are evidence-based and culturally sensitive to residents of Wolverhampton who suffer the most from alcohol-related harms. Work is underway to radically overhaul services which are commissioned, and we need to do more work to ensure that we adopt a City-wide approach.

### **Innovation**

Innovation will be crucial to the effective delivery of our key performance indicators. We aim where possible to operate according to an evidence-base, but will also ensure that we are innovative and nimble when it comes to addressing key problems. All novel modes of delivery will be evaluated and results made available to the steering group. Staff will be encouraged to look at innovative solutions to problems. Wolverhampton residents will be key to helping us find solutions to problems in our communities across the City.

### **Reducing Health Inequalities**

Wolverhampton has a more deprived population than others in the West Midlands with 50% of our citizens living in the 20% most deprived areas in England. The South East of the City has the highest mortality rate with 27.9 per 100,000. In terms of years of life lost Heath Town, Bilston East and East Park lose more than 1,200 years compared to national averages. Mortality and morbidity gets progressively worse as deprivation worsens across the city (see Goal 1)

Wolverhampton data from hospitals also suggests that although admissions for alcohol-related disease do not significantly



differ across the City, there are significantly worse outcomes for more deprived residents, suggesting that less deprived populations may be able to access and adhere to treatment better through perhaps greater resilience and social support or are more amenable to help.

This strategy seeks to redress the balance in supporting those who are at most risk from alcohol harms.

### **Governance**

There are a number of groups which are involved with activities relating to alcohol and substance misuse. In order for this strategy to be delivered the existing multi-agency Wolverhampton Alcohol Steering Group will be tasked with overseeing the implementation of the strategy. The group will oversee performance against key performance indicators and make recommendations to the Commissioning and other Boards in relation to strategic development. The group will consist of all key partners and delivery leads and meet on a bi-monthly basis. Targets and performance ratings will be decided by the steering group. Baseline indicators will be established so that progress may be monitored.

### **Costing**

The strategy aims to be cost neutral as far as possible. Lead agencies responsible for delivering their service areas will cover their own costs. In some cases additional funds may have to be found, these areas will be addressed by individual action leads. Delivery leads are responsible for highlighting costing issues to the steering group.

### **Communication Plan**

The strategy will be endorsed and signed off by all the lead agencies responsible for delivering the strategy. The strategy will be disseminated to all agencies and cascaded to staff in those agencies through the usual channels. Managers are responsible for disseminating the strategy and will report back to the steering group to ensure that all staff have had their attention drawn to the strategy.



## Appendix B

### Wolverhampton Alcohol Strategy Action Plan June 2011

Goal 1. A Whole Community Approach to Changing Alcohol Habits in Wolverhampton

Strategic Objective i) – To support the better understanding of harms caused by alcohol, and meet whole family needs, in delivering services.

Delivery Lead: Bridget Pugh, Wolverhampton City Council

Outcome	Actions	Lead	Time Scale	KPIs
<ul style="list-style-type: none"> <li>Children, young people and their families have access to accurate and consistent information in relation to the harms of alcohol.</li> </ul>	<ul style="list-style-type: none"> <li>i. <b>Prevention</b> To support schools in their delivery of the Local Drug &amp; Alcohol Education Programme, to ensure provision of a consistent education package around alcohol.</li> </ul>	Russell Stanley	July 2013	<ul style="list-style-type: none"> <li>Stepped increase over 2 years of all schools delivering the Local Drug and Alcohol Education curriculum. (Baseline 2011 42%)</li> <li>Target 2012/13 – 50%, 2013/2014 – 65%. Quarterly data.</li> </ul>
	<ul style="list-style-type: none"> <li>ii. To develop an e-learning resource package to post 16 students (e.g. 6<sup>th</sup> form college/alternative training providers, e-learning)</li> </ul>	Robin Morris	July 2012	
	<ul style="list-style-type: none"> <li>iii. To ensure that substance misuse services and organisations is published on PLINGS as part of the youth offer.</li> </ul>			

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

**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.**

**Delivery lead: Bridget Pugh, Wolverhampton City Council**

Outcome	Actions	Lead	Time Scale	KPIs
<ul style="list-style-type: none"> <li>• Early identification for those at risk.</li> </ul>	<ul style="list-style-type: none"> <li>i. Regular DUST training is available across the Children’s workforce.</li> <li>ii. Increase in DUST referrals to SUBS – the Young Persons Specialist Treatment service.</li> <li>iii. Risky Behaviour e’learning package is available to adult and childrens workforce.</li> <li>iv. Interventions and Brief Advice training to be rolled out across the workforce.</li> <li>v. Proactive management of alcohol related A&amp;E YP admissions.</li> </ul>	<ul style="list-style-type: none"> <li>Caroline Lane</li> <li>Jo Heaney</li> <li>R.Seehra</li> <li>R,Jervis</li> <li>Robin Morris</li> </ul>	<ul style="list-style-type: none"> <li>On-going rolling programme April 2012</li> <li>November 2012</li> <li>April 2012/2013</li> <li>January 2012</li> </ul>	<ul style="list-style-type: none"> <li>• 5% increase in 2012-2013/2013-2014 (Baseline to be established in first 6 months data collection). Quarterly.</li> <li>• 200 statutory &amp; voluntary sector workers trained in IBA (Lifestyles contract – quarterly)</li> </ul>

<p>Young people have access to early</p>	<p>vi. Multi-agency drop-in's pilot (CHAT) in 4 schools across Wton. Alcohol to be included as an issue.</p> <p>i. Young persons alcohol needs identified at MAST Extended Panel meetings.</p>	<p>Kush Patel</p> <p>J.Heaney/ R.Seehra</p>	<p>January 2013</p>	<ul style="list-style-type: none"> <li>• No of YP (18&amp; under) admitted to NX/attended A&amp;E for alcohol related issues.</li> <li>• No of letters sent by Hopsital YS team to offer support.</li> <li>• % take up of those offered support. (baseline to be established on 6 months data collection).</li> <li>• No of YP who have identified alcohol as an issue (defined by ICD10 codes). All above quarterly.</li> <li>• No of DUST's completed by CHAT where alcohol has been identified as an issue. (baseline to be established on 6 months data collection). Quarterly.</li> </ul>
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<p>intervention services and have a robust care pathway across universal, targeted and specialist services.</p> <p>Reduce the risks to YP who are affected by parental alcohol misuse.</p>	<p>ii. Implement tiered approach to youth alcohol. (Review Dec 2012/Jan 2013)</p> <p>i. Identify no's affected parental alcohol misuse through commissioned services.</p>	<p>R.Seehra</p> <p>R.Seehra</p>	<p>Ongoing</p> <p>Ongoing</p>	<ul style="list-style-type: none"> <li>• No of YP referred for alcohol targeted youth support (i.e. Youth Service/Connexions)</li> <li>• No of referrals to SUBS (baselines to be established on 6 months data collection).</li> <li>• No of letters sent to parents/carers.</li> <li>• No of repeat referrals.</li> <li>• No of referrals to SUBS/YISP. All above quarterly.</li> <li>• % of people in treatment that are parents/carers.</li> <li>• No's of CAF's initiated by Adult Services. (baseline to be based on 6</li> </ul>
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Improve intelligence of alcohol problems	ii. Develop practice guidelines for the workforce in responding to parental substance misuse in partnership with safeguarding.	R.Seehra	April 2012	months data collection). All above quarterly.
	iii. Establish Safeguarding Hidden Harm Development Officer post to develop and deliver training package to adult and childrens workforce.	R.Seehra	April 2012/13	<ul style="list-style-type: none"> <li>No of CAF's initiated where a whole family approach has been taken in relation to alcohol (baseline to be established on 6 months data collection). Quarterly.</li> </ul>
	iv. To amend Hidden Harm e'learning package and align with developed training.	R.Seehra	April 2012	<ul style="list-style-type: none"> <li>No of C&amp;YP progressing through Child Protection Plan due to substance misuse. Quarterly.</li> </ul>
	i. Key agencies to provide and share data – the police, A&E, schools, substance misuse and children's services to identify those at risk and put in preventative measures to address the issues.	R.Seehra	Ongoing	<ul style="list-style-type: none"> <li>No of off licences where underage drinking has been identified as an issue.</li> </ul>
	ii. Targeting off licences where there has been evidence of under age drinking.	Paul Dosanjh		<ul style="list-style-type: none"> <li>No of off licences visited.</li> <li>No of premises licence reviews initiated. All above quarterly.</li> </ul>

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

**Strategic Objective iii) – To reduce harms caused by alcohol in our populations who are vulnerable to alcohol harms - offenders, those with mental health problems, those in the Asian community and domestic abuse victims.**

**Delivery Lead: Fiona Ellis, Head of Commissioning, Housing Support & Social Inclusion, Wolverhampton City Council**

Outcome	Actions	Lead	Time Scale	KPIs
<ul style="list-style-type: none"> <li>• Those at risk of alcohol harm are identified and receive appropriate support.</li> <li>• Vulnerable populations are more aware of alcohol harms.</li> <li>• People with needs related to alcohol harm have their needs met through appropriate and effective services.</li> <li>• Increased access to alcohol services for Asian alcohol misusers.</li> </ul>	<ul style="list-style-type: none"> <li>i. Provision of culturally appropriate alcohol services and interventions to reduce the harms caused by alcohol misuse within the Asian community, in the first instance prioritising higher risk and dependant drinkers.</li> <li>ii. Provision of culturally appropriate information, advice and raise awareness to the Asian community, including Carers &amp; families, on alcohol harms and the availability of services. Asian service will carry out awareness raising - clear messages given in places where Asian men might drink – such as weddings, Asian pubs and cultural centres.</li> <li>iii. IBA training will be provided to community organisations and groups of which Asian community groups will be priority areas.</li> <li>iv. To focus on vulnerable populations such as the Asian community and those in more deprived areas of the city as identified in the Alcohol Needs Assessment, to raise awareness.</li> <li>v. To provide a culturally appropriate response to vulnerable individuals and services that are tailored to address complex needs.</li> </ul>	PCT	<p>*Link to new service provider</p> <p>From April 2012</p> <p>From April 2012</p> <p>From Jan 2012</p>	<ul style="list-style-type: none"> <li>• Within 3 years reduce the difference in mortality from alcohol-related disease between those in poorer areas and those in more affluent areas by reducing the current mortality rate experienced by the most deprived quintile to the Wolverhampton average. (baseline 2005-2009 28.4. Target is 21.7 per 100,000).ONS annual data.</li> <li>• Increased numbers of referrals of Asian alcohol misusers (baseline to be set in first 6 months of service). SPOC data quarterly.</li> </ul>

	<p>vi. Highlight the link between alcohol and domestic violence, encouraging victims and perpetrators to seek help. It may be more socially acceptable for perpetrators to seek help for alcohol issues.</p> <p>vii. Support for Victims of domestic violence in alcohol consumption. Development of skills and aspirations. Work with women to tell their stories and help others in similar positions. Develop alcohol champions.</p> <p>viii. Explore funding opportunities for IDVA based in RWHT.</p> <p>ix. Explore domestic violence awareness training in schools.</p>	<p>WDVF/ Aquarius</p> <p>MS</p> <p>MS</p>	<p>Ongoing</p> <p>2012/2013</p> <p>2012/2013</p>	<ul style="list-style-type: none"> <li>• Increase in the no of asian alcohol misusers in structured treatment (baseline to be set in first 6 months of service). SPOC data quarterly.</li> <li>• To increase referrals from A&amp;E into alcohol services (baseline to be established 2012-13). SPOC data quarterly.</li> <li>• Improved treatment journeys for those with dual diagnosis measured through a reduction in inappropriate referrals. SPOC data quarterly from April 2012 (baseline to be set in first 6 months).</li> </ul>
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**Goal 2. Developing a Well Managed Night Time Economy**

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

Delivery Lead: Andy Jervis, Wolverhampton City Council

Outcome	Actions	Lead	Time Scale	KPIs
<ul style="list-style-type: none"> <li>• Licensing Policy that is aligned to/ supports a nte that is prosperous, high quality and diverse.</li> <li>• The Casino application adds value to the nte.</li> <li>• Delivery of proportionate enforcement.</li> </ul>	<ul style="list-style-type: none"> <li>i. Annual review of Cumulative Impact Policy</li> <li>ii. Biennial full review of Licensing Policy Statement</li> <li>iii. Review to reflect opportunities of Police Reform Bill etc</li> <li>iv. Establish baseline data for licensed premises</li> <li>v. Establish data set on crime and disorder in CIZ</li> <li>i. Review of Gambling Policy</li> <li>ii. Inclusion of nte issues in the competition criteria</li> <li>iii. Commence competition process</li> <li>iv. Award licence</li> <li>i. Review Policies (WMP &amp; WCC)</li> <li>ii. Maintain multi-agency task force approach</li> <li>iii. Effective intervention management</li> </ul>	<ul style="list-style-type: none"> <li>Colin Parr</li> <li>"</li> <li>"</li> <li>Analyst</li> <li>Colin Parr &amp; Ruth Taylor</li> <li>Andy J, Oli W</li> <li>Oli W, PJC</li> <li>Andy J</li> <li>Andy Jervis</li> </ul>	<ul style="list-style-type: none"> <li>03/2013</li> <li>03/ 2013</li> <li>03/2013</li> <li>12/2011</li> <li>12/2011</li> <li>12/2011</li> <li>12/2011</li> <li>03/2012</li> <li>03/2013</li> <li>03/2012</li> <li>ongoing</li> <li>ongoing</li> </ul>	<ul style="list-style-type: none"> <li>• Reduced proportion of vertical drinking establishments within the city centre.</li> <li>• Increased proportion of restaurants in the city centre.</li> <li>• Number of licensed premises investigated due to concerns over crime rates.</li> <li>• Number of positive outcomes resulting from multi-agency intervention.</li> </ul>

<ul style="list-style-type: none"> <li>Improved perception of City Centre.</li> </ul>	iv.	All formal action to be approved by 'Cases Panel'	Colin Parr	09/2011	
	v.	Engagement of regulatory agencies with City Centre Company	Andy Jervis	12/2011	
	vi.	Explore possibility of adopting local byelaws on drinks pricing	Oli Wassall,	12/2012	
	vii.	Implement compliance and consenting measures linked to city centre regeneration	Andy Jervis	03/2012	
	i.	Implement the 'Rate my Place' scheme of scoring food business compliance or equivalent.	Andy Jervis	09/2012	<ul style="list-style-type: none"> <li>Cabinet approval of compliance and consenting measures by December 2012.</li> <li>Rate my place/equivalent launch by 03/2012.</li> <li>Increased % of 4 and 5 star food premises in city centre.</li> <li>Average star rating for food premises in city centre increased.</li> </ul>
	ii.	Align partners' Service Plans and Work Programmes to Alcohol and City Centre Strategies and city centre regeneration plans	Pete Connelly	03/2012	
	iii.	Alignment to City Centre Communications/Marketing strategies.		03/2012	
	iv.	Develop use of social networking tools to effectively 'Market' the city offer.		03/2012	

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

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

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

Outcome	Actions	Lead	Time Scale	KPIs
<ul style="list-style-type: none"> <li>The most significant risks to public safety / health are addressed.</li> </ul>	<ul style="list-style-type: none"> <li>i. Improve data, handling, management and use</li> <li>ii. Maintain high risk business engagement model (Trading Standards)</li> <li>iii. Review use of licensing regime</li> <li>iv. Maintain multi-agency Task Force</li> <li>v. Develop risk based inspection tool for licensing visits.</li> <li>vi. Develop intelligence based tasking for licensed premises.</li> </ul>	<p>Andy Jervis Peter Calvert</p> <p>Andy J Oliver W "</p> <p>"</p>	<p>03/2012</p> <p>09/2011</p> <p>09/2011 ongoing 03/2012</p> <p>03/2012</p>	<ul style="list-style-type: none"> <li>Visits / interventions in relation to 100% of high risk businesses where alcohol is an issue.</li> </ul>
<ul style="list-style-type: none"> <li>Increased levels of regulatory compliance.</li> </ul>	<ul style="list-style-type: none"> <li>i. Regulatory interventions to be complemented by the issue of advice and support.</li> <li>ii. Maintain Licensing Forum</li> </ul>	<p>Andy Jervis</p> <p>Colin Parr</p>	<p>09/2011</p> <p>03/2012</p> <p>09/2011</p>	<ul style="list-style-type: none"> <li>% of premises subject to review where repeat offending occurs.</li> <li>As above</li> </ul>
<ul style="list-style-type: none"> <li>Further reductions of under age sales.</li> </ul>	<ul style="list-style-type: none"> <li>i. Advice pack to off-licenses (WCC &amp; WMP)</li> <li>ii. Maintain high risk business engagement model (Trading Standards)</li> <li>iii. Effective use of licensing review regime</li> </ul>	<p>Peter Calvert</p> <p>Colin Parr</p>	<p>06/2012</p>	

<ul style="list-style-type: none"> <li>• Customers, employees etc get home safely.</li>   <li>• KIS campaigns mainstreamed.</li> </ul>	<ul style="list-style-type: none"> <li>i. Review approach to plying for hire enforcement</li> <li>ii. Review Hackney Carriage / PHV provision</li> <li>iii. Explore opportunities to re-introduce taxi marshalling scheme</li> <li>iv. Review traffic management arrangements</li> <li>v. Proactive 3<sup>rd</sup> sector engagement to agree deployment of resource eg Street Pastors</li>   <li>i. Explore resourcing options</li> <li>ii. Devise and implement KIS delivery plan</li> </ul>	<p>Andy H</p> <p>Colin Parr Colin Parr</p> <p>David O Colin Parr</p> <p>Michelle Smith/ Oliver Wassall</p>	<p>01/2012 03/2012</p> <p>06/12 06/2012</p> <p>06/2012 12/2012</p>	
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**Goal 2. Developing a Well Managed Night Time Economy**

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

Delivery Lead: Andy Jervis, Wolverhampton City Council

Outcome	Actions	Lead	Time Scale	KPIs
<ul style="list-style-type: none"> <li>Increased partnership working with licensed / entertainment trade (Security Industry Authority &amp; Business Crime Partnership)</li> </ul>	<ul style="list-style-type: none"> <li>i. Develop use of radio link scheme</li> <li>ii. Maintain consultation / engagement forums</li> <li>iii. Explore possibility of additional neighbourhood schemes. Eg local 'PubWatch' schemes.</li> <li>iv. Develop use of Bluetooth technology to communicate safety messages to customers.</li> <li>v. Encourage take-up of 'Rate my Place'</li> <li>vi. Utilise City Tasking to address alcohol related issues.</li> </ul>	<ul style="list-style-type: none"> <li>Lucy B</li> <li>Lucy B</li> <li>Lucy B</li> <li>Peter Connelly</li> <li>Oliver Wassall</li> <li>Peter C</li> </ul>	<ul style="list-style-type: none"> <li>09/2011</li> <li>03/2012</li> <li>03/2012</li> <li>Ongoing</li> <li>03/2012</li> </ul>	<ul style="list-style-type: none"> <li>• See strategic objective 1 above</li> </ul>
<ul style="list-style-type: none"> <li>Promotion of well managed responsible business.</li> </ul>	<ul style="list-style-type: none"> <li>i. Explore the feasibility of Best Bar None or alternative scheme</li> <li>ii. Maintain door supervisor forum</li> <li>iii. To investigate best practice, standards and training for bar staff and management. To coordinate and facilitate training as and when funding identified.</li> </ul>	<ul style="list-style-type: none"> <li>Lucy Bickley</li> <li>"</li> <li>"</li> <li>"</li> </ul>	<ul style="list-style-type: none"> <li>12/2012</li> <li>Ongoing</li> <li>12/2011</li> </ul>	<ul style="list-style-type: none"> <li>• Introduce scheme by 06/2013</li> </ul>

<ul style="list-style-type: none"> <li>Establishment of a WCC Community Safety CCTV System</li> </ul>	iv.	Explore the introduction of a voluntary agreement on 'drinks promotions'.	"	03/2012	<ul style="list-style-type: none"> <li>increase in take up of Voluntary CoP per year.</li> </ul>
	v.	Explore implementation of a 'voluntary banning scheme'	Oliver Wassall	03/2012	
	vi.	Encourage take-up of Voluntary CoP on street litter by business.	KG PJC Wkg Grp	06/2012	
	i.	Establish working group.	KG/EW	03/2012	
	ii.	Establish legal position in relation to WCC policy and proposals.		06/2012	
	iii.	Develop proposals for CCTV system.		09/2012	
	iv.	Identify funding.		tbc	

**Goal 3. Combating Alcohol Related Crime & Disorder and increase community safety due to alcohol misuse.**

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

**Delivery Lead: Karen Samuels, Safer Wolverhampton Partnership**

Outcome	Actions	Lead	Time Scale	KPIs
<ul style="list-style-type: none"> <li>• Greater use of Social Media.</li>   <li>• Partnership Joint Media Strategy</li> </ul>	<ul style="list-style-type: none"> <li>i. Use of Bluetooth technology based on Intelligence to be placed within licensed premises to provide safety messages.</li> <li>ii. Use of Twitter and Facebook to distribute positive messages.</li> <li>iii. Link to One City marketing campaign</li> <li>iv. Active promotion of all cross-partner delivery to tackle alcohol related crime and disorder</li> <li>v. Joint media releases for all night time economy and Keep it Safe campaigns.</li> </ul>	Pete Connelly	Operational by December 2011	1) 88% of residents agree 'Police and Councils are dealing with ASB & Crime'  Baseline 2010-11 81%  Reported Quarterly  Data will be taken from Feeling the Difference Survey.

**Goal 3. Combating Alcohol Related Crime & Disorder and increase community safety due to alcohol misuse.**

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

**Delivery Lead: Inspector Steve Worker, West Midlands Police Authority**

Outcome	Actions	Lead	Time Scale	KPIs
<ul style="list-style-type: none"> <li>Use of appropriate legislation to prevent escalation of violence by early intervention.</li> </ul>	<ul style="list-style-type: none"> <li>i) Increase use of Sec 27 Dispersal Powers.</li> <li>ii) Review intelligence to support DPPOs (Alcohol Restriction Zones)</li> <li>iii) Use of Pub closure orders, Sec 161 Licensing Act.</li> <li>iv) Utilise Exclusion Orders upon conviction.</li> <li>v) Effective use of Sec 19 Closure Notices.</li> <li>vi) Develop an educational package around licensing legislation to assist in enforcement and interventions.</li> <li>vii) Use of targeted ASBU interventions covering hotspot locations and persistent offenders</li> </ul>	<p>i- vi) Insp Paul Afron</p> <p>ASBU – Jo Mason</p>	<p>April 2012</p> <p>December 2011</p>	<p>2) Reduce most serious violence (MSV) by 9%. (2010-11 baseline target = 264)</p> <p>3) Reduce Violence with injury within city centre neighbourhood by 9%. (2010-11 baseline target = 415)</p> <p>Reported Quarterly.</p> <p>WMP Crime Figures in compliance with Home Office Crime recording Standards.</p>
<ul style="list-style-type: none"> <li>Targeted interventions within Education establishments</li> </ul>	<ul style="list-style-type: none"> <li>i) Alcohol education to be placed within the SHARPS system at schools.</li> <li>ii) Alcohol to be included within the PSHE lesson.</li> </ul>	<p>WMP Youth Officer . Pc Ruby-Astin</p>	<p>April 2012</p>	<p>4) Reduce % of secondary school pupils stating they have drunk alcohol within the last week. (2010 baseline 21% HRBS)</p>

<ul style="list-style-type: none"> <li>• Implementation of Non Statutory Legislative policies to prevent violence.</li> </ul>	<ul style="list-style-type: none"> <li>iii) Continuation of OCEANA Theatre workshops around alcohol targeting Year 14 pupils.</li> <li>i) Develop Protocol and Policy of Local Banning Orders to support “Barred from 1 – Barred from all” scheme.</li> <li>ii) Increase involvement of City Centre Pub watch and include Local Banning Orders as a standing item on their agenda.</li> <li>iii) Maintain high risk business engagement model, using Cardiff Model to link multi-agency task force approach</li> </ul>	<p>Claire Peterson</p> <p>Insp Paul Afron Pub watch (1 &amp;2)</p> <p>Insp Paul Afron</p>	<p>April 2012</p>	
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**Goal 3. Combating Alcohol Related Crime & Disorder and increase community safety due to alcohol misuse.**

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

**Delivery Lead: Inspector Steve Worker, West Midlands Police**

Outcome	Actions	Lead	Time Scale	KPIs
<ul style="list-style-type: none"> <li>Implementation of an Alcohol Arrest Referral Scheme</li> </ul>	<ul style="list-style-type: none"> <li>i) Identify the most appropriate service provision, provider and funding for work within Custody Suite.</li> <li>ii) Source sufficient capacity within alcohol treatment services to facilitate links to criminal justice system.</li> <li>iii) Undertake system change service review to integrate drug/ alcohol and mental health services to deliver recovery based provision</li> </ul>	Insp Steve Worker	April 2013	<ul style="list-style-type: none"> <li>15 Alcohol Treatment Requirements completions p/a.</li> <li>25 Drink Impaired Driver Programme completions p/a.</li> <li>20 Low Intensity Alcohol Programme completions p/a.</li> </ul>
<ul style="list-style-type: none"> <li>Referral pathway for Youths drinking in a public place.</li> </ul>	<ul style="list-style-type: none"> <li>i) Tiered Approach to Youth Alcohol (Work with Service provider SUBS and ASBU)</li> </ul>	Insp Steve Worker	December 2011	<ul style="list-style-type: none"> <li>Figures to be produced Quarterly by Probation.</li> </ul>
<ul style="list-style-type: none"> <li>Diversion Schemes for persons arrested for alcohol related offences.</li> </ul>	<ul style="list-style-type: none"> <li>i) Implement Fixed Penalty Notice waiver scheme.</li> <li>ii) Implement Alcohol Charge/Magistrates referral scheme.</li> <li>iii) Implement Conditional Cautioning for Alcohol related crimes.</li> <li>iv) Crown/Magistrate Court Triage facility</li> </ul>	Insp Steve Worker	April 2012	<ul style="list-style-type: none"> <li>Total Number of completions for 2011-2012 available in April 2012.</li> </ul>
<ul style="list-style-type: none"> <li>Introduction of CAF</li> </ul>	<ul style="list-style-type: none"> <li>i) Included within Tiered Approach and for</li> </ul>	Pc Diane	April 2012	

<p>assessments</p> <ul style="list-style-type: none"> <li>Managing convicted offenders to tackle their alcohol needs</li> </ul>	<p>persons up to 24 with Mental &amp; Physical Impairment.</p> <p>i) Improve targeting into appropriate interventions.</p> <p>ii) Develop more robust alcohol treatment requirement provision for dependent drinkers convicted of offences</p>	<p>Shepherd</p> <p>Neil Appleby</p>		
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**Goal 3. Combating Alcohol Related Crime & Disorder and increase community safety due to alcohol misuse.**

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

**Delivery Lead: Inspector Steve Worker, West Midlands Police Authority.**

Outcome	Actions	Lead	Time Scale	KPIs
<ul style="list-style-type: none"> <li>Provision of comprehensive data collection to support Partnership Strategies</li> </ul>	<ul style="list-style-type: none"> <li>i. Quarterly Crime Figures for the City Centre Night Time Economy/Cumulative Impact Zone.</li> <li>ii. Revise cross-partner data collection to build in alcohol marker</li> <li>iii. Collection of all alcohol partnership data to drive City Tasking captured within Monthly Tasking Document. (Partnership Tasking and Co-ordination group PTCG)</li> <li>iv. Weekend Licensing Tasking Document for Police to provide HotSpot locations based on all data.</li> <li>v. Increase the use of "Alcohol Involved" marker within the Police Crimes system to support data collection and mapping.</li> </ul>	<ul style="list-style-type: none"> <li>Ruth Hall</li> <li>Insp Paul Afron</li> <li>Ruth Hall</li> </ul>	<ul style="list-style-type: none"> <li>December 2011</li> <li>December 2011</li> </ul>	



	<p>vi. Use of A&amp;E data to inform identification of hot spot alcohol related assault locations.</p> <p>vii. Clearer identification around alcohol and Domestic Violence to establish whether alcohol is an offender or perpetrator issue.</p>	<p>Ruth Hall</p> <p>WDVF – kathy Cole-Evans</p>		
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**Goal 4. Improving health and alcohol treatment services in Wolverhampton.**

**Strategic Objective 1 – Prevent harmful and dependant drinking through earlier identification and effective interventions.**

**Delivery Lead: Ros Jervis, Wolverhampton City Primary Care Trust**

Outcome	Actions	Lead	Time Scale	KPIs
Commissioned services that improve the provision of early identification and brief intervention services.	i) 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.	Ros Jervis/Margaret Liburd/Strategic Alcohol Commissioning Group (SACG)	Jan 2012	<ul style="list-style-type: none"> <li>7,500 health checks completed per annum. Lifestyles data quarterly.</li> </ul>
Increased confidence and competence of front line staff.	ii) Implement an Identification and Brief Advice (IBA) training programme for front line healthcare staff.		Jan 2012	<ul style="list-style-type: none"> <li>200 frontline healthcare staff/community champions to receive IBA training. Lifestyles data quarterly.</li> </ul>

**Goal 4. Improving health and alcohol treatment services in Wolverhampton.**

**Strategic Objective 2 – Improve the long term health outcomes for hazardous and harmful drinkers in Wolverhampton.**

**Delivery Lead: Ros Jervis, Wolverhampton City Primary Care Trust**

Outcome	Actions	Lead	Time Scale	KPIs
<p>Reduction in alcohol related age standardised mortality rates.</p> <p>Commissioned services to help those whose mental and physical health is at risk due to their hazardous/harmful drinking.</p>	<p>i) Commission 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>Ros Jervis/Margaret Liburd/Strategic Alcohol Commissioning Group (SACG)</p>	<p>From April 2012</p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 2,500 specialist interventions (sessions) per annum. Lifestyles data quarterly.</li> </ul>

**Goal 4. Improving health and alcohol treatment services in Wolverhampton.**

**Strategic Objective 3 – Improve access to a range of appropriate treatment services in both the community and acute settings in Wolverhampton.**

**Delivery Lead: Ros Jervis, Wolverhampton City Primary Care Trust**

Outcome	Actions	Lead	Time Scale	KPIs
<ul style="list-style-type: none"> <li>• Remodelled care pathways to ensure holistic care for the most acute and seriously ill.</li> <li>• Increased access and choice to community services.</li> <li>• Integration of acute and community services.</li> <li>• Expansion of detoxification provision.</li> <li>• Improved liaison between relevant services to ensure holistic care.</li> </ul>	<ul style="list-style-type: none"> <li>i. Implement an assessment triage and referral hub.</li> <li>ii. Implement an Acute case multi-disciplinary team (including a complex case co-ordination and review team, acute sector team, community detoxification team, assertive outreach team and Asian health worker(s)).</li> </ul>	<p>Ros Jervis/Margaret Liburd/Strategic Alcohol Commissioning Group (SACG)</p>	<p>From April 2012</p> <p>From April 2012</p>	<ul style="list-style-type: none"> <li>• 2% Reduction in year on year trend in emergency admissions (partly and wholly attributable) WMPHO data 6 monthly.</li> <li>• 90% of individuals withdrawing from alcohol in the community successfully completing the detoxification plan. SPOC data quarterly.</li> </ul>