

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 on 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 3rd 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.

