



# Licensing Committee

10 September 2014

<b>Report title</b>	Update on Wolverhampton Alcohol Strategy 2011-2015	
<b>Wards affected</b>	All	
<b>Accountable director</b>	Sarah Norman, Community	
<b>Originating service</b>	Public Health	
<b>Accountable employee(s)</b>	Ros Jervis Tel Email	Director of Public Health 01902 55(1372) ros.jervis@wolverhampton.gov.uk
<b>Report to be/has been considered by</b>	Wolverhampton Alcohol Strategy Strategic Leads meeting (consideration of content and focus of the report)	1 July 2014

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## Recommendation(s) for action or decision:

The Committee is recommended to:

1. Consider and make comment on the issues identified through the focus on Goal 1
2. Comment on the new reporting dashboard which is still in development. The principle of a dashboard was agreed at the Health and Wellbeing Board and reported to the Licensing Committee at its meeting in December 2013.
3. Make comment on any other issues identified in the report.

## Recommendations for noting:

The Committee is asked to note:

1. Note the update report in relation to the implementation of all the goals in the Wolverhampton Alcohol Strategy 2011-2015, which includes trend analysis of alcohol mortality broken down by key population characteristics.
2. Note the response to the minimum pricing loophole concerning super strength cider.

3. Note that the Alcohol Strategy Strategic Leads will be undertaking a review and refresh of the strategy as it nears the end of its term.

## **1.0 Purpose**

- 1.1 The purpose of this report is to provide members of the Licensing Committee with an update in relation to the implementation of the Wolverhampton Alcohol Strategy 2011-2015, with a special emphasis on Goal 1 – Supporting a whole community approach to changing alcohol habits in Wolverhampton. In addition, the paper is to keep the Committee aware of local and national initiatives in relation to the alcohol agenda.

## **2.0 Background**

- 2.1 The Licensing Committee endorsed the Wolverhampton Alcohol Strategy 2011 – 2015 on 27 June 2012 and agreed to receive periodic reports. At previous meetings the Committee has received overall reviews of performance against the strategy action plan with a specific focus on one of the four goals. The last remaining goal is Goal 1 which is the focus of this update paper.

### **2.2 Reporting dashboard**

In the last update paper, in December 2013, the Committee was informed of a new reporting dashboard which would focus on fewer and more meaningful indicators which had been approved by the Health and Wellbeing Board at its meeting in November 2013. Having one common dashboard will streamline and unify the reporting arrangements between the Wolverhampton Alcohol Strategy and the Joint Health and Wellbeing Board priority on alcohol and drugs. The dashboard is attached as Appendix 1 and still under development. This is the first time that this new dashboard has been presented to the Licensing Committee and comments on its format are welcomed. .

## **3.0 Progress Update on Alcohol Strategy Strategic Goals**

A Brief update on progress against Goals 2, 3 and 4 are given below, with a greater emphasis given to Goal 1.

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

The focus for this goal has been on providing education. This includes children, young people and their families have access to accurate and consistent information in relation to the harms of alcohol. KPIs relate to the number of schools in Wolverhampton delivering the Wolverhampton Drug Education Programme (WDEP) or their own drug education programme as part of their planned delivery of non-statutory Personal, Social, Health & Economic (PSHE) education. Healthy Schools deliver and report on this outcome.

The Wolverhampton Drug Education Programme (WDEP) is accessible via the [www.trustdecca.com](http://www.trustdecca.com) website. The programme provides lesson plans and resources from Year 1 to Year 11 inclusive. The programme is primarily designed for use within mainstream school settings and is presented in a 'spiral' format – revisiting substance related topics with age appropriate activities. It is recommended that the programme be delivered as part of a planned PSHEe curriculum. PSHEe is non-statutory – schools should aim to meet the needs of their pupils, but it is left to the individual school's discretion as to which elements of PSHEe (including drug education) they include in their curriculum.

The education also includes improving knowledge within the workforce. This is 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. The work included Regular DUST and Substance Misuse training s offered to schools and Children's workforce.

The early identification work also involved providing opportunities for children and young people to discuss alcohol related issues. The CHAT (confidential, health advice for teenagers) was developed in a six secondary schools. The service was managed by Youth Service, School Nursing and Connexions. Monitoring forms were developed to capture issues highlighted. The monitoring reports showed did not highlight alcohol.

Part of Goal was reporting on the number of CAF's from the substance misuse service. However, this service has recently been tendered, resulting in data being unavailable.

Further detailed reporting on Goal 1 indicators are given in Appendix 2.

## 3.2 Other Alcohol Strategy Strategic Goals

### 3.2.1 Goal 2 Developing a Well Managed Night Time Economy

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

- The Statement of Licensing Policy is currently under review and will be presented to the Licensing Committee on 12 November 2014 to commence a formal public consultation, this will include revisions to the Cumulative Impact Policy:

West Midlands Police have advised that they have witnessed a reduction of violent crime and anti-social behaviour (ASB) in the current CIP area. Following discussion at the Responsible Authorities Forum the draft Statement of Licensing Policy propose introducing CIP in four additional areas within Wolverhampton and extending the City Centre area to additional surrounding streets.

The policy has allowed greater control to ensure that licensing objectives have been met and have promoted the prevention of public nuisance, crime and disorder.

- The Responsible Authority Forum and multi-agency task force are on-going to ensure proportionate enforcement. Effective intervention management is also on-going with reviews and interventions being regularly used to ensure compliance with licensing requirements.
- The National Food Hygiene Rating scheme has been adopted and went live 20 September 2013 and has shown the positive impact of the revised food hygiene service which has resulted in a 100 fold increase in four and five star premises.

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

- To reduce the sale of alcohol to intoxicated persons, all off licenses in the city are regularly visited by West Midlands Police and any issues are communicated through the Responsible Authorities Forum.
- To prevent the underage sales of alcohol, advice packs have been provided by us directly or on our behalf by West Midlands Police to new licensed premises, those who have complaints against them and those subject to review. A 'high risk list' is used to manage actions in relation to the underage sales of alcohol with 33 complaints of which 28 are for off licenses and five for on licenses received this year alone. They have all been sent advice letters.
- Test purchases have been carried out at 25 different premises with two underage sales witnessed at one premises. A prosecution was undertaken and a conviction was secured against the seller resulting in fine. Stringent conditions were also added to the premises licence including having CCTV and robust staff training to reduce the likelihood of further underage sales.

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

- WCC premises adopt best practice in relation to the sales and promotion of alcoholic drinks to meet to aims of promotion a well-managed responsible business.

*3.2.2 Goal 3: Combating Alcohol Related Crime and Disorder and Increase Community Safety*

Operation Stay Safe is the deployment strategy that contains tactics for effectively policing the night time economy. This strategy is regularly updated to meet the dynamic demands created from this area of business.

The use of preventative methods is still a mainstay of the overall Alcohol Strategy. All seizures made under the powers conferred by the DPPO are now collated on the Police Corvus intelligence system. This provides a single point of collation for all Officers; there has been an average of one entry per day (over the last 50 days ) on the system detailing seizures, some entries relate to multiple alcohol seizures. Section 27 Dispersal

(the power to disperse people involved in ASB where alcohol is a factor) is a power that is also available to officers, there have been 27 notices issued so far this calendar year.

Officers on Wolverhampton Local Policing Unit (LPU) are now regularly wearing Lapel Cam's. Their effectiveness is monitored as part of an academic study the results of which can be reported on at a later date.

NACRO staff have been deployed as part of Operation Stay Safe (to offer educational advice), significantly during the Football World Cup. This is not a tactic that will be regularly used, however it will be considered as a tactical option for specific times of the year.

Operation Sentinel is a West Midlands Police (WMP) approach to highlight vulnerability. Alcohol is a factor in domestic violence incidents, and medium and high risk victims/offenders are referred to Wolverhampton substance misuse service, and there is an outstanding task to now include standard risk subjects.

The alcohol dashboard contains the relevant alcohol related statistics for Wolverhampton LPU.

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

Alcohol misuse poses a threat to health and wellbeing in Wolverhampton. Excessive alcohol consumption does not just cause liver disease; it causes a range of health harms, including injury due to alcohol related assaults and increases the risk of developing conditions such as hypertension, stroke and coronary heart disease and cancers. The Licensing Committee requested that the alcohol mortality figures be broken down and tracked over time. Appendix 3 shows these trends for males and females; the deprivation profile of Wolverhampton and also an age breakdown. Indicators chosen to track progress in the dashboard also include other measures such as numbers receiving alcohol related interventions via National Health Service (NHS) health checks; alcohol specific admissions to hospital and service users receiving treatment.

#### Alcohol related mortality rates

Latest (currently provisional) annual reporting for 2011-2013 shows a three year average mortality rate of 15.6 per 100,000 all ages population. This continues a steady downward trend from a peak in 2006-08 as shown in Appendix 3, Figure 1. This figure shows how Wolverhampton's position on alcohol mortality is increasingly moving towards its comparator group, Centres with Industry, which is the Alcohol Strategy five year target (originally a standardised rate of 15.5 per 100,000 populations which we have provisionally almost reached). This seemingly sustained fall in mortality rates is welcomed and work must continue to sustain this as we are still some way from the age standardised national average of ten deaths per 100,000 population. Appendix 2, Figures 2 and 3 show that the rate of improvement is more rapid in females where the Wolverhampton rate is below the comparator group, although rates for females are much lower than for males. For males, the reduction in mortality has shown a slight increase after a sustained fall and remains higher than our comparator group.

There is a link between deprivation and alcohol related mortality and also age as alcohol is killing people at a younger age. Appendix 3, Figure 4 shows that the main group where alcohol mortality is high is amongst our most deprived population in Wolverhampton and that a gap in mortality experience across the city remains.

In terms of age distribution, Appendix 3 Figure 5 shows mortality over a five year period from 2009 to 2013 and the ages where mortality is highest are from 40 to 69. This is why alcohol is a big killer in relation to premature mortality in Wolverhampton.

Therefore future focus on reducing mortality should continue to target males from the most deprived areas

However, whilst mortality is decreasing, alcohol related admissions are increasing. This may mean that alcohol related illness is being treated earlier and more effectively, and so the relationship between admissions and mortality may be complex and need further examination.

#### Alcohol treatment services

This section 3.3 reports on alcohol treatment services as part of the three year substance misuse contract for drug and alcohol services.

Wolverhampton City Council commenced an initial three-year contract with substance misuse and crime reduction charity NACRO to deliver a new, consolidated drug and alcohol treatment service for young people and adults on 1 April 2013. The contract is delivered by NACRO in partnership with Birmingham and Solihull Mental Health NHS Foundation Trust and Aquarius. A payment by results element is attached to outcomes achieved over the period of the contract.

The first year of delivery (2013/14) has seen performance in successful outcomes in Wolverhampton decline significantly. The scale of the change, workforce restructure, new IT and case management systems and implementation of the operating model have contributed to this. A number of performance and quality work streams have been established to address this in addition to the quarterly contract monitoring meetings. Financial penalties will be applied to any future performance under national and cluster benchmarks.

In addition to the concerns around performance of the service, Public Health's quality review undertaken in June 2014 identified the following concerns and gaps:

- A significant reduction in capacity of the drug and alcohol workforce particularly nursing staff; the perception is that this is affecting the resource around clinical and risk assessments.
- Reduced staffing capacity in the criminal justice sector.
- Gaps in workforce skill set i.e. mental health awareness.
- Varied service user experience of the 'treatment offer'.
- Inconsistencies in frequency of contact and the level of support offered by key workers.

- A lack of service visibility, information to the public and wider stakeholders about what the service offers

An improvement plan will be submitted by the service in August 2014.

### 3.3. *Other issues to report to the Committee*

#### Alcohol Strategy 2011 – 2015 review

As the Wolverhampton Alcohol Strategy nears the end of its five year term, the Alcohol Strategy Strategic Leads meeting has decided, at its next meeting, to undertake a review of the strategic objectives that underpin each of the goals. Currently the meeting feels that these four strategic goals are still the key areas to concentrate on, but a refresh is needed, given the changing circumstances and changing needs of the city and its residents. The results of this review will be reported for approval of the Board at the next scheduled update of this priority area.

#### 'Minimum Pricing' guidance on the sale of super strength cider

In response to concerns about alcohol fuelled violence and the public health problems associated with excessive drinking, the Government's Alcohol strategy of March 2012 included a commitment to introduce a minimum unit price for alcohol. However, in July the Government announced that it would not be proceeding with minimum unit pricing after all. Instead there would instead be a ban on the sale of alcohol below cost price (the level of alcohol duty plus VAT).

However there has been some confusion over the duty category of some products, especially relating to the classification of super strength ciders as 'still' rather than 'sparkling' which has the effect of reducing a two litre bottle of super strength cider from £6.20 to £1.60 Super strength lagers and ciders can cause serious damage to health, premature deaths and social devastation to individuals and families and are amongst the cheapest to buy.

Wolverhampton Alcohol Strategy Strategic Leads Group has produced a briefing at the request of the Portfolio Holder for Health and Wellbeing. The call to action, from the Portfolio Holder for Health & Wellbeing is for government to take a sensible approach and immediately clarify the duty issue on sparking ciders to include those that are causing the most harm to individuals, families and communities and that a letter should be sent to express our concerns.

The Licensing Committee is asked to note the above action.

#### Report on 'Get Home Safe' Christmas Campaign

Wolverhampton City Council has been running a successful Christmas Campaign for several years called 'Get Home Safe', aimed at women aged 18 – 25 who are travelling home after a night out in the city centre. In 2013 the campaign was run at lower cost

and achieved better value. In 2012, the total spend for the campaign was £8,000. This year the budget totalled around £3,000 and saw an increase of 94% in users. Mobile phone users provided the key communication channel as well as Facebook reaching many more people to promote the campaign. The 2014 campaign will start around September and will be even more cost effective - for example by using Twitter.

#### **4.0 Financial implications**

- 4.1 There are no direct financial implications arising from this report.
- 4.2 Any actions arising from the Wolverhampton Alcohol Strategy will be delivered within the existing approved budgets held under Public Health, and other mainstream budgets held by services and external agencies that are responsible for delivery of specific actions.
- 4.3 Funding from Public Health is provided to the Council by the Department of Health in the form of a ring-fenced grant. Total funding settlement for Public Health for 2014/15 is £19.3 million.

[AS/01092014/L]

#### **5.0 Legal implications**

- 5.1 There are no direct legal implications arising from this report.

#### **6.0 Equalities implications**

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

#### **7.0 Environmental implications**

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

#### **8.0 Schedule of background papers**

- 8.1 Papers to Health and Wellbeing Board  
REPORT TO THE SHADOW HEALTH AND WELLBEING BOARD – Wolverhampton Alcohol Strategy 2011 – 2015. 5 September 2012

REPORT TO THE HEALTH AND WELLBEING BOARD – Joint Health and Wellbeing Strategy Update. 1 May 2013

REPORT TO THE HEALTH AND WELLBEING BOARD – Alcohol Strategy – Progress Update. 3 July 2013

REPORT TO THE HEALTH AND WELLBEING BOARD - Wolverhampton Joint Health and Wellbeing Strategy 2013 – 2018 and JSNA. 4 September 2013

REPORT TO THE HEALTH AND WELLBEING BOARD - Progress Update on Joint Health and Wellbeing Strategy Priority: Alcohol and Drugs. 6 November 2013

8.2 Papers to Licensing Committee

REPORT TO LICENSING COMMITTEE – Wolverhampton Alcohol Strategy 2011 – 2015. 27 June 2012

REPORT TO LICENSING COMMITTEE - Wolverhampton Alcohol Strategy 2011 – 2015. 27 June 2012- Update Report. 13 February 2013

REPORT TO LICENSING COMMITTEE – Alcohol Strategy: Progress Update. 22 May 2013

REPORT TO LICENSING COMMITTEE – Update on Wolverhampton Alcohol Strategy 2011 – 2015 18 December 2013

8.3 Papers to Cabinet

REPORT TO THE CABINET (RESOURCES) PANEL – Substance Misuse Procurement Programme. Tuesday 21 February 2012

REPORT TO CABINET – Section 75 Agreement With Wolverhampton City PCT. Wednesday 11 April 2012

REPORT TO THE CABINET (RESOURCES) PANEL – Substance Misuse Procurement Programme. Tuesday 27 November 2012

8.4 Papers to Health Scrutiny Panel

REPORT TO HEALTH SCRUTINY PANEL – Wolverhampton Substance Misuse Services Consultation Findings. Thursday 12 April 2012

REPORT TO HEALTH SCRUTINY PANEL – Wolverhampton Substance Misuse Service Contract Award and Mobilisation. Thursday 7 February 2013

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**Appendix 1: Wolverhampton Alcohol Strategy  
2011/2015  
Alcohol Strategy Leads Performance Report**

Goal	Target	Benchmark	2011/12	2012/13	2013/14				2013/14 final	Commentary
					Q1	Q2	Q3	Q4		
Goal 1: A Whole Community Approach to Changing Alcohol Habits in Wolverhampton	Target relates to 13/14 % schools			30/09/13					31/07/14	
	59			48					58	
	76			76					<b>76</b>	
	85			50					<b>33</b>	
	100			50					100	
	65			52					61	
Goal 2: Developing a Well Managed Night Time Economy	36	43	39	39.00	39	39	39	39	39	
	30	27	27	28.00	28	28	30	31	31	
	-	-	-	-	-	2	5	7	7	
	Y	N	N	N	Completed				Y	
	70	28	36	59.00	-	70	107	127	127	
	10pa	18	6	5.00	-	6	10	11	11	



		9pa		13	6	0.00	-	2	2	2	2	
		18		27	23	3.00	-	-	20	26	26	
		All above		All	All	1.00	-	-	13	20	20	
<b>Goal 3: Combating Alcohol Related Crime &amp; Disorder and Increase Community Safety Due to Alcohol Misuse</b>							447	483	475	417		Performance in the last quarter of 2013-14 showed a reduction towards the lower control limit, with February in particular recording low levels.
							199	184	193	152		Levels followed a decreasing trend throughout the financial year, with levels remaining below the long term average during Q4
							69	56	86	68		Performance showed more control in the City Centre than the LPU as a whole during Q4, with levels remaining controlled
							44	36	64	54		Performance mirrored that of VWI across the LPU. Of note, the proportion of City Centre VWI that was NTE related increased during Q4





## Appendix 2



Wolverhampton

### Wolverhampton Alcohol Strategy Action Plan: 2013/2014 Healthy Schools contribution to Alcohol Strategy: April 2013 – July 2014

#### Goal 1: 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

**Outcome i A:-** Children, young people and their families have access to accurate and consistent information in relation to the harms of alcohol.

KPIs relate to the number of schools in Wolverhampton delivering the Wolverhampton Drug Education Programme (WDEP) or their own drug education programme as part of their planned delivery of non-statutory Personal, Social, Health & Economic (PSHE) education.

**KPIs:**

- Primary Schools 13/14 - target 43 schools-59%
- Secondary Schools 13/14 -target 13 schools-76%
- Special Schools 13/14 - target 5 schools- 85%
- PRU's 13/14 - target 4 PRU's-100%
- Total of 65% of all schools

**As of 30<sup>th</sup> September 2013:**

Primary Schools – 48%  
Secondary Schools- 76%  
Special Schools – 50%  
PRU's – 50%  
Total of all schools – 52%

**As of 31<sup>st</sup> July 2014:**

Primary Schools – 58%  
Secondary Schools- 76%  
Special Schools – 33%  
PRU's – 100%  
Total of all schools – 61%

The Wolverhampton Drug Education Programme (WDEP) is accessible via the [www.trustecca.com](http://www.trustecca.com) website. The programme provides lesson plans and resources from Year 1 to Year 11 inclusive. The programme is primarily designed for use within mainstream school settings and is presented in a 'spiral' format – revisiting substance related topics with age appropriate activities. It is recommended that the programme be delivered as part of a planned PSHE curriculum. PSHE is non-statutory – schools should aim to meet the needs of their pupils, but it is left to the individual school's discretion as to which elements of PSHE (including drug education) they include in their curriculum.

The table below summarises the uptake and use of WDEP by schools and educational settings in Wolverhampton from April 2013 to July 2014. It also indicates where schools have stated they use their own drug education programme instead of WDEP. Healthy Schools support on drug education is still offered to these schools and these programmes include input on alcohol education. Information has been gathered from a variety of sources, including the 2014 Drug Education Audit, Healthy Schools' training records and records of contacts with individual schools.

### Use of Wolverhampton Drug Education Programme (WDEP) April 1<sup>st</sup> 2013 – July 31<sup>st</sup> 2014

	Total No. of Schools	Target: % Running WDEP or own drug programme as part of PSHE  (number of schools in brackets)	Number of schools stated they are running WDEP	Running Drug Education as part of PSHE (school's own programme)	Stated not running WDEP or similar drug ed. programme	Unknown	Achieved: % Running WDEP or own drug education programme as part of PSHE  % of Total Schools (number of schools in brackets)
<b>Primary schools (Y1-Y6)</b> (Inc. Infants & Juniors)	73	59% (43)	48% (35)	10% (7)	10% (8)	32% (23)	58% (42)
<b>Secondary schools (Y7-Y10)</b>	17	76% (13)	59% (10)	17% (3)	0% (0)	24% (4)	76% (13)
<b>Special Schools</b>	6	85% (5)	33% (2)	0% (0)	17% (1)	50% (3)	33% (2)

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PRUs	4	100% (4)	75% (3)	25% (1)	0% (0)	0% (0)	100% (4)
TOTAL	100	65 (65%)	50 (50%)	11 (11%)	9 (9%)	30 (30%)	61 (61%)

**Actions: i:** Prevention: To support schools in their delivery of the Local Drug & Alcohol Education Programme, to ensure provision of a consistent education package around alcohol.

Tasks	Progress / Risks as of July 2014
<ul style="list-style-type: none"> <li>Access to Wolverhampton Drug Education Programme to all schools in Wolverhampton via Trustdecca website.</li> </ul>	<ul style="list-style-type: none"> <li><b>Achieved and ongoing:</b> All schools in Wolverhampton have access to the resources and lesson plans of the Wolverhampton Drug Education Programme (WDEP), which should form part of the school's PSHEe curriculum. PSHEe is non-statutory. Access to the materials is via the <a href="http://www.ourguideto.co.uk/">www.ourguideto.co.uk/</a> website (the new website name for Trustdecca). The Healthy Schools Drug Education Advisor is able to provide support to all schools in Wolverhampton to help them access, use and adapt these resources to the needs of their pupils.</li> </ul>
<ul style="list-style-type: none"> <li>Review / update of Programme materials supported by annual audit questionnaire sent to schools.</li> </ul>	<ul style="list-style-type: none"> <li><b>Achieved and ongoing:</b> WDEP materials were updated in August 2013, based upon feedback from the annual Wolverhampton Drug Education Audit and other emerging data, resources and priorities. For example, Year 8 now includes a lesson plan on smoking, based upon the resources developed for the ECLIPS project. The materials will be reviewed and updated again in August 2014. New drug education materials developed by Trustdecca in Sandwell were also piloted during this period. It is currently planned that these materials will complement and enhance, rather than replace the Wolverhampton programme.</li> </ul>
<ul style="list-style-type: none"> <li>Promotion of Programme via Healthy Schools Award schemes, newsletter,</li> </ul>	<ul style="list-style-type: none"> <li><b>Achieved and ongoing:</b> WDEP has been promoted via:</li> </ul>

<p>network groups and related events.</p>	<ul style="list-style-type: none"> <li>○ PSHE Network Group meeting which convenes once per term</li> <li>○ Healthy Schools Health &amp; Wellbeing Award in Substance Awareness – discussed at support visits to schools. The Award criteria will be reviewed in August 2014 to ensure they comply with the national ‘Quality Standards for Effective Alcohol and Drug Education’ launched by Mentor-Adepis in March 2014</li> <li>○ Regular updates on WDEP and drug education / policy are provided in the termly Healthy Schools Newsletter sent to all schools in Wolverhampton</li> <li>○ Parents evening information stands on WDEP at various schools</li> <li>○ Promoting WDEP resources through Healthy Schools’ involvement in other substance related educational projects including:             <ul style="list-style-type: none"> <li>▪ Whitmore Reans LNP ‘Say No To Drugs’ art and poetry competition involving Whitmore Reans primary schools (April-July 2013)</li> <li>▪ ‘Do the Write Thing’ Year 6 cannabis awareness / literacy development project, funded by MAST 2 for Bilston primary schools – Healthy Schools developed age appropriate cannabis lessons for Year 6 – these resources are now available as optional / additional to WDEP (September – December 2013),.</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>● Support to teaching staff via opportunities to access central / INSET / twilight training; consultancy; team teaching / observation.</li> </ul>	<ul style="list-style-type: none"> <li>● <b>Achieved and ongoing:</b> Staff from a total of 63 Wolverhampton schools have received information / support / training on substances (including alcohol) and /or drug education during the period April 2013 - July 2014. This support has been delivered in a variety of ways, including:             <ul style="list-style-type: none"> <li>○ Consultancy visits to schools to discuss WDEP resources within the context of PSHEe</li> <li>○ Review of schools’ drugs policy – relating to drug education and managing drug related incidents</li> <li>○ Twilight training in schools on WDEP and assessment in drug education</li> <li>○ Drug Education element of PSHE CPD course</li> </ul> </li> </ul>

- Central training events on
  - Introduction to WDEP
  - Basic Substance Awareness
  - DUST
  - Managing Drug Related Incidents in schools
  - Talking to Young People About Substances

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

**Outcome ii :-** Early identification for those at risk.

**Actions: i:** Regular DUST and Substance Misuse training is offered to schools and Children’s workforce.

Tasks	Progress / Risks as of July 2014
<ul style="list-style-type: none"> <li>● Organisation, delivery and review of Basic Substance Misuse and DUST training – offered across the Children’s workforce.</li> </ul>	<ul style="list-style-type: none"> <li>● <b>Ongoing.</b> The following training events have been organised and delivered by the Healthy Schools team during the period April 2013 – July 2014. These training events have been offered across the Children’s Workforce in Wolverhampton:               <ul style="list-style-type: none"> <li>○ <b>Basic Substance Awareness:</b> 4 events with a total of 51 attendees.</li> <li>○ <b>DUST:</b> 4 events with a total of 39 attendees.</li> <li>○ <b>Alcohol &amp; Young People: Making Every Contact Count</b> (with Training Tree): 4 events with a total of 41 attendees.</li> </ul> </li> </ul>

**Delivered by the Healthy Schools Team April 2013- July 2014:**

	<b>Number of Training Events</b>	<b>Total Number of Attendees</b>	Attendees: School staff	Attendees: Children's Centres staff	Attendees: Supported Housing staff	Attendees: Voluntary Sector staff (eg Haven / YMCA)	Attendees: Social Care / Fostering	Attendees: MAST workers / Youth Services	Attendees: Police
<b>Basic Substance Awareness</b>	<b>4</b>	<b>51</b>	19	12	0	8	5	4	3
<b>Drug Use Screening Tool (DUST)</b>	<b>4</b>	<b>39</b>	7	10	4	13	3	2	0
<b>MECC: Alcohol &amp; Young People (with Training Tree)</b>	<b>4</b>	<b>41</b>	6	3	2	9	2	17	2

**Delegate feedback from BSA, DUST and MECC training sessions:**

### Basic Substance Awareness training feedback

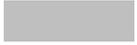
	Yes, very much so...	Yes	No	Not at all
Do you feel more confident in your drug knowledge?	44%	56%	0%	0%
Do you feel better skilled at dealing with drug related issues?	27%	69%	4%	0%
Did you enjoy the session?	79%	21%	0%	0%

### DUST training feedback

	Yes, very much so...	Yes	No	Not at all
Do you feel more confident in your knowledge of DUST?	38%	59%	3%	0%
Do you feel better skilled to use the DUST and support young people?	54%	41%	5%	0%
Did you enjoy the session?	48%	49%	3%	0%
	<b>Before Session average score</b>		<b>After session average score</b>	
On a scale of 1 to 5 (1 being lowest rating, 5 the highest), please honestly indicate how you rated your own knowledge and awareness of DUST both before <u>and</u> after completing today's session	<b>1.7</b>		<b>4.6</b>	

<b>Alcohol &amp; Young People MECC training feedback (with Training Tree)</b>				
	<b>Yes, very much so...</b>	<b>Yes</b>	<b>No</b>	<b>Not at all</b>
<b>Do you feel more confident in your knowledge of the principles of 'make every contact count' and brief advice?</b>	15%	85%	0%	0%
<b>Do you feel better skilled to talk with young people about alcohol?</b>	21%	77%	2%	0%
<b>Did you enjoy the session?</b>	26%	71%	3%	0%

This report is PUBLIC  
[NOT PROTECTIVELY MARKED]



### Appendix 3 Alcohol Mortality Trends

Figure 1: Alcohol related mortality, persons, all ages

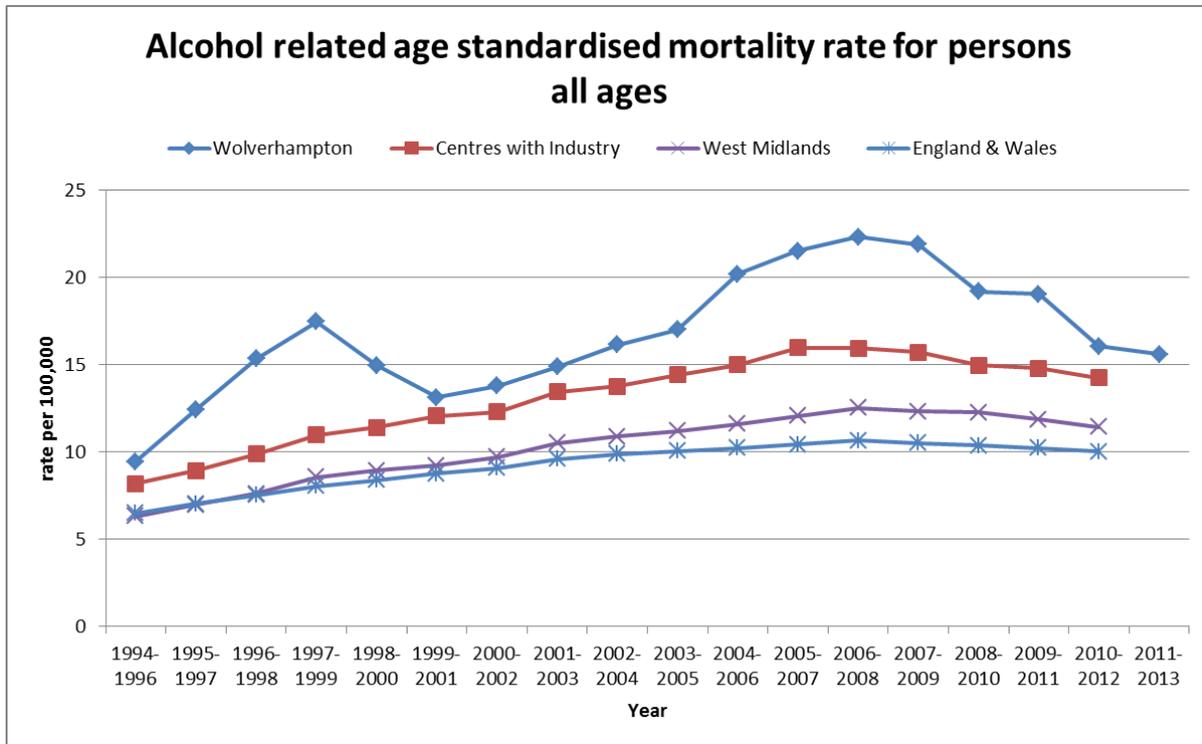


Figure 2: Alcohol related mortality, females, all ages

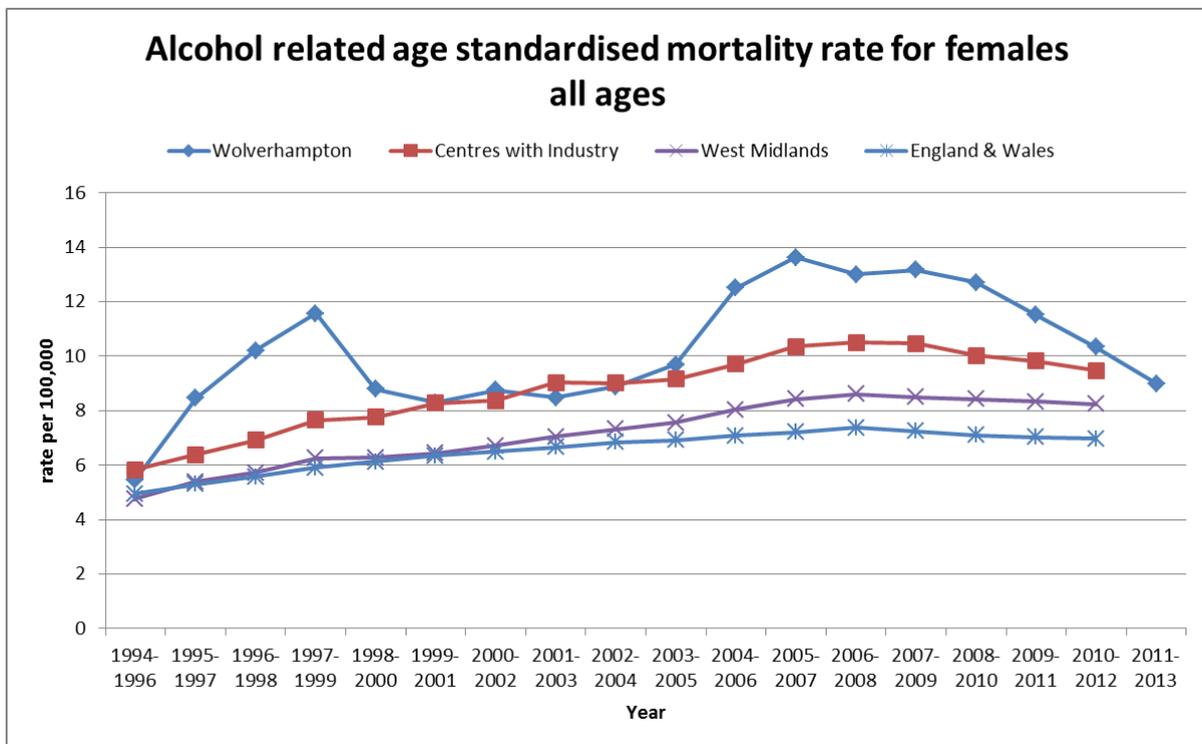


Figure 3: Alcohol related mortality, males, all ages

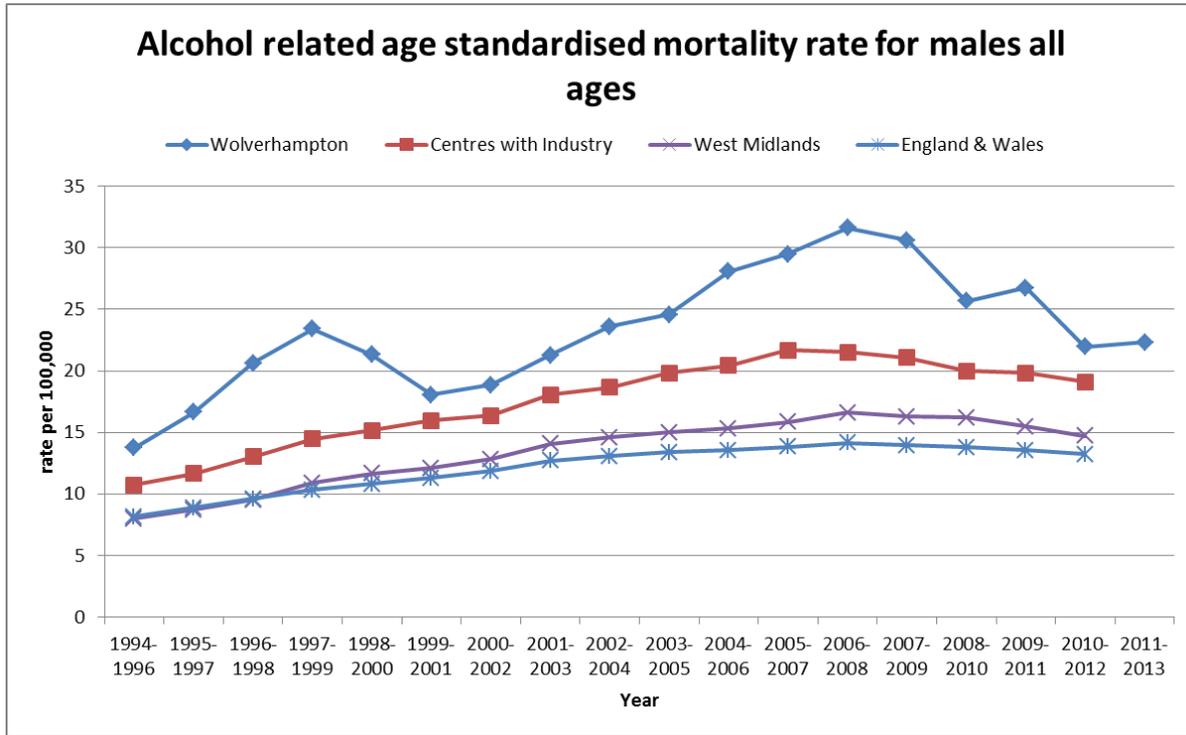


Figure 4: Mortality by deprivation quintile (0-19 = most deprived; 80 – 100 = least deprived)

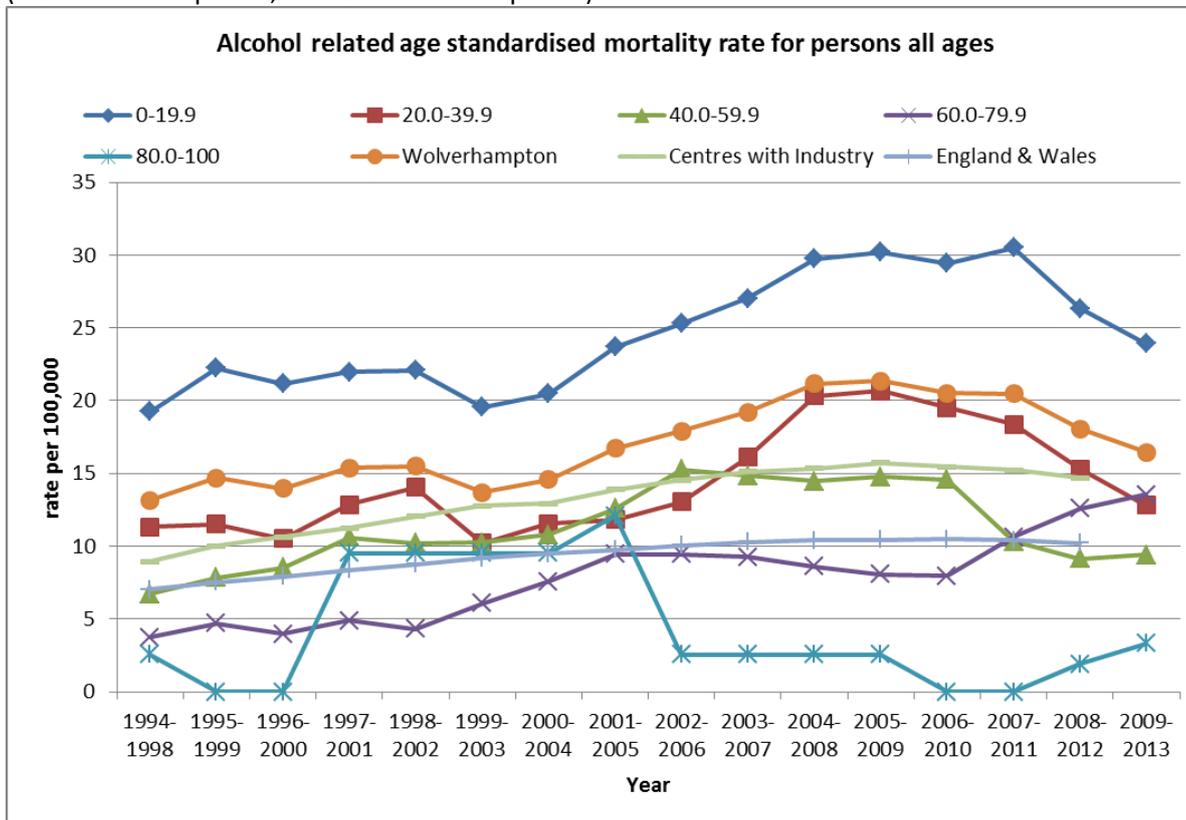


Figure 5: Alcohol related mortality by age

