



# PROMOTE RESPONSIBILITY, MINIMISE HARM.

A STRATEGIC ALCOHOL PLAN FOR  
PLYMOUTH 2013–2018



**Devon & Cornwall Police**  
Building safer communities together



**Devon and  
Cornwall  
Probation Trust**



**NHS**  
Northern, Eastern and Western Devon  
Clinical Commissioning Group



**PLYMOUTH**  
CITY COUNCIL

# FOREWORD

Over the last decade we have become well versed in the challenges that alcohol presents. In Plymouth we know that it is an important part of our economy. It presents numerous economic and employment opportunities and is central to many social, cultural and sporting events and occasions. We also know that it negatively affects the lives of too many of our residents and visitors. It contributes to anti-social behaviour, violence, harm to children and young people and a range of health problems. As well as the human costs, these impacts place a significant burden on public sector finances.

We are committed to facing these challenges head on.

This Strategic Alcohol Plan has been developed with input from a range of stakeholders and is informed by a public consultation. It draws on published evidence and best practice and demonstrates how organisations across the city will work together to realise the potential benefits of alcohol whilst minimising the harm to individuals, families and communities. It supports the city's strategic vision to become 'One of Europe's most vibrant waterfront cities where an outstanding quality of life is enjoyed by everyone'. It also supports the Health and Wellbeing Board's vision of Happy, Healthy, Aspiring Communities.

This is a challenging time for public services. Resources are under significant pressure and organisations are all expected to deliver better services with less funding. However, through defining a strategic approach and working collaboratively to make best use of our expertise and resources, we are confident we can make progress.

**Councillor Sue McDonald**  
**Cabinet Member for Public Health and Adult Social Care**  
**Chair of Health and Wellbeing Board**

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# INTRODUCTION



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## **Everyone has a responsibility to reduce alcohol related harm**

Alcohol plays a significant role in the city of Plymouth and is deeply embedded in the history and culture of the city playing a key part in many social and leisure activities. It provides the basis for a number of economic and employment opportunities.

However alcohol also exerts a heavy toll on the city. During 2011/12 there were 2,513 recorded crimes attributable to alcohol – and nearly 7,000 hospital admissions. Every year a significant number of children experience poor care and neglect due to parental alcohol misuse. In organisations across the city countless working days are lost due to alcohol affecting productivity and economic progress.

These tensions present an enduring challenge – how do we realise the potential benefits of alcohol in our local economy at the same time as minimising the harm that alcohol can cause to individuals, families and communities?

This plan defines a shared response to this challenge with key aims to:

- Build a strong, shared partnership response that will reduce alcohol related harm
- Change attitudes towards alcohol
- Provide support for children, young people and parents in need
- Support individual need
- Create a safer, more vibrant city

This is a long term challenge that requires consistent strategic focus, investment and action. The plan therefore directs action for the next five years and is informed by evidence and intelligence from a number of sources. This includes:

- The Strategic Alcohol Plan – A report from the Health and Adult Social Care Overview and Scrutiny Panel, 2013
- Plymouth Joint Strategic Needs Assessment, 2012
- Police Crime Commissioners Plan Devon and Cornwall – 2013/17 – Safer Together
- The Plymouth Community Safety Partnership Strategic Assessment 2012/13
- The Peninsula Community Safety Partnerships Strategic Assessment 2012/13
- Alcohol Attributable Hospital Admissions in Plymouth – South West Public Health Observatory, 2012
- Silent Voices Supporting Children and Young People affected by parental alcohol misuse, The Office of the Children's Commissioner, 2012
- Findings from the Department of Health National Support Team - Alcohol Harm Reduction diagnostic visit, 2011

- Early Intervention: The Next Steps – A review of Early Intervention Services: Graham Allen MP, 2011
- Local Alcohol Profiles, North West Public Health Observatory
- National Institute for Health and Clinical Excellence (NICE) guidance, 2010 and 2011
- Signs for Improvement – commissioning interventions to reduce alcohol related harm, Department of Health, 2009
- Local Routes, guidance for developing alcohol treatment pathways, Department of Health, 2009.

The plan has been informed by feedback from a public consultation process that took place between January and March 2013; several quotes from the consultation responses are shown throughout this document.

The plan is directed by a number of national policy drivers that provide a framework for local action:

### **The Government’s Alcohol Strategy, 2012.** HM Government.

This signals a ‘radical change’ in the way that alcohol issues are addressed and promises to ‘turn the tide against irresponsible drinking’. It has a clear focus to reduce binge drinking, drive down alcohol related crime and tackle health issues through sustained local and national action. Importantly the ‘industry’ is highlighted as a critical leader in changing the drinking culture from one of excess to one of responsibility.

### **Drug Strategy - Reducing Demand, Restricting Supply, Building Recovery, 2010.** HM Government.

This sets out an ambition to support full recovery from addiction including alcohol dependence. It identifies that the provision of effective treatment for dependent drinkers offers the most immediate opportunity to reduce alcohol-related hospital admissions and NHS costs.

### **Healthy Lives Healthy People – Our strategy for public health in England, 2010.** Department of Health.

This directs a new public health system that is responsive to the specific needs of local areas and communities. This is characterised by public health being led from local authorities with enhanced local freedoms and accountabilities. Within new arrangements local Health and Well Being Boards are responsible for oversight and leadership of the alcohol agenda. Working alongside the local authority, newly formed NHS Clinical Commissioning Groups are directed to contribute to local programmes to address alcohol misuse and harm.

## **Improving Outcomes and Supporting Transparency; a public health outcomes framework for England 2013 – 2016, 2012.**

Department of Health

This includes a number of indicators to support local action

- Improving the wider determinants of health – including sickness absence rate, violent crime and domestic abuse
- Health improvement – including alcohol related admissions to hospital and take up of the NHS Health Check programme
- Healthcare public health and preventing premature mortality – mortality from causes considered preventable, mortality from liver disease, hip fractures in over 65s.

## **Breaking the Cycle – Effective Punishment, Rehabilitation and Sentencing of Offenders, 2010. Ministry of Justice.**

This sets out the government's approach to reducing prison numbers, breaking the cycle of crime and tackling the causes. It prioritises alcohol misuse and dependence among offenders and includes a focus on improving community and custody based alcohol interventions including liaison and diversion services in courts and police stations.

## **Police Reform and Social Responsibility Act, 2011. HM Government.**

This has overhauled the Licensing Act 2003 (Rebalancing the Licensing Act) and will give local areas new powers including mechanisms to restrict opening and closing hours to control the density of licensed premises and to charge a late-night levy to support the costs of policing.

## **Selling Alcohol Responsibly: The New Mandatory Licensing Conditions 2010.**

Home Office.

This guidance sets out new mandatory licensing conditions and directs local approaches to practices such as price promotions and age verification policies.

## **No Health without Mental Health: a cross-government mental health outcomes strategy for people of all ages, 2011.**

Department of Health

This sets out a framework for achieving better mental health for all and improved chances in life for people with mental health conditions. It

highlights the issue of dual diagnosis (co-existing mental health and drug and alcohol problems) and stresses the importance of local co-ordination between alcohol and mental health services to achieve fully integrated care.

## **The Troubled Families Programme – Financial Framework for Payment by Results Scheme for Local Authorities. 2012**

**Department for Communities and Local Government.**

The government's 'Troubled Families' agenda provides a framework and payment system for providing local interventions to families who have multiple needs and are involved in crime or anti-social behaviour. This includes providing more integrated support to families affected by alcohol misuse and dependency.

# **UNDERSTANDING THE LOCAL PROFILE**

Alcohol is an important component of Plymouth's economy and is most notable within the city's Evening and Night Time Economy (ENTE). Analysis of the ENTE using 2011 data considered the scale and value of accommodation, restaurants (including unlicensed venues, take away food shops and mobile food outlets) and licensed clubs, pubs and bars. It estimated that Plymouth's overall ENTE supported approximately 6,400 employees and was worth around £93.2 million in terms of Gross Value Added (GVA). Licensed clubs, pubs and bars accounted for 2,000 of those employees and the largest share of the GVA at £28.6 million. Overall the ENTE accounted for 6% of the city's total employment; this compares to the UK average of 5.7%.

It is difficult to accurately record drinking behaviours and levels of alcohol consumption. Guidance from the National Institute for Health and Clinical Excellence (NICE)<sup>1</sup> suggests population benchmarking estimates of

### **Hazardous drinkers**

24.2% or 24,200 per 100,000 population aged 16 years and above. This equates to 50,447 hazardous drinkers in Plymouth.

### **Harmful drinkers**

3.8% or 3,800 per 100,000 population aged 16 years and above. This equates to 7,921 harmful drinkers in Plymouth.

### **Dependent drinkers**

2.6% or 2,600 per 100,000 population aged 16 years and above. This equates to 5,420 dependent drinkers in Plymouth.

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<sup>1</sup> Services for the identification and treatment of hazardous drinking, harmful drinking and alcohol dependence in children, young people and adults, Commissioning Guide. NICE, 2011

Whilst it is not possible to fully quantify the impact of alcohol misuse across the city a number of indicators provide evidence of harm.

**Alcohol attributable hospital admissions** – there are increasing numbers of people in Plymouth being admitted to hospital every year as a result of their alcohol use. Between 2002 and 2010 admissions increased by over 71%. During that time there has also been an increase in the medical complexity of those being admitted to hospital. This is particularly notable in relation to chronic liver disease and cirrhosis and reflects the national profile of a 20% increase in deaths from chronic liver disease and cirrhosis in under 65's between 2000 and 2009<sup>2</sup>.

**Alcohol related recorded crime** – overall numbers of recorded alcohol related crimes have fallen over the last three years. However individuals, families and communities across the city are affected every day by alcohol related crime. During 2011-12 there were over 2,500 alcohol related crimes recorded in the city.

**Violence** – accounts for 70% of all alcohol related crime. Alcohol is a consistent feature in more than 40% of domestic offences and incidents.<sup>3</sup>

A number of additional intelligence sources help to inform our understanding further:

- Young people in Plymouth are more likely to drink alcohol than national counterparts. They are also more likely to have recently been drunk, compared to national and local counterparts<sup>4</sup>. This profile is reiterated by intelligence from specialist substance misuse services that show during 2011/12 young people in treatment were more likely to drink at harmful levels than young people in comparator areas.
- Plymouth's Hidden Harm needs assessment estimates that between 3,900 and 6,500 children are affected by parental alcohol misuse.<sup>5</sup>
- Domestic violence and abuse represents approximately 30% of all reported violent crime in Plymouth and alcohol is implicated in a high number of these cases. There is a strong correlation between sexual assault and rape and alcohol use by perpetrators and victims.<sup>6</sup>
- There is a strong association between deprivation and an increased burden of harm linked to alcohol misuse. People living in the most deprived areas of the city are nearly twice as likely to be admitted to hospital because of alcohol as those living in the least deprived areas<sup>7</sup>.
- The cost of alcohol related harm within Plymouth is estimated at approximately £80million a year<sup>8</sup>.

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2 Chief Medical Officer Annual Report: Volume One, 2011

3 Devon and Cornwall Police Alcohol Harm Profile 2011

4 DCSF: Tellus4 Data. 2010.

5 Plymouth Safeguarding Children Board (2008). Hidden Harm Working Group Analysis of Need

6 Plymouth Community Safety Partnership Strategic Assessment (Crime and Disorder) 2011/12

7 Alcohol Attributable Hospital Admissions in Plymouth, South West Public Health Observatory, 2012

8 Plymouth Alcohol Joint Strategic Needs Assessment (2012); based on data from the Department of Work and Pensions

- In Plymouth alcohol has an approximate cost to the health economy of £9,630,000<sup>9</sup>.
- Based on police data the estimated annual cost of alcohol related crime in Plymouth is in the region of £27million<sup>10</sup>.
- It is estimated that between 5%-8% of dependent drinkers in the city currently access structured treatment each year.

There are a number of areas where our analysis and understanding is not as well developed:

- The true economic value of alcohol to Plymouth
- The extent of the impact of alcohol on mental health
- The impact of alcohol on local Black and Minority Ethnic communities
- The impact of alcohol misuse on workplace productivity and profitability
- The drinking patterns and impact of alcohol on older people

The city's 2012 Joint Strategic Needs Assessment identifies the following groups as those at most risk of harm from alcohol in Plymouth

- Adults 40-64 (peak 40-44 women and 45-49 men)
- Offenders
- Single homeless
- Young Adults (18 -25) including students
- People with mental health problems
- Children affected by parental alcohol misuse /alcohol misusing parents (including pregnant women)

It also identifies other at risk groups

- Young People (under 18)
- Older People
- Service men and women and veterans
- Street drinkers
- Victims and perpetrators of domestic violence and abuse
- People involved in risky sexual behaviour
- Neighbourhoods with high levels of deprivation

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<sup>9</sup> Department of Health 2007

<sup>10</sup> Plymouth Alcohol Joint Strategic Needs Assessment (2012); based on data from Devon and Cornwall Constabulary

# OUR APPROACH



***The roots of problematic alcohol use are obviously complex but I think pricing, marketing, education, policing, sentencing and treatment all need to reflect a much more serious approach than the somewhat ambivalent one they currently do***

As described, alcohol impacts on the city in a number of ways. The complexity of this challenge demands a sophisticated response. We must ensure that all action taken is informed by evidence, is cost effective and will produce positive outcomes.

In order to achieve sustainable change our approach must be characterised by strong partnership action supported by political and executive leadership. We will develop and maintain partnerships across the sectors, organisations and departments that need to work together.

Our responses will be based on need – this will ensure that they are the most beneficial for individuals and communities across the city. Our commissioning processes will be collaborative and co-ordinated and make very best use of resources and investment. Our responses and initiatives will be guided by intelligence and evidence and will link to other policy and programme areas where appropriate.

The challenges facing Plymouth are common to many other cities across England. Where possible we will work with local and regional partners to learn from other areas that have achieved positive outcomes.

## OUR AMBITION

The overall ambition of the Strategic Alcohol Plan is to

### Reduce alcohol related harm in Plymouth

Specifically the plan aims to:

- Change attitudes towards alcohol
- Provide support for children, young people and parents in need
- Support individual need
- Create a safer more vibrant Plymouth

Our objectives are to reduce:

- The rate of alcohol attributable hospital admissions
- Levels of harmful drinking by adults and young people
- Alcohol related violence
- Alcohol related anti-social behaviour
- The number of children affected by parental alcohol misuse

It supports the city's strategic vision to become 'One of Europe's most vibrant waterfront cities where an outstanding quality of life is enjoyed by everyone'. It also supports the Health and Wellbeing Board's vision of Happy, Healthy, Aspiring Communities'.

The Strategic Alcohol Plan will contribute to a broader range of strategic aims for the city as defined by the Co-operative Council Corporate Plan 2013/14 – 2016/17

## **Growing Plymouth**

The Strategic Alcohol Plan will lead to a safer, more vibrant Plymouth. This in turn should attract more visitors to the City and also support an increase in the numbers of citizens of Plymouth who will utilise the social, cultural and sporting offers available. Opportunities for increased levels of employment should follow.

## **Confident Plymouth**

The Strategic Alcohol Plan will lead to a safer, more vibrant Plymouth. This in turn should attract more visitors to the City and also support an increase in the numbers of citizens of Plymouth who will utilise the social, cultural and sporting offers available. Experiences of those attending showcase events in Plymouth should be improved, building pride for those that live here and further establishing the City as an attractive destination both nationally and internationally.

## **Caring Plymouth**

Through changing attitudes to alcohol, supporting parents, children and individuals in need, the Strategic Alcohol Plan will reduce inequality. Whilst alcohol misuse affects individuals from all sections of society, those from the most disadvantaged communities experience the highest burden of harm. By using local levers to manage the supply side of alcohol, changing attitudes to alcohol, identifying need earlier and having evidence based intervention available the Strategic Alcohol Plan will over time reduce inequality.

## **Pioneering Plymouth**

By taking a strategic approach to alcohol across the key City priorities, namely health and well-being, growth and culture; the City will be able to use resources efficiently, maximise mutual impact across these priorities and so deliver best value.

Success in delivery of this plan will mean:

- The supply of alcohol is strategically planned and well managed
- Alcohol plays a proportionate role in Plymouth's cultural, sporting and hospitality offer
- People socialise and relax in environments that feel safe and are family friendly
- Visitors to the city feel safe in the evening and night time economy and feel motivated to return
- More people drinking responsibly and within lower risk limits
- Fewer people being admitted to hospital
- Less alcohol fuelled crime
- Fewer children affected by parental alcohol misuse
- People in need of help can access the information, advice and support that they need

## Impact Areas

- Prevent
- Protect
- Treat
- Enforce and Control

This approach provides a framework for addressing the complex challenges that alcohol presents. The **Impact Areas** are not isolated work streams but should be seen as a focus for an integrated approach to delivery. Alcohol is everyone's business and a multi-agency approach is essential to achieving outcomes in all **Impact Areas**.

There are a number of cross cutting principles that are relevant across all the Impact Areas. These are advocating for change, communicating with individuals and communities, particularly those most affected by alcohol, workforce development and improving intelligence and evidence. These are described in a later section of the plan.

# PREVENT

## CHANGING ATTITUDES TOWARDS ALCOHOL

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*We cannot pretend that our lives are not touched and influenced by alcohol. We must all accept that a mind-set change is necessary*

# OVERVIEW

## **Preventing alcohol problems reduces harm and saves money.**

Prevention activities are commonly grouped into population and individual level approaches. Population level policies and activities aim to reduce overall levels of consumption and consequent harm. Those directed at the individual focus on supporting people to drink at lower risk levels. We will follow this approach with a focus on both population or universal initiatives and more targeted initiatives.

A number of prevention approaches are being led at a national level. This includes work to look at the impact of alcohol pricing and the introduction of a minimum unit price and considering the impact of alcohol advertising on children and young people.

There are a number of policy and programme areas across the city that have the potential to contribute to preventing alcohol problems. Agendas concerned with economic development and growth are crucial. They are key to defining the role that alcohol plays in the city and are important in creating the conditions and cultures for the sale and use of alcohol.

Other important policy areas focus on the wider determinants of alcohol misuse and harm. These include initiatives to address child poverty, health inequalities and safeguarding children and adults.

Central government and other national organisations use social marketing techniques including audience segmentation and customer insight to inform alcohol campaigns and communications. These are generally focussed on specific groups of the population and stress potential health harms and encourage people to drink within safe limits. Examples include the government Don't let the drink sneak up on you campaign that is presented as part of the Change 4 Life programme.

Campaigns and communications are an important part of local efforts to promote responsibility and reduce harm. It is important that all communications are co-ordinated and provide consistent messages that amplify the national approach.

Prevention can also be seen as a component of the other Impact Areas defined in this plan. For example the Treat Impact Area presents Identification and Brief Advice as an evidence based approach to helping people drink less thereby preventing health harms and associated problems.

# WHAT NEEDS TO BE DONE?

Alcohol is an important factor of the city's economic development and growth agenda. Wherever possible preventing alcohol problems must be considered as part of all developments. This has a broad reach from considering the overall development of the city, planning our spaces and events to strategic plans for improving health and wellbeing and reducing crime and disorder.

A co-ordinated approach to communicating about alcohol needs to be developed. Messages should amplify national communications and campaigns. Communications must provide consistent information and be accessible to communities across the city.

Groups at risk of alcohol misuse and harm must receive targeted information, advice and support. This can be delivered as part of the broad range of services provided across Plymouth including sexual health services, mental health services, services within police and other criminal justice settings and employment and training settings.

Strong partnerships with schools need to be in place to support the provision of high quality alcohol education and information including through schools achieving the Healthy Child Quality Mark. Young people must be able to access information, advice and guidance in other settings and environments such as youth services, leisure and entertainment facilities.

A partnership with higher and further education settings in the city needs to be established. This will ensure that information, advice and guidance are also accessible to young adults. This should also include information relating to the links between alcohol, violence and sexual vulnerability.

Alcohol misuse has a significant impact on performance and productivity within the workplace. Partnerships with local employers need to be established to maximise opportunities for communicating alcohol information and advice.

# PROTECT

SUPPORTING CHILDREN,  
YOUNG PEOPLE AND  
PARENTS IN NEED

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***There needs to be... More publicity raising awareness of how alcohol can affect the whole family not just the person***

# OVERVIEW

Public services have a responsibility to work together to safeguard and promote the well-being of children and young people and vulnerable adults. This Impact Area focuses on reducing the harmful use of alcohol by young people and reducing the number of children affected by parental alcohol misuse.

Alcohol misuse among young people can have serious consequences. There are strong links between high levels of consumption and other risk factors such as offending, teenage pregnancy, truancy, school exclusion and illegal drug misuse.

Evidence from national<sup>11</sup> and local surveys<sup>12</sup> indicate that young people in Plymouth, who report drinking alcohol, drink more often and become drunk more often than the national average. Young people in specialist treatment for alcohol misuse present with high levels of complexity compared to the national average<sup>13</sup>.

Parental alcohol misuse affects a significant number of children and young people in Plymouth. A 2012 report from the Office for the Children's Commissioner<sup>14</sup> identified that nationally parental alcohol misuse is a more common problem than parental drug misuse. The report also highlighted that the problem is largely hidden and as a consequence there is often a delay in affected children and young people being identified and receiving the support they need.

Parental alcohol misuse and related domestic violence can adversely affect the physical, mental and psychological development and well-being of young people and lead to a range of poor outcomes.

Maternal alcohol misuse during pregnancy is linked to a number of mental and physical disabilities that can affect infants into adulthood.

Improvements in the evidence has helped raise awareness and understanding of these issues and informed responses at both the national and local level. Parental alcohol misuse is now firmly established as a risk factor that needs to be addressed within child protection and safeguarding work in the city.

In Plymouth, services have been increasingly designed to provide interventions in this context. This includes the work of Children Centres, Parenting Programmes, a Family Intervention Project, Youth Services and specialist treatment services. The city's Early Intervention and Prevention Strategy aims to progress this further with an enhanced offer of family support through identifying need and responding earlier. Underpinning this is the city's use of the Common Assessment Framework which aims to support children's outcomes through working with and alongside the family.

The Youth Service, working in partnership with The Zone has developed close links with the Emergency Department at Derriford Hospital. Through this young people who present due to alcohol intoxication can be seen by a youth worker who will provide information and support and, where appropriate, link the young person to specialist alcohol services.

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11 Tellus4 2010: Department for Children Schools and Families

12 Children's Fund Consultation 2010: Routeways Plymouth

13 JSNA Support Pack for Strategic Partners. The data for young people Plymouth. National Treatment Agency for Substance Misuse. 2012

14 Silent Voices Supporting Children and Young People affected by parental alcohol misuse, The Office of the Children's Commissioner, 2012

# WHAT NEEDS TO BE DONE?

A programme of education and awareness raising needs to be in place to ensure that parents are aware of the consequences and potential harms of alcohol use among young people. Parents must also be aware of the possible impact of their alcohol use on their children. This includes ensuring that parents are aware of the risks of supplying young people with alcohol.

Responses to young people's alcohol misuse must be integrated within other initiatives to improve outcomes for children and young people. Specialist services must be in place for those young people who need them.

All key services working with parents and their children need to be equipped to identify parental alcohol misuse.

The progress made through the Early Intervention and Prevention Strategy needs to be built upon. This will improve access for families to engage with Children Centres and ensure that Parenting Programmes have capacity to work with families where alcohol misuse is a key issue. It will also improve access and engagement of parents requiring treatment for alcohol misuse including those where there are child protection concerns.

Plymouth Safeguarding Children Board Hidden Harm training needs to be available to adult, children and family workers.

Programmes directed towards complex families including the Family Intervention Project and the Families with a Future work should have the capacity and skills to respond to alcohol misuse.

Links between specialist alcohol services and domestic violence services must be improved to promote collaborative and integrated service provision. Support must be in place for children and young people affected by parental alcohol misuse and domestic violence.

# TREAT

DELIVERING SUPPORT TO  
MEET INDIVIDUAL NEEDS



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*There should be treatment for young  
people and adults in a variety of settings*

# OVERVIEW

This Impact Area is concerned with improving the identification and treatment of alcohol misuse. We know that there are a significant number of people across the city who are drinking at levels that are harmful to their health. A proportion of these people are physically and psychologically dependent on alcohol. Hospital admission episodes due to alcohol have been rising year on year for the last ten years. In 2011/12 there were 6,942 hospital admissions resulting from alcohol misuse in Plymouth

Those experiencing more chronic and enduring alcohol problems often have other complex needs that require input and support from a number of services. Recent estimates suggest that over 60% of people known to mental health services in the city also use alcohol at levels that is likely to cause harm.

Guidance from the Department of Health<sup>15</sup>, the National Treatment Agency<sup>16</sup> and the National Institute for Clinical Excellence<sup>17</sup> suggests a whole systems approach to commissioning treatment interventions. A treatment system based on this approach will ensure that the city is able to provide the necessary services from opportunistic screening to more structured treatment programmes.

Identification and Brief Advice (IBA) is directed at people drinking at increasing and higher risk levels who are not typically seeking help for an alcohol problem. It is an opportunistic and cost effective intervention that can be delivered in a wide range of settings including Primary Care, hospital Emergency Departments and specialist settings such as sexual health clinics, fracture clinics, community pharmacies and criminal justice settings. It is key to strengthening the city's approach to prevention and early intervention.

The most significant and immediate reduction in alcohol attributable hospital admissions can be achieved through increasing the capacity and effectiveness of specialist structured treatment. Guidance suggests that local areas ensure the provision and uptake of specialist treatment for at least 15% of the estimated dependent drinkers in the area. Structured treatment must be commissioned to provide a range of options including community and inpatient assisted withdrawal programmes and psychological intervention. Specialist treatment services must link to the broader range of services that are necessary to support recovery including housing, education and employment services, mutual aid and peer support opportunities.

The Royal College of Physicians recommend that all acute hospitals employ Alcohol Health Workers or Alcohol Liaison Nurses to manage patients with alcohol problems within the hospital and to liaise with relevant community services<sup>18</sup>. As well as being key to the overall objective of reducing alcohol attributable hospital admissions these services have the potential to contribute to earlier hospital discharge, reduced hospital re-attendance and cost savings for the local health economy.

<sup>15</sup> Signs for improvement – commissioning interventions to reduce alcohol-related harm: Department of Health 2010

<sup>16</sup> Models of Care for Alcohol Misusers. National Treatment Agency, Department of Health. 2006

<sup>17</sup> Services for the identification and treatment of hazardous drinking, harmful drinking and alcohol dependence in children, young people and adults, NICE, 2011

<sup>18</sup> Alcohol – can the NHS afford it? London: Royal College of Physicians, 2001

There are approximately 100 young people a year requiring specialist alcohol treatment in Plymouth. Services for these young people must be commissioned as part of the whole system approach for the city as well as being integrated into wider children's services commissioning.

## **WHAT NEEDS TO BE DONE?**

An evidence based treatment system needs to be commissioned. It must be outcome based, must promote recovery and demonstrate cost effectiveness.

Using the guiding principle of Every Contact Counts the delivery of alcohol Identification and Brief Advice needs to be embedded in a number of settings. This includes developing provision within health promotion services, primary care, sexual health settings and young people's settings.

A range of specialist interventions for at least 15% of dependent drinkers in the city needs to be commissioned. Capacity for community detoxification and assisted withdrawal programmes must be increased.

Specialist services need to be remodelled to provide a 'recovery hub' for the city. This should include an evidence based 12 week treatment programme and recovery support services to enable people to sustain gains made in treatment. The service also needs to provide defined pathways to training opportunities and work programmes, housing support, mutual aid groups and activities.

Building on the success of current approaches at Derriford Hospital, a sustainable hospital Alcohol Liaison Service must be commissioned. This needs to link closely to community based alcohol services.

Services for people with dual diagnosis need to be redefined and improved. Robust treatment pathways between specialist alcohol services and mental health services must be in place and both service groups must be adequately staffed and skilled to address these complex needs. The Improving Access to Psychological Therapies (IAPT) service must be available to people with alcohol related needs.

Alcohol identification and treatment services must be available at all relevant stages in the Criminal Justice System.

Integrated treatment pathways must be in place throughout the system to ensure timely access, effective multi-agency working and care co-ordination.

Specialist alcohol treatment must be available to young people who need it. Support must also be available within key young people's services such as the Youth Service and alternative education settings.

Processes for effective service user engagement must be established that provide opportunities for involvement in service design and improvement and the promotion of recovery.

# ENFORCE AND CONTROL

A SAFER, MORE VIBRANT  
PLYMOUTH

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*If the crime rates and anti-social behaviour rates are reduced then people will be encouraged to come to the waterfront and feel safer*

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*The strategy can contribute to economic growth by working together to ensure establishments in the city centre provide a safe environment for drinking*

# OVERVIEW

This Impact Area focuses on improving safety and creating vibrancy through the appropriate use of enforcement and control measures. Within this there is a specific focus on improving the city's Evening and Night Time Economy (ENTE) areas and ensuring that the ENTE sector is strategically planned and managed.

The ENTE is an important part of the city's character and its economic success. It provides entertainment for thousands of people every week and provides important employment opportunities. However it also contributes to some of the key challenges facing the city. Intelligence<sup>19</sup> identifies that alcohol is the most significant contributor to violent crime in Plymouth and is a key factor in interpersonal offences including rape, sexual assault and domestic abuse.

Plymouth has a population of approximately 258,000 and a high proportion of young people in the under 19 and 20-24 age groups. It has a large student population of approximately 33,000. The city is a known destination for a night out with revellers travelling from Cornwall and the South Hams on a regular basis.

Alcohol fuelled crime and anti-social behaviour affects the lives of many Plymouth residents. Alcohol fuels crime and disorder and is linked to violence, criminal damage and domestic abuse. Drunken behaviour can make people feel unsafe and create a heightened fear of crime.

A range of enforcement measures are currently used to respond to incidents of alcohol related crime and anti-social behaviour. Police utilise all tools and powers at their disposal to prevent crime and are keen to deploy early intervention measures to reduce the risk of further nuisance and harm.

Strategic use of local intelligence can be employed to target specific crime 'hot spot' areas. In particular hospital Emergency Departments can make a significant contribution to reducing community violence through working with their local Community Safety Partnership to share data about alcohol related violence.

All premises engaged in the sale of alcohol – pubs, restaurants, clubs and shops – must be licensed by the local authority. Plymouth's Statement of Licensing Policy provides a framework for licensing decisions and defines its approach to promoting the objectives of the Licensing Act 2003.

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<sup>19</sup> Plymouth Alcohol Needs Assessment, 2012

# WHAT NEEDS TO BE DONE?

## Enforce

All the relevant tools and powers must be used to address alcohol related crime and anti-social behaviour with a specific emphasis on early intervention. Plymouth should work with national and regional partners to engage in new and emerging programmes where there is evidence of effectiveness.

People who commit alcohol related crime must be supported to engage with relevant alcohol services. First time offenders attending court as a result of their alcohol misuse should be offered early interventions to reduce re-offending and address alcohol concerns early. For more persistent and chaotic offenders an Integrated Offender Management Programme (IOM) must be employed to address alcohol related offending and alcohol misuse.

All agencies responsible for commissioning alcohol treatment services for offenders must work together to ensure a full range of interventions.

Plymouth has worked to improve its response to domestic violence and abuse victims and offers an integrated domestic abuse service. A behavioural change programme is currently being piloted for perpetrators of domestic violence and abuse. This should be evaluated to identify evidence of effectiveness and outcomes and to inform future work in this area.

Robust data sharing protocols and processes need to be established with the hospital Emergency Department and Minor Injuries Unit. Intelligence should be used to improve responses to alcohol related violent crime.

## Control

The Evening and Night Time Economy is an important part of Plymouth's continued economic development. An Evening and Night Time Economy Plan must be developed as a key strand of the Plymouth Plan. This must set out a clear vision for the future and consider all opportunities for diversification. All future developments must give due regard to the prevention of alcohol related harm. An ENTE Manager should be appointed to direct work in this area.

Business Improvement Districts must play a key role in the development and management of the Evening and Night Time Economy. They should work with the local authority to achieve a strategic approach to supporting continued growth of the ENTE as well as mitigating and managing the impacts of this.

Plymouth's Statement of Licensing Policy must be updated in response to recent changes in national licensing legislation. Within this consideration should be given to adopting new discretionary powers including Early Morning Restriction Orders (EMROs) to restrict the sale of alcohol and a late night levy that can be charged to licence holders to cover costs associated with the ENTE.

There must be a robust approach to promoting responsible retailing and discouraging underage sales in both on and off sales premises. Standards in the city's licensed premises should be improved by supporting the Best Bar None Scheme and by maintaining strong relationships with local groups, e.g. Pub and Club Watch<sup>20</sup> and the Purple Flag<sup>21</sup> scheme.

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<sup>20</sup> Local schemes operated by the on sales trade

<sup>21</sup> An Association of Town Centre Management (ATCM) accreditation scheme awarded to areas that demonstrate they operate a vibrant evening night time economy between 5pm to 5am

# DELIVERING FOR OUTCOMES

As alcohol impacts across a wide range of policy and service priorities, developing a robust partnership approach is essential to the successful delivery of the plan. The various policy and structural changes within public services over the last two years and the continued financial pressures accentuate the need for a cohesive approach.

Decisions around investment and commissioning intentions across the Impact Areas will be considered within this partnership approach. Decisions will be evidence based and represent value for money.

The plan will be supported by an annual delivery plan (Appendix I) outlining a partnership programme of actions to support defined outcomes and will be reviewed yearly to ensure that it remains current and is responsive to changing need, changes in national policy, legislation and evidence.

Delivery of the plan will be overseen by the Health and Wellbeing Board who will provide leadership and influence to other strategic agendas and programmes as appropriate. They will monitor and manage performance of the plan and address challenges and barriers to delivery. The overall implementation will be co-ordinated by the local authority with engagement from all key partners.

## CROSS CUTTING THEMES

In addition to the Impact Areas and aims and objectives identified in the Plan delivery will be grounded in the following cross cutting principles and approaches.

### **Advocating for change**

There are a number of issues relating to alcohol that require action beyond a local level, these include pricing and availability. Policies and actions led by central government, corporate organisations such as those involved in the alcohol industry and advertising all have an impact on local areas. Where appropriate we will advocate for policy and other developments to improve outcomes for the city.

## Communication

Effective communication will support further development and implementation of the plan. In line with the values of a Co-operative Council the Health and Wellbeing Board will communicate with individuals and communities. We will seek their views on how alcohol impacts them, how we can improve our responses and how they can support action to address these issues. We will communicate with a wide range of partners and stakeholders including local councillors, local businesses and service providers in the public and third sector to ensure the successful delivery of the plan.

## Workforce Development

We need to ensure that all organisations and services engaged in the implementation of the plan have sufficient staff with the knowledge and skills required to deliver the relevant services. This includes skills around Identification and Brief Advice and safeguarding young people and vulnerable adults affected by alcohol. We need to ensure that we promote workforce development through regular training and opportunities for skill sharing and exchange throughout the system.

## Improving Understanding

We are committed to improving our understanding of how alcohol misuse impacts on the city.

We will collect and utilise data to inform our actions and use new evidence and guidance to help inform our approaches in Plymouth. We will evaluate new services and approaches to improve the evidence base about what works in reducing alcohol related harm.



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***Although some things could happen quickly others may take a long time - people should know that***

# APPENDIX I

## YEAR I DELIVERY PLAN 2013/14

Overall strategic lead for delivery of Plan:

Director of Public Health

Delivery Plan to be reviewed annually

# I CROSS CUTTING

<b>Aim 1</b>	<b>A strong, shared partnership response that will reduce alcohol related harm</b>
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. Develop and sustain partnership structures to ensure successful delivery of the plan</li> <li>2. Ensure effective performance management of delivery of the plan</li> <li>3. Ensure effective communication with all key stakeholders</li> <li>4. Ensure the city's Growth Board, Culture Board, Children and Young People Partnership and Safer Plymouth are engaged in strategic discussions and delivery of the Alcohol Strategic Plan.</li> </ol>
<b>Outcome Measures</b>	<ul style="list-style-type: none"> <li>■ Successful delivery of the annual plan</li> </ul>
<b>Actions</b>	<ol style="list-style-type: none"> <li>1.1 Agree governance and accountability within new Partnership structures</li> <li>1.2 Establish a performance management framework including performance measures and reporting schedule</li> <li>1.3 Develop a Communications Plan</li> <li>1.4 Establish strategic dialogue between the Health and Wellbeing Board and Growth and Culture Boards</li> </ol>

## 2 PREVENT

<b>Aim 2</b>	<b>To change attitudes towards alcohol</b>
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. Raise awareness of the impact of alcohol misuse on health, crime and well-being and promote a culture of safe, sensible drinking</li> <li>2. Build intelligence and understanding of need among specific communities</li> </ol>
<b>Outcome Measure</b>	<ul style="list-style-type: none"> <li>■ Reduce levels of harmful drinking by adults and young people</li> </ul>
<b>Actions</b>	<ol style="list-style-type: none"> <li>1.1 Increase the number of schools participating in the Healthy Child Quality Mark which supports delivery of high quality alcohol education</li> <li>1.2 Develop an alcohol Peer Support Programme within Schools</li> <li>1.3 Develop a co-ordinated approach to the provision of alcohol information and advice to young people</li> <li>1.4 Provide opportunities in university and further education settings for the student population to increase their knowledge and understanding of alcohol</li> <li>1.5 Improve intelligence and understanding of alcohol related need among older people</li> <li>1.6 Improve intelligence and understanding of alcohol related need among BME communities</li> </ol>

### 3 PROTECT

<b>Aim 3</b>	<b>Support for children, young people and parents with an alcohol related need</b>
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. Increased understanding and identification of parental alcohol misuse among staff working directly with children and young people</li> <li>2. Increased understanding and identification of parental alcohol misuse among staff working directly with parents</li> <li>3. Enhanced joint working between adult treatment services and children's services to provide an integrated response to children affected by parental alcohol misuse</li> <li>4. Improve access to relevant support for both children and adults in need</li> </ol>
<b>Outcomes Measures</b>	<ul style="list-style-type: none"> <li>■ Improved identification of children living with parents with an alcohol problem</li> <li>■ Improved identification of parental alcohol misuse</li> <li>■ Appropriate referral for parents to specialist alcohol treatment services</li> <li>■ Improved outcomes for children living with parental alcohol misuse</li> </ul>
<b>Actions</b>	<ol style="list-style-type: none"> <li>1.1 Delivery of a workforce development programme to improve the capability to identify parental alcohol misuse amongst key services</li> <li>1.2 Review the Alcohol Intervention Service for Parents to determine impact and to inform planning for an integrated treatment system from 2014</li> <li>1.3 Commission Plymouth Safeguarding Board Hidden Harm training for 2014 -2016</li> <li>1.4 Review use of parenting programmes for those affected by alcohol misuse</li> </ol>

# 4 TREAT

Aim 4	Supporting individual needs (adults and young people)
Objectives	<ol style="list-style-type: none"> <li>1. Mainstream the delivery of alcohol Identification and Brief Advice (IBA) within key health and social care services</li> <li>2. Commission an evidence based, recovery orientated treatment system with capacity to meet the needs of the local population, both for adults and young people</li> <li>3. Deliver an integrated system with clear treatment pathways to mental health services, adult social care services, children's social care services, criminal justice services and housing and employment services</li> <li>4. Develop a strategic approach to addressing dual diagnosis</li> <li>5. Develop a sustainable hospital alcohol liaison service</li> </ol>
Outcome Measures	<ul style="list-style-type: none"> <li>■ Improved identification of drinking at increasing and higher risk levels in adults and young people</li> <li>■ Appropriate referral to specialist alcohol treatment services</li> <li>■ Increase in the number of people successfully completing structured alcohol treatment</li> <li>■ Reduction in alcohol related hospital admissions</li> </ul>
Actions	<ol style="list-style-type: none"> <li>1.1 Deliver a large scale alcohol IBA workforce development programme to key health and social care services</li> <li>1.2 Develop localised screening and information tools to support the delivery of alcohol IBA</li> <li>1.3 Develop alcohol IBA service monitoring system and processes</li> <li>1.4 Develop a substance misuse commissioning and recovery plan providing a whole system model with defined treatment pathways</li> <li>1.5 Undertake alcohol treatment service redesign to ensure comprehensive community detoxification and assisted withdrawal provision</li> <li>1.6 Develop robust treatment pathways including access criteria and treatment protocols for dual diagnosis</li> <li>1.7 Liaise with Clinical Commissioning Group and Plymouth Hospitals NHS Trust around further development of hospital alcohol liaison service</li> </ol>

## 5 ENFORCE / CONTROL

Aim 5	Create a safer more vibrant Plymouth
Objectives	<ol style="list-style-type: none"> <li>1. Develop a strategic approach to the further development and management of the Evening and Night Time Economy (ENTE)</li> <li>2. Improve responses to alcohol related violent crime</li> <li>3. Ensure engagement of all 'Responsible Authorities' in licensing processes</li> <li>4. Create safer drinking environments</li> <li>5. Improve off-sales retail practice</li> <li>6. Engage Business Improvement Districts in community safety and crime reduction initiatives</li> </ol>
Outcome Measures	<ul style="list-style-type: none"> <li>■ Appointment of an ENTE Manager / Coordinator</li> <li>■ Reduction in the number of alcohol related crimes</li> <li>■ Improved response rates for 'Responsible Authorities' in the licensing/planning process</li> <li>■ Increase in number of members accredited to Plymouth's Best Bar None Scheme</li> </ul>
Actions	<ol style="list-style-type: none"> <li>5.1 Define and agree the role, funding and governance arrangements for the appointment of an ENTE Manager</li> <li>5.2 Establish data sharing process/protocols between hospital Emergency Department and Minor Injury Unit and the Community Safety Partnership</li> <li>5.3 Develop a framework to support engagement of Responsible Authorities in licensing processes</li> <li>5.4 Develop a Licensing 'toolkit' to assist Councillors' understanding of Plymouth's Licensing Policy</li> <li>5.5 Utilise all tools and Police powers and licensing legislation available to reduce alcohol related crime</li> <li>5.6 Utilise all tools and Police powers available to reduce crime</li> <li>5.7 Support the work of the Best Bar None Scheme in increasing membership and driving up standards</li> <li>5.8 Develop an evidence based approach to reducing the retailing of super strength lager and cider</li> <li>5.9 To work with Business Improvement Districts to identify opportunities for their engagement in community safety and crime reduction initiatives</li> </ol>

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