

Reducing Alcohol Harm in Cheshire East: A Position Statement and Forward Plan

V5.0 Final Draft 1502017

Approval/Amendment History:

Version	Date	Author	Amendment History
V1.0	15.10.2015	Callum Helman/Guy Kilminster	First consultation draft
V2.0	11.11.2015 12.11.2015 17.11.2015	Guy Kilminster	First consultation draft amended to incorporate exec summary and amends from Lucy Heath, Gerard Buckley, Shelley Brough.
V3.0	11.07.2016	Guy Kilminster	Updated with information from Charlotte Simpson, Shelley Brough and Champs.
V4.0	25.10.2016 23.01.2017	Guy Kilminster	To incorporate amends post consultation
V0.5	08.02.2017 10.02.2017	Guy Kilminster	Proof reading corrections and data updates

Executive Summary

Alcohol-related harm affects many of the residents and businesses of Cheshire East. The impacts are estimated to cost the public sector and businesses in Cheshire East over £136 million¹. This includes health and crime associated costs and lost productivity. The variety of issues that stem from alcohol-related harm have led to overstretched Ambulance, Police and Accident and Emergency departments dealing with alcohol-related incidents and to subsequent delays in responding to the needs of other people.

The facts about our levels of alcohol consumption and its negative impacts, demonstrate that action needs to be taken. For example:

Locally -

- Young people in Cheshire East have suggested that, amongst other things, more needs to be done to raise awareness of the problems that alcohol causes young people.
- More young people in Cheshire East have tried alcohol at age 15 compared to the national average with female adolescent drinking in particular being a concern. Therefore parental influence and preventing or delaying the age of first use of alcohol or drugs for young people needs to be a priority.
- Alcohol specific hospital admissions of under 18 year olds, are high in Cheshire East compared to other areas of the country.
- The numbers of young people (14 – 17 year olds) in Cheshire East, self reporting as regularly binge drinking, has increased from 11% in 2013 to 17% in 2015 and there has been a reduction in the numbers who are worried about the long term health effects of drinking alcohol (Young Persons Alcohol and Tobacco Survey 2015)
- There were 173 alcohol related deaths in 2013
- There are increasing numbers of adults in Cheshire East being admitted to hospital every year as a result of their alcohol use. Between 2008 and 2015 admissions increased by 27%. In 2014-15 there were 7550 alcohol related hospital admissions².
- There were 1717 alcohol related crimes in Cheshire East in 2012-2013³

Nationally -

- 22,482 people died from alcohol-related causes in 2012⁴
- Liver disease is one of the top causes of death in England and people are dying from it at younger ages. Most liver disease is preventable and much is influenced by alcohol consumption and obesity prevalence.
- 70% of night time and 40% of daytime admissions to A&E are caused by alcohol⁵
- 10% of accidental deaths have alcohol as a contributory factor⁶
- 33% of fatal fires involve alcohol⁷
- Alcohol plays a part in 30% of domestic abuse cases, 40% of child protection cases and 74% of child mistreatment cases;⁸

¹ Champs Public Health Collaborative Cheshire East Alcohol factsheet June 2016

² Champs Public Health Collaborative Cheshire East Alcohol factsheet June 2016

³ Champs Public Health Collaborative Cheshire East Alcohol factsheet June 2016

⁴ Cheshire East Alcohol and drugs JSNA – February 2017

⁵ House of Commons Health Committee on Alcohol – First report of session 2009-10, Volume 1, p.28

⁶ Institute of Alcohol Studies website, Alcohol and Accidents

⁷ Institute of Alcohol Studies website, Alcohol and Accidents

⁸ Institute of Alcohol Studies website, Alcohol, Domestic Abuse and Sexual Assault

- 43% of assaults on Police officers are alcohol related⁹.

The Position Statement and Forward Plan has been drafted to support the actions of many organisations working to reduce levels of consumption and promote safe, sensible and social drinking. It brings together national policy and local aspiration and sets a direction for activity across Cheshire East over the next two years.

As a 'Residents First' Council, we are working with a wide range of partners to focus upon activity that will bring positive outcomes to the families, communities and businesses of Cheshire East. Reducing excess alcohol consumption is the overarching aim and our priority outcomes are:

- To reduce alcohol-related health harms
- To reduce alcohol-related hospital admissions
- To reduce alcohol-related crime, anti-social behaviour and domestic abuse
- To support a diverse, vibrant and safe night time economy
- To improve our co-ordination/partnership work to ensure that all the other priorities are achieved efficiently and effectively.

This document has been structured around five key themes that encompass the diverse areas that are affected by alcohol-related harm. By focusing on **Prevention, Protection, Treatment, Recovery, and Enforcement and Control** it will demonstrate the range of work that is already underway and sets out clear ideas and plans for improvement.

The Plan will be overseen by the Cheshire East Health and Wellbeing Board, but with a reporting line for information to the Cheshire East Community Safety Partnership.

⁹ Champs Public Health Collaborative Cheshire East Alcohol factsheet June 2016

Delivering on Outcomes

As excessive alcohol consumption has negative 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 few years and the continued financial pressures accentuate the need for a cohesive approach.

Decisions around investment and commissioning intentions (what we spend public money on) will be considered within this partnership approach. Decisions will be evidence based and represent value for money.

The Position Statement and Forward Plan will be supported by a delivery plan outlining a partnership programme of actions to support defined outcomes. This will be reviewed annually 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 but with a reporting line for information to the Cheshire East Community Safety Partnership. The Board will provide leadership and influence 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.

Consultation Feedback

Between 8th August and 3rd October 2016, Cheshire East Council consulted residents and other stakeholders on the draft version of the Alcohol Harm Position Statement and Forward Plan. The aim was to gain feedback on the draft Plan and understand public perceptions in Cheshire East regarding alcohol harm.

The draft document was made available online with paper versions also available on request. Those who wished could send their comments about the Plan to the Council via an online survey, email or by post.

226 responses were received, the vast majority (223) through the online survey. 53% of online respondents were male and 47% female. 58% of respondents were aged 55 and over.

A large majority (88%) of respondents agreed with the five key themes of the Plan. Similarly the Priority Outcomes all received significant support (all over 80% with exception of 'Supporting a diverse, vibrant and safe night time economy' – 75%). When respondents were invited to add other priorities there was an emphasis upon the responsibility of retailers of alcohol and the need for improved education for children and young people, their parents and carer's and older people on the risks of excessive consumption. There was also recognition that well run pubs have a role to play. Views on our 'Goals for the Future' were generally positive, although Minimum Unit Pricing has opponents as well as advocates. Concerns were expressed regarding the resourcing of the Plan and the need for the Implementation Plan to include clear targets and actions. Points on the use of jargon and acronyms, and corrections to grammar were all noted.

Needs Assessment

The excessive consumption of alcohol is often a symptom rather than a cause of vulnerability among people. Many people have broader difficulties that can be compounded by drugs and alcohol and that need addressing at the same time. It is difficult to accurately record drinking behaviours and levels of alcohol consumption but the following sections indicate Cheshire East's levels of alcohol use. Further information is included in the alcohol and drugs section of the Joint Strategic Needs Assessment¹⁰.

Starting and Developing Well

Pregnancy:

Applying the 2010 national infant feeding survey to Cheshire East¹¹ estimates that:

- 1,500 women drank during pregnancy and 112 drank more than two units per week
- Mothers aged 35 or over (52%), from managerial and professional occupations (51%) or from a White ethnic background (46%) were more likely to drink during pregnancy

Young people:

In February 2014, 1,595 11 - 18 year olds took part in the annual 'Make Your Mark' ballot. Young people in Cheshire East highlighted their top concerns locally which included drugs and alcohol. They suggested that more needs to be done to raise awareness of the problems that alcohol and drugs cause young people.

The evidence suggests that higher numbers of young people (aged 14-19) in Cheshire East compared to nationally or the North West are drinking to harmful levels.

Alcohol-specific hospital admissions in under-18s are high in Cheshire East compared to other areas of the country. Although these are decreasing, 2012-2015 rates were still significantly higher in Cheshire East (47.6 per 100,000) than England (36.6 per 100,000). Alcohol-specific conditions include those conditions where alcohol is causally implicated in all cases of the condition; for example, alcohol-induced behavioural disorders and alcoholic liver cirrhosis.

5.01 - Persons under 18 admitted to hospital for alcohol-specific conditions

Cheshire East

Crude rate - per 100,000



Period	Count	Value	Lower CI	Upper CI	North West	England
2006/07 - 08/09	233	101.2	88.6	115.0	115.6	68.4
2007/08 - 09/10	218	95.0	82.8	108.5	104.2	63.3
2008/09 - 10/11	201	88.2	76.4	101.3	94.9	56.9
2009/10 - 11/12	182	80.5	69.2	93.0	85.5	52.1
2010/11 - 12/13	146	64.8	54.7	76.2	71.9	44.9
2011/12 - 13/14	130	57.8	48.3	68.7	60.4	40.1
2012/13 - 14/15	107	47.6	39.0	57.5	53.5	36.6

Source: Calculated by Public Health England: Knowledge and Intelligence Team (North West) using data from the Health and Social Care Information Centre - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates

¹⁰ http://www.cheshireeast.gov.uk/social_care_and_health/jsna/jsna.aspx

¹¹ National Infant Feeding Survey 2010 applied to Cheshire East birth data 2013-14

The 2015 North West young person's alcohol and tobacco survey received responses from 334 young people in Cheshire East. Key findings include:

- The percentage of 14-17 year olds who drink alcohol at least once a week has fallen since 2013, although the rates are slightly higher in Cheshire East (15%) compared to the North West region results (12%).
- Since 2013 there has been an increase in the number of 14-17 year olds in Cheshire East regularly binge drinking. It now stands at 17% compared to 12% for the North West.
- A third of young people in Cheshire East (33%) are not really worried about the long term health effects of drinking alcohol (down from 43% in 2013).
- 47% of young people aged 14-17 in Cheshire East claim never to have drunk alcohol, which is similar to the North West rate of 46%. This has increased from 19% in the 2013 survey, possibly due to the larger proportion of 14 year old respondents; over half of Cheshire East respondents were 14 years old in 2015.
- Perhaps also reflecting the younger sample profile, there is a decrease in the percentage claiming to drink in pubs/clubs (from 26% down to 14%), but a slight increase in the percentage drinking outside.
- The proportion of young people in Cheshire East drinking alone has increased from previous years to 11%.
- The proportion of 14-17 year olds in Cheshire East claiming to be aware of drinking dens or party houses in their local area, has increased from 19% in 2013 to 28% in 2015.

The 'What About YOUth', 2014 lifestyle survey of 15 year olds in England found that in Cheshire East, 8.4% are regular drinkers (higher than the England average of 6.2%) and 19.1% have been drunk in the last 4 weeks (higher than the England average of 14.6%¹². Nearly three quarters (73.3%) of 15 year olds locally have ever tried an alcoholic drink (compared with 62.4% for England as a whole).

Living Well

Guidance from the National Institute for Health and Clinical Excellence (NICE)¹³ suggests population benchmarking estimates of:

- Over 24% of the population drink in a hazardous or harmful way (where drinking increases someone's risk of harm or causes directly related health problems). This equates to 73,213 people aged 16 years and above who are hazardous or harmful drinkers in Cheshire East.
- Alcohol dependence affects 4% of 16-65 year olds. This equates to 9,497 dependent drinkers aged 16-65 years old in Cheshire East

Modelled estimates of binge drinking from 2006-08 suggest that 22% of over 16 year olds binge drink¹⁴ (compared to 17% of Cheshire East 14-17 year old survey respondents). 22% equates to 68,000 people in Cheshire East.

¹² Public Health England (2016). Health behaviours in young people – What about YOUth survey? <http://fingertips.phe.org.uk/profile/what-about-youth>

¹³ <https://www.nice.org.uk/guidance/CG115/chapter/Introduction>

¹⁴ Cheshire East JSNA Overview: <http://www.cheshireeast.gov.uk/pdf/social-care-and-health/ce-lh-indicators-quintile-analysis.pdf>

During 2014/2015, 473 over 18 year olds were in specialist treatment for alcohol misuse. Of those people accessing treatment for alcohol, 42% successfully completed their treatment¹⁵.

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

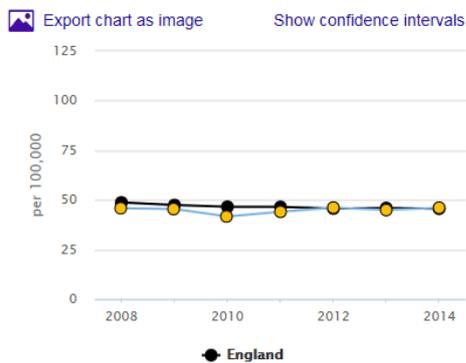
Alcohol-related mortality

There is a higher proportion of preventable liver disease in Cheshire East than the national average. There were 178 deaths from preventable liver disease in Cheshire East during 2013-15. The Public Health England definition of the preventable liver disease indicator states that liver disease is one of the top causes of death in England and people are dying from it at younger ages. Most liver disease is preventable and much is influenced by alcohol consumption and obesity prevalence.

4.01 - Alcohol-related mortality (Persons)

Cheshire East

Directly standardised rate - per 100,000



Period	Count	Value	Lower CI	Upper CI	North West	England
2008	165	45.8	39.0	53.4	59.5	48.7
2009	169	45.4	38.7	52.7	58.2	47.4
2010	156	41.7	35.3	48.7	55.7	46.5
2011	167	44.0	37.5	51.2	56.6	46.5
2012	176	46.1	39.4	53.3	55.4	45.6
2013	175	44.9	38.4	52.0	55.4	45.9
2014	184	46.0	39.5	53.1	55.6	45.5

Source: Calculated by Public Health England: Knowledge and Intelligence Team (North West) from the Office for National Statistics (ONS) Annual Death Extract Public Health Mortality File and ONS Mid Year Population Estimates

Alcohol-related hospital admissions

There are increasing numbers of people in Cheshire East being admitted to hospital every year as a result of their alcohol use. Between 2008 and 2015 admissions increased by 27%.

Further investigation into the specific conditions shows that Cheshire East benchmarks poorly compared to England for admission episodes for:

- Alcohol-related mental and behavioural disorders in males and females

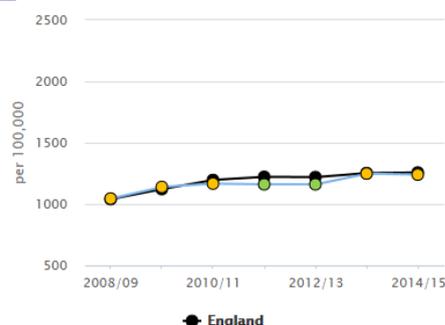
¹⁵ Public Health England (2016). Local Alcohol Profiles for England. <http://fingertips.phe.org.uk/profile/local-alcohol-profiles/>

7.01 - Persons admitted to hospital for alcohol-related conditions (Broad) (Persons)

Cheshire East

Directly standardised rate - per 100,000

 Export chart as image [Show confidence intervals](#)



Period	Count	Value	Lower CI	Upper CI	North West	England
2008/09	3,800	1,045	1,012	1,079	1,291	1,040
2009/10	4,182	1,140	1,105	1,175	1,403	1,122
2010/11	4,335	1,167	1,132	1,203	1,471	1,197
2011/12	4,360	1,161	1,127	1,197	1,484	1,222
2012/13	4,417	1,161	1,127	1,196	1,491	1,220
2013/14	4,786	1,249	1,213	1,285	1,546	1,253
2014/15	4,818	1,240	1,205	1,276	1,565	1,258

Source: Calculated by Public Health England: Knowledge and Intelligence Team (North West) using data from the Health and Social Care Information Centre - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

Alcohol-related recorded crime

- During 2014/15 there were 838 alcohol-related crimes of violence recorded in Cheshire East; there has been an average of 68 crimes per month since April 2012, predictably ranging from 34 to 104 per month¹⁶.
- There were 537 drink driving arrests and 281 drunk and disorderly arrests during 2014/15¹⁷ and alcohol was a consistent feature in at least 14% of high risk domestic abuse cases.¹⁸

Impact of alcohol on fire incidents

- The Department for Communities and Local Government (DCLG) carried out a study in 2011 into fires that occurred in people's homes. This showed that alcohol misuse resulted in 2,656 fires (around 9% of all fires), resulting in 60 deaths and 1,267 injuries. Where alcohol was a contributory factor, 49% of fire incidents resulted in casualties, compared to 14% for other fire incidents. The estimated cost of fires, where alcohol was suspected to be a contributing factor, was almost £131 million. This compares to just over £286 million for other type of fire.¹⁹

Benefit claimants

- In 2015, 230 people were claiming incapacity, severe disablement allowance or employment and support allowance due to alcoholism. Rates are lower than for the North West and England.

Ageing Well

- Approximately 11,000 older people drank more than the recommended amounts.²⁰

¹⁶ Monthly data supplied by Cheshire East Police

¹⁷ Monthly data supplied by Cheshire East Police

¹⁸ Cheshire East Domestic Abuse JSNA – September 2016

¹⁹ Department of Health – written evidence to Health Committee (2011)

²⁰ IAS (2013) Older people and Alcohol Factsheet applied to 2011 census data

- Alcohol has been identified as one of the three main causes of falls. There were 2,063 emergency hospital admissions for injuries due to falls in people aged 65 years and over in Cheshire East in 2014/2015.²¹

Our Approach To Date

A Summary of what we are already doing in Cheshire East:

- **‘One You Cheshire East’ (Lifestyle Commissioning) – Alcohol**
Lifestyle and wellness services are accessed using a variety of different routes. This can be confusing both to members of the public and professionals who work with them to improve their health and wellbeing. Our aim is to do things in a new way by introducing an ‘Integrated Wellness and Lifestyle Support System’. This will give local people more control over how they access services, and more choice over the services they access. The ‘Integrated Support System’ has a range of components such as:
 - Assessment and Co-ordination help, advice and support
 - Lifestyle and Wellness Support including: Physical Activity, Holistic Lifestyle Coaching, **Alcohol Harm Reduction**, Tobacco Control & Stop Smoking, Healthy Eating, and some Sexual Health services
- **Stepping Stones Specialist Substance Misuse Service**
Cheshire and Wirral Partnership NHS Foundation Trust (CWP) is the lead provider for the Cheshire East Substance Misuse Service ‘Stepping Stones’ for which the contract was awarded in November 2014. Stepping Stones takes a life-course approach, supporting adults and young people with substance misuse problems. CWP have also sub-contracted to a number of voluntary and community sector organisations to deliver interventions to support individuals to achieve recovery such as employment training, school based support and mutual aid.
- **Business Advice courses for local businesses about licensing law**
These courses are voluntary and catered to the individual businesses and the concerns they have. They are designed to offer an easy way for businesses to ensure that they comply with the relevant legislation. This saves money and time in the long run as any potential issues are fixed before they develop into something more problematic.
- **Test purchasing with underage volunteers**
This approach is intelligence led and used to target businesses that are believed to be selling alcohol to underage people.
- **Children’s alcohol & tobacco survey**
This is done every two years and assesses our young people’s relationship with alcohol and tobacco. The information garnered from such surveys can indicate areas for improvement in our approach. 334 responses were received in the 2015 survey.

²¹ Public Health England (2016). Public Health Outcomes Framework. <http://www.phoutcomes.info/>

- **Enforcement against counterfeit alcohol**

Ensuring that any alcohol sold is licensed and genuine is vitally important in ensuring that our areas alcohol supply can be monitored and kept in the hands of adults. It is also important in minimising the harm caused by alcohol as counterfeit alcohol can damage people's health far more acutely than legal equivalents.
- **Community Alcohol Network (CAN)**

The CAN is a partnership organisation that was born out of the successful pilot of the CAP (Community Alcohol Partnership) in Crewe South. It is a Council-wide initiative designed to bring together several council departments, the police and community safety teams. It is designed to offer a universal approach to problem premises with multiple issues. It has already had some notable success.
- **Working to Introduce the Cardiff Model of data sharing**

The Cardiff Model of data sharing is a mechanism for sharing information between the Police, Accident and Emergency departments and local Council Licensing departments. It has been proven to reduce the numbers of alcohol related incidents in a town or city centre that result in either an arrest or a presentation at an A&E Department.
- **TWISTA peer mentoring scheme**

This is a scheme aimed at vulnerable and at risk young people. The idea was to ensure they got support in a way that benefitted them without having to go through more formal routes. In this programme, a volunteer becomes the peer-mentor of a young person and helps with the pastoral side of their care.
- **Recovery based accommodation**

This is a plan to better utilise the housing facilities already being used by some residents at the moment. It became clear that the service we provided did not cater for those with complex needs and was not co-ordinated enough to give the best results. It is hoped that by restructuring our current service we can provide a more coherent service that reduces the number of readmissions and radically improves the number of people recovering and becoming independent again.
- **ACPO Alcohol Harm Reduction Week**

This is an event, run by the police, that raises awareness of licensing procedures that need to be followed.
- **High Profile visits to hotspot premises**

This is a form of deterrence that demonstrates an awareness of the local environment. It also acts as a great tool for ensuring that any problems are not related to the premises serving the alcohol.
- **Operation Americas**

This is an initiative led by Neighbourhood Policing Units. It involves running licensing focused weekends.

- **ARC Angel**

ARC angel is a multi-agency approach to tackling alcohol related crime that utilises powers given to the police by the Anti-Social Behaviour, Crime and Policing Act 2014. It is a standards based approach aimed at improving community relationships with alcohol and using enforcement where appropriate.

- **School Liaison Visits**

This work is carried out by the police in order to help prevent alcohol harm in the future. It involves talking to school children about the use and damage of alcohol.

- **NAVIGATE Scheme**

This scheme aims to target persistent offenders who pose the greatest threat to the safety and confidence of their community. Many of these have substance misuse issues, including alcohol.

- **CCTV service**

Utilised as a form of deterrent for a variety of crimes and is placed in hot-spot areas throughout town centres in Cheshire East. It also provides evidence for further action on specific people, premises or establishments.

- **Community Warden Service**

The Community Warden Service was established to address public concerns in relation to crime and disorder and tackle issues in relation to anti-social behaviour. This is achieved by working in partnership with the local community and its partners to provide a safer environment in which to live, work, and visit. The provision of a uniformed community patrol offers and promotes community reassurance leading to a reduction in crime and, most importantly, the community's perception of crime.

- **Multi-Agency Action Groups**

The MAAG process has developed from Safer Cheshire East Partnership's "Tasking and Co-Ordination" (T&C) process. It involves a range of issues and problems that arise from time to time via regular analysis of current trends and nominations of specific issues (which are assessed) from agencies which are members of the Group.

- **Street Pastors**

Street pastors are trained volunteers from local churches who care about their community. They patrol in teams of men and women, usually from 10pm – 4am on a Friday and Saturday night, to care for, listen to and help people who are out on the streets. They work together with other partners in the night-time economy to make communities safer.

- **Manchester Mediation Service**

This is a commissioned company who deliver mediation intervention for neighbour disputes around anti-social behaviour and other such things.

- **Anti-Social Behaviour Team**

The Safer Cheshire East Anti-Social Behaviour Team work with partnership agencies to tackle this sort of behaviour, and draw up and amend standards of practice to make sure ASB is tackled as effectively as possible within Cheshire East. They utilise multiple tools and measures to help reduce the amount of anti-social behaviour across Cheshire East. These tools include, letters to parents, acceptable behaviour contracts, referral to preventing offending panel, community protection notices etc.

- **Cheshire Fire and Rescue Service**

Cheshire Fire and Rescue Service Operational staff and Advocates have a good awareness of alcohol-related harm. Cheshire Fire & Rescue Service Prevention staff were trained in 2012 by CHAMPS for tier 1 Alcohol Harm and Brief Intervention. This training assisted Operational staff to identify alcohol-related dwelling fires and refer cases onto Prevention staff who then engaged more effectively with householders about the links between fire and alcohol, and especially the significant dangers of cooking whilst under the influence of alcohol.

From time to time, the identification of an alcohol-related dwelling fire and the more specialized post fire follow-up gives rise to the identification of more complex underlying issues requiring the Service to engage with social workers, mental health professionals, care providers etc.

NHS England (Cheshire and Merseyside Sub-Region) has asked Cheshire Fire and Rescue Service to address some key local health issues as part of the expansion of current Home Fire Safety work (conducted in the home setting) in to a broader Safe and Well assessment. Alcohol reduction has been identified as one of the issues Cheshire Fire and Rescue Service can help support through Safe and Well visits.

Our Ambition

Health First, the evidence-based alcohol strategy for the UK²², recommends that action needs to be taken on the pricing of alcohol, the licensing of alcohol, the marketing of alcohol, drinking and pregnancy and drink driving as these five issues are strong drivers of alcohol-related harm. Many of their recommendations can only be implemented through national policy; however activity can take place locally to contribute to improved outcomes within Cheshire East.

There are a number of priority areas that we intend to focus upon over the next two years to build upon the good work already underway, but to help to co-ordinate even more effectively the efforts of partners to reduce alcohol related harms.

Goals for the future:

²² 'Health First: an evidence-based alcohol strategy for the UK', University of Stirling, March 2013

- G1 A coherent multi-agency approach with an effective action plan that covers all services – to create an effective framework for encouraging multi-agency approaches to dealing with the issues surrounding alcohol related harm. Bringing services together in such a way will help us to improve outcomes and create a more efficient and personalised service for residents.
- G2 Minimum Unit Pricing (MUP) – working with Cheshire and Merseyside authorities to support the introduction of MUP, subject to the outcome of the alcohol industry legal challenge to the introduction of a MUP in Scotland. The Advocate General of the European Court of Justice has offered the opinion that the Scottish Alcohol Minimum Unit Price does not contravene European Law (3rd September 2015), but that it would only be legal if it can be demonstrated that no other mechanism exists to achieve the same desired outcome. The introduction of MUP would need to demonstrate “additional advantages or fewer disadvantages by comparison with the alternative measure”. The European court is expected to take at least a further six months to issue its final ruling, before the case is referred back to the Court of Session in Edinburgh.
- G3 Improved engagement with local alcohol retailers in order to promote responsible retailing.
- G4 Working closely with the Clinical Commissioning Groups and Acute Hospitals to further develop Hospital Alcohol Liaison Services.
- G5 Consistent messaging about alcohol harm and positive drinking behaviours across services – development of a coherent brand and concise and clear messaging, that all organisations would use in any promotional activity related to reducing alcohol harm. Development of a coordinated alcohol communications plan agreed by all partners.
- G6 A focus upon improved education and awareness raising amongst children and young people and their parents/carers in relation to the harms of alcohol.
- G7 To undertake further work to better understand capacity and demand for treatment within the borough.
- G8 Develop the wider use of identification and brief advice across the borough by non-specialist universal services and within other commissioning areas including Healthchecks, and the Integrated Lifestyle and Wellness Support System.
- G9 Embedded ‘Recovery’ in communities across the borough. We need to have a clear understanding of our local recovery assets and where they can be developed further. By taking an ‘Assets Based Community Development’ (ABCD) approach we can build recovery in our communities. Developing our local assets to enable individuals to engage in meaningful community based activities; we want to enable individuals to build their recovery capital through volunteering, education, training, employment, housing, family, friends, and wider health services. Local examples include: the development of volunteering opportunities through a network of visible ‘Recovery Champions’ through our specialist substance misuse service, and our recovery based accommodation pilot.
- G10 We have an ambition to develop some recovery accommodation in the area. The provision of such a service would offer people with complex needs a safe place to come and receive the help and support they need. The accommodation would also act as the perfect vessel to utilise

effective multi-agency working to improve outcomes and keep the work cost effective. The recovery based accommodation pilot will be jointly commissioned by public health and housing, to provide sustainable accommodation and recovery at a community level.

G11 A shift from long term treatment to prevention and recovery within our Specialist substance Misuse service, with clear seamless pathways between treatment and recovery.

G12 Licensing Review - The Council recently (July 2016) considered whether it is appropriate to implement a Late Night Levy (LNL) or Early Morning Restriction Orders (EMRO) together with other powers at our disposal to protect residents from crime, anti-social behaviour and noise nuisance caused by irresponsible licensed premises and irresponsible drinkers; to promote the reduction in the levels of alcohol use/misuse by Children and Young People and to reduce the incidence of alcohol related harm. At this point in time it was deemed inappropriate to progress a LNL or EMRO. However it was agreed to review the need for a Cumulative Impact Policy for certain areas. Our ambition is to ensure that the residents of this area are provided with the best solution for them regarding licensing.

CLear Self Assessment

To help with the development of our Alcohol Harm Reduction Implementation Plan and the process of prioritisation, we shall as a first action undertake the Public Health England (PHE) Alcohol CLear self-assessment. The self-assessment tool and supporting materials have been developed by PHE to support an evidence based response to preventing and reducing alcohol related harm at a local level.

What is CLear?

CLear is an evidence-based improvement model which stimulates discussion among partners about local opportunities for improving outcomes through effective collaborative working. It helps alcohol partnerships determine how the local structures and processes currently in place support a reduction in alcohol-related harm.

It is designed to be used by local authorities, the NHS, those involved in the criminal justice system, and voluntary sector agencies—working together across local alcohol partnerships with accountability to health and wellbeing boards, and/or community safety partnerships. Involving service users and carer representatives in the process will be beneficial and provide additional assurance.

CLear stands for the three linked domains of the model. These domains are underpinned by the central core of local priorities and objectives, which encourage alcohol partnerships to consider how the broader aims of local government, the NHS, the police and other partners complement, and support, a place-based approach to improving the outcomes associated with alcohol-related harm.

- Challenge of local services that deliver interventions to prevent or reduce alcohol-related harm – this domain reviews operational practice against current evidence about the most effective components of alcohol interventions, as outlined in NICE guidance and other publications.

- Leadership – this domain considers the extent to which strategic leadership is supporting comprehensive action to reduce alcohol harm. It looks at local structures and arrangements to assess whether commissioning decisions are informed by a robust understanding of local need and to evaluate the strength of partnership working, and the governance structures underpinning this.
- Results – this domain looks at the data used locally to evidence the outcomes delivered by the partnership against national and local priorities and reflects on emerging local trends.

The alcohol CLear model offers:

- a free-to-access, self-assessment tool that can assist local partnerships in evaluating the effectiveness of structures and arrangements that support local services to address and reduce alcohol-related harm and in identifying opportunities for improvement and action planning
- a chance to benchmark local work to reduce alcohol-related harm over time
- an opportunity to identify and showcase good and innovative practices locally and to share this learning with others

The key principles of self-assessment are:

- simplicity – individual questions in the self-assessment should be quick and easy to complete
- collaboration – the self-assessment is best completed collaboratively through discussion with partners
- evidence-based responses – participants are encouraged to consider the local evidence, and to reflect on national and international evidence, before recording the basis for their choices
- honesty – completion of the self-assessment should be a transparent and open process

The use of a self-assessment tool that allows partnerships to challenge services, provide leadership and examine results (CLear) has been shown to be an effective approach in tobacco control. The alcohol CLear uses the same methodology to give alcohol partnerships the same benefits.

The alcohol CLear tool was developed by experts with a background in alcohol policy, commissioning or delivery. Its content was shaped by the evidence base as set out in NICE guidance and existing PHE tools and resources, in particular the alcohol stocktake tool and the JSNA commissioning prompts, published within the annual JSNA support packs. The tool was piloted and then revised to reflect learning from the pilot sites.

Prevention

Overview

'Prevention', through evidence-based interventions, aims to delay the first use of alcohol, deter people from developing drinking problems and reduce the harm of alcohol use. In addition to the harmful impact of alcohol misuse on health and wellbeing, the 'hidden harm' caused by alcohol misuse can also lead to unemployment, domestic violence and child neglect.

Alcohol prevention is multifaceted with various factors at different levels, from individual behaviour and choice, which can be combined with wider community, environmental, social, cultural and economic influences.

Effective prevention helps to reduce or remove individual and community level risk factors such as family conflict, parental or sibling alcohol use or economic deprivation. While enhancing protective factors such as strong family bonds, strong support structures, self-efficacy, problem solving skills, constructive interests and activities.

Cheshire East Council Public Health have recently commissioned an integrated Substance Misuse Service (SMS) for young people and adults, which was awarded to Cheshire and Wirral Partnership NHS Trust (CWP) as the 'Lead Provider' to coordinate the delivery of SMS across a number of providers. The integrated SMS is called 'Stepping Stones' and it aims to reduce the harm to people misusing alcohol.

Evidence suggests that higher numbers of young people (aged 14-19) in Cheshire East are drinking to harmful levels compared to nationally. Therefore 'Early Intervention' and a 'Life-course' approach are also key to prevention. Stepping Stones provides targeted interventions for Young People and their families and also offers interventions within schools. There is a strong evidence base supporting the influence of protective factors such as parents/carers and schools play a key role in preventing young people from developing alcohol problems. 'One You Cheshire East', the Integrated Lifestyle and Wellness Service will also deliver universal prevention for Young people in these areas. Parents/carers can also be a risk factor in terms of the health and safeguarding impact on children who live with parents who drink to harmful levels.

There is also a need to enable and educate young people and adults to make healthy lifestyle choices that don't include harmful behaviour, such as excessive drinking. Again the Integrated Lifestyle and Wellness Service will provide a choice of help, advice and support in a range of ways.

What needs to be done?

We need to reduce the high levels of harmful drinking in Cheshire East compared to the national picture. This will be achieved through improved education and alcohol prevention interventions targeted at various levels from individuals, families and wider communities.

Key priorities for alcohol prevention in Cheshire East include:

- Reducing the number of Young People who are drinking to harmful levels.
- Reducing the number of alcohol-related hospital admissions in Cheshire East.
- Redressing the balance from treatment to prevention – Local alcohol services need to shift from focus on the treatment of alcohol misuse, towards prevention.
- Assets Based Community Development (ABCD) to build on the protective factors of individuals, families and communities to prevent alcohol misuse.

ABCD is a set of values and principles which:

- *Identifies and makes visible the health-enhancing assets in a community*
- *Sees citizens and communities as the co-producers of health and well-being, rather than the recipients of services*
- *Promotes community networks, relationships and friendships that can provide caring, mutual help and empowerment*
- *Identifies what has the potential to improve health and well-being*
- *Supports individuals' health and well-being through self-esteem, coping strategies, resilience skills, relationships, friendships, knowledge and personal resources*
- *Empower communities to control their futures and create tangible resources such as services, funds and buildings*

An asset can be defined as: any factor or resource which enhances the ability of individuals, communities and populations to maintain and sustain health and well-being.

Other assets include the following:

- *the practical skills, capacity and knowledge of local residents*
 - *the passions and interests of local residents that give them energy for change*
 - *the networks and connections – known as 'social capital' – in a community, including friendships and neighbourliness*
 - *the effectiveness of local community and voluntary associations*
 - *the resources of public, private and third sector organisations that are available to support a community*
 - *the physical and economic resources of a place that enhance well-being.*
- Evidence based behaviour change interventions through a choice of help, advice and support services; more specifically an alcohol 'Identification and Brief Advice' (IBA) service as part of the 'One You Cheshire East' Integrated Lifestyle & Wellness Support System. The Brief Advice also needs to focus on the impact of parental drinking on children and young people, to prevent and delay young people from drinking and alcohol.

- The Cheshire East Local Safeguarding Children Board have recommended that we need to raise awareness of the hidden harm and safeguarding implications of children living with parents/carers who are drinking to harmful levels.

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Protection

Overview

Public services have a responsibility to work together to safeguard and promote the wellbeing 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, child sexual exploitation, truancy, school exclusion and illegal drug misuse. Children and young people who misuse alcohol are at greater risk of suffering negative health and social outcomes compared to adults, because they have not yet fully developed physically or mentally. Young people in Cheshire East are more likely to have an alcoholic drink with 73.3% of young people in Cheshire East compared to 62.4 % nationally.²³ However Cheshire East benchmarks well for pupil absence and teenage pregnancy and is similar for England on first time entrants to the criminal justices system. Parental alcohol misuse and related domestic violence can adversely affect the physical, mental and psychological development and wellbeing of young people and lead to a range of poor outcomes. The Local Children's Safeguarding Board's Neglect Strategy being published in 2017 will highlight a factor in adolescent neglect that can see children and young people being allowed to drink large amounts of alcohol.

Maternal alcohol misuse during pregnancy is linked to a number of mental and physical disabilities that can affect infants into childhood.²⁴

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 within the borough.

What needs to be done?

- A programme of education and awareness raising needs to be in place to ensure that parents / carers, children and young people are aware of the consequences and potential harms of alcohol use among young people. Parents / carers must also be aware of the possible impact of their own alcohol use on their children. This includes ensuring that they are aware of the risks of supplying young people with alcohol.
- The progress made through the Early Intervention and Prevention work already done in Cheshire East needs to be built upon. This will improve access for families to engage with Children's 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

²³ What about YOUth Survey 2014

²⁴ Drinkaware (2015) Young People's and their Parents Drinking Behaviour and their attitudes in the UK <https://www.drinkaware.co.uk/research/our-research-and-evaluation-reports/drinkaware-monitor-young-people-report/>

parents requiring treatment for alcohol misuse including those where there are child protection concerns.

- Cheshire East is developing a Parent Journey through integrated working between Children's Early Help services and Public Health commissioned 0-19 services. This will include systematic assessment of 0-5s and their parents. The assessment will include the AUDIT C. It will also include systematic promotion of healthy lifestyles including appropriate alcohol consumption.
- 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.
- Cheshire East has developed an emotionally healthy schools programme targeting secondary schools. We are part of two national pilots: a CAMHS school link pilot and an extension to vulnerable children. The extension to vulnerable children will involve systematic identification of vulnerable children in the school footprint, systematic assessment of need and multiagency appropriate responses. This will include young people who misuse alcohol.
- All key services working with parents and their children need to be equipped to identify parental alcohol abuse. A training programme for social care teams is being developed and delivered by the Cheshire East Substance Misuse Service.
- In 2014-15 alcohol misuse of a parent/carer was identified in 427 out of 3,627 children's assessments. Only 76 of these parents were involved in alcohol and drugs services. A bid has been made to the Complex Dependency programme to support a deep dive to understand the needs of these different families and whether the appropriate parents are reaching services.
- 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. The Complex Dependencies bid also includes links with Domestic Abuse.
- Alcohol and Drugs, Mental Health and Domestic Abuse are three key causes of children's social care involvement in families. The LSCB offers comprehensive training around domestic abuse. We are exploring how we can deliver mental health training. We need to also find a way to deliver alcohol and drugs training to the wider safeguarding audience.

Treatment

Overview

'Treatment' of alcohol misuse generally involves three evidence based steps, identification and brief intervention/second level psycho-social interventions, detoxification and recovery.

The first phase of treatment for those who are **dependent** on alcohol is controlled and supervised detoxification. Detoxification is then followed by a recovery programme, which can include a number of interventions such as counselling, psychosocial support (behaviour change), prescribing, mutual aid, peer support, building on assets/strengths/protective-factors, information, advice and education. Treatment can be provided via inpatient supported treatment accommodation or while the individual lives in the community.

Stepping Stones delivers specialist treatment services for dependant drinkers in Cheshire East, offering harm reduction and appropriate health assessment for blood borne viruses and sexually transmitted disease, to help with recovery from addiction, behaviour change, and support to withdraw and become alcohol free. Stepping Stones provides 'step up and step down' treatment and support that is seamless, co-ordinated and monitored, with follow up review arrangements post service exit to monitor achievements of a life free from alcohol, and learning from relapse. At the end of March 2015 there were a total of 458 dependent drinkers receiving treatment from Stepping Stones.

In order to prevent adults from becoming dependent on alcohol and to therefore reduce the demand for specialist treatment, it is important to also target interventions to those who are **Hazardous drinkers** (Hazardous drinking usually refers to drinking above the recommended lower-risk levels but without, yet, showing evidence of harm to health) and also **Harmful drinkers** (Harmful drinking refers to those already experiencing or showing evidence of health harms, but not showing evidence of alcohol dependence).²⁵

What needs to be done?

- Enhance, with CCGs and Acute Hospitals, the development of hospital alcohol liaison services.
- The development of an effective alcohol treatment and referral pathway between GPs and the specialist substance misuse service
- To undertake further work to better understand capacity and demand for treatment within the borough.
- Develop wider use of identification and brief advice across the borough by non-specialist universal services and within other commissioning areas including Healthchecks, and the 'One You Cheshire East' Integrated Lifestyle and Wellness Support System.

²⁵ NHS Choices, Alcohol misuse <http://www.nhs.uk/conditions/Alcohol-misuse/Pages/Introduction.aspx>

- The principles of prevention and recovery need to be embedded within our treatment workforce.
- Clear, visible pathways between treatment and recovery will enable individuals, families and communities to engage and to provide the recovery networks that are needed to achieve the benefits of recovery in communities.

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Recovery

Overview

'Recovery' includes giving people the support they need to move towards being alcohol free and to maintain this ideally for life. Key contributing factors for recovery are having a home, employment / volunteering, and supportive networks. Effective recovery planning is essential and needs to embrace these factors in addition to treatment and wider health and wellbeing considerations.

Alcohol misuse services in Cheshire East have predominantly focussed on specialist treatment. The newly commissioned Substance Misuse Service (SMS) 'Stepping Stones' aims to concentrate more on progress towards recovery, particularly for those in long term treatment. The partnership approach delivered by Stepping Stones will make it easier for people who may use more than one service and/or require different interventions at times within their 'recovery journey' from alcohol misuse, or at relapse.

To support individuals to achieve their journey towards recovery, Stepping Stones makes good use of asset based community development, promoting self-care and actively supporting the development of and linkage with mutual aid. Some of the recovery based, behaviour change interventions and mutual aid delivered by community based organisations through Stepping Stones include, Acorn Recovery (Reduction and Motivation Programme (RAMP) and Dependency Emotional Attachment Programme (DEAP)), Intuitive Thinking Skills training such as Skills-Tu Employment and Emerging Horizons.

What needs to be done?

- Redress the balance from treatment to prevention and recovery:- local Alcohol services have been predominantly focussed on the specialist treatment of alcohol misuse. Stepping Stones aims to shift the focus more towards reducing the harm of alcohol misuse (prevention) and supporting people to become alcohol free (recovery). Stepping Stones has been developed to be more oriented towards recovery, to reduce the number of individuals who have historically remained in long term treatment, also to ensure that new entrants to treatment are able to move onto recovery and abstinence. We also need to ensure that wider providers and settings have a responsibility for supporting recovery.
- Develop an 'Assets Based Community Development' approach that aims to build on our local community strengths and therefore the key contributing factors in recovery.
- Improve accommodation options: - There is a lack of local suitable accommodation, which is a significant risk to an individual's ability to achieve and sustain their recovery. We need to commission an accommodation model which provides a safe temporary home to enable Cheshire East residents without accommodation and currently using alcohol in an uncontrolled manner to recover to the point where they can start to work towards maintaining an independent tenancy. In addition we need to work with the Registered Providers to ensure a co-ordinated approach to supporting individuals at risk of losing their accommodation because of alcohol related causes and we need to respond to the needs of

people who continue to use alcohol despite losing access to rented accommodation, for example through Housing Options.

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Enforcement and Control

Overview

We are committed to securing the safety and amenity of communities within the Cheshire East area, whilst facilitating a sustainable alcohol and entertainment industry. We also recognise that our residents deserve a safe and desirable environment in which to work and live. We recognise the importance of well-run licensed premises in a vibrant and diverse local economy. We will do all we can to promote the safety of our residents and visitors.

We intend to work proactively with the Cheshire Police and other enforcement agencies. This will include intelligence led late night visits and the monitoring of problem premises.

Proportionate targeting of agreed problem and high-risk licensed activities needing greater attention will be applied. A corresponding lighter touch for well run, lower risk premises will also be applied.

The Review of licences or certificates provides a key protection for the community where the Licensing Objectives are being undermined. The Licensing Authority will provide advice to members of the public and responsible authorities on the review process.

Strategic use of local information 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.

What needs to be done?

Enforcement

- 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. Cheshire East should work with national and regional partners to engage in new and emerging programmes where there is evidence of effectiveness.
- Through the use of Mandatory Licensing Conditions we will be able to utilise a variety of measures that act as a strong deterrent to breaching the conditions; warnings, cautions and prosecutions can be utilised against premises that breach their licensing conditions. It is also worth noting that very similar punishments are available for people who are in the possession of fake identification documents.
- 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 a CBO 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 ranges of interventions can be provided to the residents of Cheshire East.
- It is vitally important that we look at the effect alcohol has on incidents of domestic abuse. Last year we have conducted one Domestic Homicide Review and contributed to a second. In both of these incidents alcohol use by the perpetrator played a significant role in the antecedents to the murders.
- We are currently working under the guidance and action plans set out in the Domestic Abuse Strategy 2014-16 document. Our provision for Domestic Abuse vision is realised under six key priorities. They are Prevention and Early Intervention, Protection, Provision, Partnership, Participation, and Performance. The strategy offers a holistic approach to tackling domestic abuse through the encouragement of partnership work and inter-service co-operation.

Control

- We will work closely with Cheshire Police and other enforcement agencies to ensure that businesses and individuals comply with the relevant legislation. This will include a number of different measures being utilised to ensure positive outcomes for our residents.
- Regular visits to licensed premises will be included to ensure that they are being operated in accordance with the terms of their respective licenses. There will also be intelligence led late night visits and regular monitoring of problem premises to ensure that the area is constantly providing a thriving but safe night time economy.
- A programme for test purchasing, guided by intelligence gathered from multiple reputable sources, will be instigated with the help of underage volunteers. This form of test purchasing plays an integral role in our area's ability to protect young people from the harm caused by excessive alcohol consumption.
- Through the Trading Standards team, there is also scope for ensuring that alcohol labelling and measurements are compliant with relevant legislation. Trading standards also offer Business Advice packs that are catered individually to businesses that use them. They can cover any topic that the business owners are unsure about; be it licensing conditions, spotting real identification or other similar issues. This is an important preventative tool in our arsenal as we do not want to unfairly target businesses who are trying to comply with all the relevant legislation.

Cross Cutting Enablers

Communication

Effective communication across partners and with the community will support further development and implementation of the plan. Through the Cheshire East Community Safety Partnership and the Health and Wellbeing Board, communication with individuals, communities and businesses will be undertaken to raise awareness of the work underway to reduce alcohol related harms. 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. A multi agency Communications Strategy will be developed.

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 the safeguarding of 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 Cheshire East.

We will collect and utilise data to inform our approaches in Cheshire East. We will evaluate new services and approaches to improve the evidence about what works in reducing alcohol related harm.

Relevant National Policy

It is vitally important that this Position statement and Forward Plan is based on, responds to and incorporates current policy and legislation. The most significant influencers on our thinking have included:

- **Licensing Act, 2003; HM Government**
 This legislation has been the cornerstone of Alcohol Licensing legislation since its introduction in 2003. Its primary goal was to replace the nation's outdated laws with what was deemed to be a 21st Century licensing system.
- **Communication from the Commission to the Council, the European Parliament, the European Economic and Social Committee and the Committee of the Regions: An EU strategy to support Member States in reducing alcohol related harm, 2006; Commission of the European Communities**
 This policy document was written in 2006 and offers a clear outline of areas that could be tackled to reduce the harm caused by alcohol. It was roundly criticised for its lack of industry focused policy but given the scope of this local strategy it offers a useful, in-depth analysis of the different areas of our services that alcohol can have an impact upon.
- **Selling Alcohol Responsibly: the new mandatory licensing conditions, 2010; Home Office**
 This guidance outlines new mandatory licensing conditions and allows for a local approach to age verification policies and price promotions.
- **Drug Strategy – Reducing Demand, Restricting Supply, Building Recovery, 2010; HM Government**
 This approach is aimed primarily at ensuring people who are dependent on any substance, like alcohol, are cared for throughout their progression from vulnerability to independent living. It focuses on improving these outcomes to reduce alcohol related admissions to hospital - better for the individual and reducing costs to the health service.
- **Breaking the Cycle – Effective Punishment, rehabilitation and sentencing of offenders, 2010; Ministry of Justice**
 It proposes that by tackling dependencies, such as alcohol dependency, in prison populations the number of reoffenders, and prison numbers as a whole, would drop. By breaking this cycle the number of prisoners and the number of crime and health incidents related to alcohol would reduce.
- **Healthy Lives Healthy People – Our Strategy for public health in England, 2010; Dept. of Health**
 Published as part of the preparation for the Health and Care Act (2012), its focus was to make public health more community orientated so that it could shape its work around the needs of local people. The main outcome was the shift of public health into local authorities. Other elements of the Act introduced the local Health and Wellbeing Boards and Clinical Commissioning Groups.

- **Police Reform and Social Responsibility Act, 2011; HM Government**
 This piece of legislation was brought in to support the Licensing Act of 2003 by giving local areas new powers including tools such as a late-night levy and the ability to restrict opening hours in problem establishments.
- **No Health without Mental Health: a cross-government mental health outcomes strategy for people of all ages, 2011; Dept. of Health**
 This outlines a framework for improving the diagnosis and treatment of mental health in people, particularly those who already have other needs being addressed within the system. This approach aims to offer a more holistic approach to care and hopes to get practitioners to join the dots between mental health concerns and substance dependence more regularly. It is also hoped that such an integrated approach would lead to better outcomes for those involved.
- **Government Alcohol Strategy, 2012; HM Government**
 This document signalled a new approach to alcohol consumption and the culture of “irresponsible drinking”. Its focus was primarily aimed at reducing binge drinking and reducing alcohol related crime and alcohol related health issues. It also includes the drinks industry in plans to help combat these important issues.
- **The Troubled Families Programme – Financial Framework for Payment by Results Scheme for Local Authorities, 2012; Dept. for Communities and Local Government**
 This is another approach designed to tackle those with multiple needs and provides a framework for providing local interventions to families. This has a direct link to those who are affected by alcohol misuse and dependency.
- **Improving Outcomes and Supporting Transparency; a public health outcomes framework for England 2013-2016, 2012; Dept. of Health**
 The suggested framework is designed to help public health departments become more effective at delivering and supporting local action against certain local health issues such as specific sicknesses, domestic abuse, premature mortality or health improvement.
- **Health first: An evidence based alcohol strategy for the UK, 2013; Alcohol Health Alliance UK et al.**
 This is an ambitious document that sets out a range of initiatives that would allow the focus of Alcohol Harm Prevention work to move towards a treatment based service and away from the criminal aspects. It highlights desires to introduce a 50p minimum unit price, lower the limit for drink driving in England to 50mg/100ml, which would bring it in line with Scotland’s law, and restrictions on alcohol advertisement and sales among a whole host of other ideas to help prevent harm caused by alcohol.
- **Anti-Social Behaviour, Crime and Policing Act, 2014; HM Government**

This act provides the police with new powers to tackle crime and anti-social behaviour. They now have dispersal powers requiring people causing disorder or committing an act of anti-social behaviour to leave the area. They also have closure powers that can be used against problem premises and Criminal Behaviour Orders that can be used to restrict the night time activity of those involved in anti-social behaviour if they have previously been convicted of a criminal offense. They can also be required to attend an alcohol rehabilitation course.

- **From Evidence into Action: Opportunities to protect and improve the nation's health, 2014 (Priority 3 - Reducing Harmful Drinking); *Public Health England***

The Public Health priorities of the newly formed Public Health England include reducing harmful drinking through a number of planned actions that centres on using Alcohol as a trailblazer for a new, whole system approach. The goal is a system that works and offers a return of investment so that organisations can invest in evidence-based policy with confidence. The priorities detail ways in which current tools and approaches can be integrated with new frameworks and initiatives to offer the best, most cost-effective methodology for reducing alcohol related harm.

- **Service user involvement: A guide for drug and alcohol commissioners, providers and service users, 2015; *Public Health England***

Service users' involvement in the design and delivery of services has contributed significantly to the evolution of effective drug and alcohol treatment systems. This guide builds on guidance published by the National Treatment Agency (NTA) in 2006, 1 looking at the evidence base, the different levels of involvement, and the impact of involvement on service users and treatment effectiveness.

- **The Public Health Burden of Alcohol and the Effectiveness and Cost –Effectiveness of Alcohol Control Policies: An Evidence Review, December 2016; *Public Health England***

This review was commissioned by the Department of Health, which asked Public Health England (PHE) to provide an overview of alcohol-related harm in England and possible policy solutions. The report offers a broad and rigorous summary of the types and prevalence of alcohol-related harm, and evidence for the effectiveness and cost-effectiveness of alcohol control policies. Effectiveness is defined as the degree to which an intervention reduces the public health burden (health, social, and economic) of alcohol. The findings are interpreted within the English context and will be relevant to academics and researchers, public health professionals and policymakers in the health and non-health sectors.

APPENDIX ONE

Current Commissioned Substance Misuse Services

<http://www.cwp.nhs.uk/services/2540-cheshire-east-substance-misuse-service>

<http://www.acornrecovery.org.uk/>

<http://www.intuitivethinkingskills.co.uk/>

<http://www.expandingfutures.co.uk/>

<http://www.emerginghorizons.org/training-courses/recovery-and-substance-misuse/>

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