



Trafford Alcohol Strategy

2013 – 2016

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1.0 THE AIM OF THIS STRATEGY

Our aim is for all agencies to work together to recognise the importance and impact of alcohol misuse, to prevent, reduce and tackle the associated harms.

There are three main priorities that have been identified and will be reflected throughout the strategy.

- Young People
- Health and Wellbeing
- Alcohol Related Crime

Alcohol was identified as a high priority issue for the borough in the Joint Health & Wellbeing Strategy (JHWS) and has now become a strategic priority for Trafford's Health and Wellbeing Board and the Safer Trafford Partnership.

This strategy is the overall document which sets out a common understanding and commitment from key stakeholders to tackle alcohol misuse in Trafford. It promotes working together in a planned way.

2.0 UNDERLYING PRINCIPLES TO THE STRATEGY

- Alcohol misuse cannot be tackled in isolation and a co-ordinated partnership approach is essential.
- Agencies must work together to prevent, reduce and tackle the harms associated with alcohol misuse.
- Prevention and early intervention is vital.
- Partners will work together to reduce the impact of alcohol misuse on individuals, families and communities as a whole.

3.0 PREVELANCE OF ALCOHOL MISUSE IN TRAFFORD

- Trafford is the only GM area to be better than the England average for alcohol treatment prevalence.
- The Health profile for Trafford 2013 shows that hospital admissions relating to alcohol are significantly worse than the average for the rest of the country.

- The bulk of the Trafford population (71%) are categorised as low risk drinkers. Almost a quarter of the population (23.8%) are increasingly putting their health at risk through alcohol consumption, a further 4.4% are deemed to be high risk drinkers.
- Alcohol related admissions have continued to rise in Trafford, year on year, since 2002.
- Analysis shows that higher risk drinkers are primarily located in Trafford's areas of deprivation including Partington, Sale Moor, Sale West, Broadheath, Broomwood, Stretford and Old Trafford.
- When compared to a similar area in the North West region and country, Trafford performs poorly for female alcohol specific mortality.
- Trafford's young population is at risk of developing long term alcohol abuse or dependency in their later years. It is clear that as a borough where 21% of young people aged 14 to 17 admit to drinking more than 20 units of alcohol a week and 11% drank at least once a week (Trading Standards Survey, 2013), there must be a strategic approach to reduce these figures.
- The number of injuries caused by alcohol is well documented. The data provided through TIIG (Trauma, Injury & Intelligence Group) indicates that Trafford has a high level of assaults of male 15 – 29 year olds (55% are aged 15-26 and 72.4% are male). Over a 2 year period (2011 and 2012) there were 1400 assault attendances by Trafford residents to Trafford General, MRI and Wythenshawe (UHSM), only 94 (or 6.7%) of these are alcohol-related, this is due to Trafford General not recording alcohol as a factor however, this percentage would be higher if they did use an alcohol marker.

4.0 NATIONAL CONTEXT

The Government launched a new Alcohol Strategy in 2012 in which it estimates that alcohol related harm is now costing society £21 billion annually.

<https://www.gov.uk/government/publications/alcohol-strategy>

The outcomes that are now sought nationally are –

- A change in behavior so that people think it is not acceptable to drink in ways that would cause harm to themselves or others.
- A reduction in the amount of alcohol-fuelled violent crime.
- A reduction in the number of adults drinking above the NHS guidelines.

- A reduction in the number of people “binge drinking.”
- A reduction in the number of alcohol-related deaths.
- A sustained reduction in the numbers of 11-15 year olds drinking alcohol and the amounts consumed.

The means to achieve this include the tactics of –

- Reduce the availability of cheap alcohol whilst targeting irresponsible promotions and marketing.
- New powers given to the Police and Local Authorities to introduce Early Morning Restriction Orders and Late Night Levy’s to tackle issues as they arise in the night time economy.
- All hospitals to share non – confidential information on alcohol- related injuries with the police and local agencies.
- Improve the effectiveness and capacity of specialist treatment; develop local solutions that are tailored to the needs of local communities.
- Promote national social marketing priorities.

5.0 TRAFFORD’S PRIORITIES IN TACKLING ALCOHOL MISUSE

5.1 Young People

- To recognise the needs of and provide support for children and young people at risk of harm from alcohol usage.
- To engage with young people who are using or are at risk of using alcohol and provide specialist advice, interventions and education.

5.2 Health and Wellbeing

- The three year strategic imperative is to reduce the cost both financially and emotionally of the harms to the borough caused through alcohol consumption with an aim to reduce admissions to hospitals.
- To focus on effective multi-agency interventions that begin with GPs, Pharmacists and front line medical and other professional staff and extend throughout all service delivery.

www.infotrafford.org.uk/hwbstrategy

5.3 Crime

- Partners to work together and exchange information in order to better understand the impact that alcohol has on crimes such as violence and public order associated to the night time economy, domestic abuse, sexual assault and anti-social behavior.
- To ensure that there is a robust management of night time economies in Trafford leading to a reduction in crime and the fear of crime. This will help to build strong and vibrant town centre communities.

All priorities are of equal importance and require commitment from all agencies involved. The document is accompanied by a separate action plan located at Appendix 1.

6.0 KEY OBJECTIVES

6.1 Young People

To recognise the needs of and provide support for children and young people at risk of harm from alcohol usage. To engage with young people who are using or are at risk of using alcohol and provide specialist advice, interventions and education.

- Commissioning to take the role of parents into account when considering young people's consumption. Both in relation to procuring alcohol for children and drinking excessively in the home. Marketing and campaigns to be tailored accordingly.
- Work with young people to encompass sexual health, sexual exploitation and other risky behaviours.
- Services to recognise that there is a transitional age group from 18 – 25 years which requires to be tailored from that of the lower age group.
- To conduct outreach work to engage with the most vulnerable young people. To support initiatives such as Operation Stay Safe.

6.2 Health and Wellbeing

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- Support multi- agency interventions to tackle the repeat presentations to A&E. Target frequent flyers in to A&E via the RAID team.
- Commission provision that is focused on recovery to support people for longer than the current 12 months and ensure the provision of Tier Four Residential and Detoxification programs.
- Work collaboratively with partners to ensure messages relating to drugs/alcohol are promoted across the borough working with the night time economy.
- Promote recovery and abstinence for all those who require it via services and dedicated forums such as recovery communities and social media.
- Target women regarding alcohol-related illnesses such as chronic liver disease via promotion of the early warning signs and how to seek help. Work with GPs to specifically target females between 30 and 45 years of age.

6.3 Crime

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- To review and utilise a wider data set to enhance our understanding of alcohol related crime including A + E data, recorded crime, TIIG and NWAS data. This will inform activity around violence in the night time economy and domestic abuse.
- Work to be conducted amongst partners within town centres to reduce alcohol – related crime within public houses, nightclubs, takeaways and taxi ranks, including the review of alcohol licensing applications.

7.0 EVIDENCE OF SUCCESS

This strategy will be implemented via a partnership action plan (appendix 1); this plan will be delivered and monitored by the Alcohol Steering Group. Although evidence of success is challenging to measure a set of performance indicators have been developed to assist to track progress and delivery of individual actions.

Indicator

- DA1** Number of adult drug users (all drug types) recorded as being in effective treatment.
- DA2** Increase the proportion of ALL drug users who successfully complete treatment and do not represent within 6 months.
- DA3** Increase the number of effective treatment interventions for alcohol misuse.
- DA4** Reduce the rate of increase in hospital admissions per 100,000 for alcohol related harm.
- DA5** Reduce the rate of drug (including alcohol) related hospital admissions.
- DA6** Reduce the number of substance specific hospital admissions of young people.
- DA8** Reduce the number of alcohol related violent crimes.
- DA10** Reduce the percentage of public who perceive drunk or rowdy behavior to be a problem in their area.

The Alcohol Steering Group will meet on a quarterly basis and will be responsible for the delivery, monitoring and evaluation of actions. The group will also report to the Public Health Board and Health and Wellbeing Board on a quarterly basis and as required.....

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APPENDIX ONE

Alcohol Strategic Actions 2013 - 2016

Children and Young People

Action	Owner	Date to complete	RAG	Progress/comments	Target Indicator
<p>Conduct a local 'young people's lifestyle survey', similar to the old Tell Us Survey. The aim being to survey young people's attitude and behavior towards multiple topics, such as alcohol (including how young people are accessing), drugs, smoking, diet, Risky Behaviour etc.</p> <p>Young Person up to age 25yrs</p>	<p>Youth Service – Noel Neilan YOS – Sarah Brown Public Health – Lisa Davies</p>	<p>March 2014</p>	<p>A</p>		<p>DA 6</p>
<p>Conduct Stay Safe operation during Alcohol Awareness Week</p>	<p>Youth Service – Noel Neilan YOS – Sarah Brown</p>	<p>Nov 2013</p>	<p>G</p>	<p>Op Stay Safe held on 22/11/13.</p>	<p>DA 10 DA 6</p>
<p>Youth Service work in collaboration with Further Education, in schools and colleges, to raise awareness of associated issues of drug and alcohol misuse. Promote support services for</p>	<p>Youth Service – Noel Neilan Phoenix Futures – Clare Makin School Health Service – Joanne Oakes</p>	<p>March 2014</p>	<p>A</p>	<p>Phoenix Futures have a target around prevention work and deliver prevention groups within schools and colleges. They have ivered inputs into</p>	<p>DA 6</p>

young people, linking with school health service making referrals when appropriate.				some schools as part of AAW.	
Ensure a minimum of 20 test purchases per annum	John Owen Trading Standards	March 2014	A	1 test purchase made in period. No sale.	DA 10 DA 6
Focus on evidence based early intervention and prevention activities across the borough, working closely with key stakeholders such as Children and Young People`s Services, Schools, and Youth Offending.	Andy Howard, CYPS.	March 2014	A	Utilise NICE Guidance Alcohol awareness messages to be delivered for the Christmas period.	DA 6
Talkshop initial assessment to include alcohol use.	Youth Service – Noel Neilan	Jan 2014	A		DA 6
A new screening tool for drug, alcohol and associated issues is to be used by services who are engaging with young people in discussions about substances (e.g. schools, youth service, and outreach workers). This will enable a clear assessment of need and highlight the necessary response. Links are to be made with CYPS agencies.	YOS – Sarah Brown Phoenix Young Persons – Clare Makin CYPS – Andy Howard	Jan 2014	A	Standardized Tool for Assessment	DA 6
Better use of social media re messages of dangerous alcohol consumption levels, promoting services.	Karen Cooney Communications – Cath Carter	March 2014. Quarterly updates.	A	There will be consultation about this at a Youth Conference November 2013.	DA 6 DA 8

				Establish alcohol page on Council website.	
Raise awareness of risky alcohol consumption. Key events – Alcohol Awareness Week Christmas Valentines Sexual Health Reduce risky behavior campaign.	Dave England Karen Cooney Youth Service – Noel Neilan Health Improvement – Helen Darlington	AAW – Nov 13 Christmas – Dec 13 Dry Jan – Jan 14	A	AAW is now over evaluation meeting to be held.	
Health					
Action	Owner	Date to complete	RAG	Progress/Comment	Target Indicator
Establish RAID pilot to provide a multi-agency interventions to tackle persons who are repeat presentations to A&E. Consider implications of RAID service in regards to resources and drop-outs.	Ric Taylor, CCG Sandy Bearing CCG	Nov 2013 – Phase 1 April 2014 – Phase 2	A	Phase 1 Recruitment initiated and on track with initial key appointments to the Trafford RAID Service commissioned to provide mental health care (including co-presenting alcohol misuse conditions) to Trafford Clinical Commissioning Group	DA 4 DA 3

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				<p>(CCG) registered patients aged 16 and over attending A&E or admitted to inpatient wards at:</p> <ul style="list-style-type: none">• Central Manchester Foundation Trust (CMFT) , Trafford Site, Davyhulme• University Hospital of South Manchester NHS Foundation Trust (UHSM), Wythenshawe. <p>The co-occurrence of mental and physical health problems is very common among such patients, often leading to poorer health outcomes and increased health care costs, through inappropriate A&E and unnecessary extended inpatient activity – recognised as a key priority</p>	
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				for Trafford to reduce both Phase 2 – Completing team and operational model also on track - including the alcohol nurse team posts and confirming KPIs to track overall success of the RAID programme	
Target women re alcohol related illness such as chronic liver disease via promotion of early warning signs and how to seek help.	Helen Darlington Liz Clarke	March 2014. Quarterly updates.	A	Utilise GPs new pathway and Health & Lifestyle Page on Council website. Educational Event for GPs	DA 4 DA 3
Deliver health and awareness inputs as part of National Alcohol Awareness Week, November 2013.	Dave England	Nov 2013	G	Delivered during AAW 18 - 24 th Nov 2013.	DA 4
Trafford to develop and implement a Tier Four Framework which will ensure greater choice of provision for clients entering both Residential Rehabilitation and Residential Detoxification Programmes.	Kylie Thornton	March 2014. Quarterly updates.	A		DA 1 DA 2
Develop service specification and tender process for the provision of Alcohol specific programmes.	Sandy Bearing Lisa Davies Kylie Thornton	Dec 13	A	Met with RAID and JR (Phoenix). Further meetings arranged to develop pathway from hospital.TP developed	DA 3
Develop greater links with the RAID	Ric Taylor	Dec 13			

pilot and Community Detox.	Dave England Karen Blunt			draft hospital to home detox procedure.	
Ensure stronger links are developed with the primary care setting to increase the number of practices offering the Directed Enhanced Service for Alcohol. Increasing brief interventions.	NHS England – Jason Swift Kylie Thornton	Jan 14	A	Payment mechanism to be established	DA 3
Referrals to be made to the Stronger Families Team where irresponsible drinking or the supply of alcohol to minors is suspected of parents or guardians.	Dave England Clare Makin	March 2014	A	Mechanism to be put in place to measure?	DA 6 DA 10
Crime					
Action	Owner	Date to complete	RAG	Progress/Comment	Target Indicator
Produce a bi monthly tactical analytical document to enable intelligence led activity by the Police and partners. Document to include A+E data, NWAS data re ambulance call outs, TIIG data and recorded crime.	Discussions to be held with GMP + Council Partnership and Performance. Catherine Johnson, Public Health Analyst. Dave Boulger	March 2014	A		DA 8

	Dave England			
Reintroduce bi monthly tactical Licensing Meetings.	Simon Collister	Nov 2013	A	DA 8
Develop and implement a standardized incident recording log for all licensed premises.	Simon Collister / Dave England	March 2014	A	DA 8 DA 10
Undertake a feasibility study into the potential of a Trafford Safer Pub Award.	Dave England/ Dave Boulger	Jan – march 2014	A	DA 8 DA 10
Intel led Gateway checks + targeted patrolling of hot spot areas.	Simon Collister / GMPTE	Nov 2013	A	DA 8
Op Airlock to be conducted as directed by the Tactical Licensing Meeting. Only problematic premises to be visited. Multi-agency approach to be utilized as appropriate.	Simon Collister/ Dave England	Nov 2013	A	DA 8
Liaison to be maintained with CCTV Manager to ensure that cameras are correctly sited to maximize public safety in town centres, taxi ranks, Metrolink stations and emerging hot spot locations.	Dave England / Colin Wright	Nov 2013	A	DA 8 DA 10

Introduce challenge 25 in licensed premises across Trafford.	Graham Levy, Trading Standards	March 2014	A		DA 8 DA 6
Reduce the prevalence of drunkenness including the forward planning of the number, density and opening hours of all licensed premises.	Joanne Boyle – Licensing Manager, Trafford Council.	March 2014	A		DA 8 DA 10
Liaise with GMP re notable sporting events and concerts where alcohol sales / drunkenness may be a problem.	Dave England / Simon Collister	On going	A		DA 8 DA 10
Liaise with Custody Suite Pendleton re the usage of Conditional Cautions. Look to make referrals for alcohol assessment a stipulation in appropriate cases.	Dave England / Phoenix Futures	March 2014. Quarterly updates.	A		DA 4

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APPENDIX TWO – TARGET DEFINITIONS 2013-16				
Indicator	Description	Definition	Target	Source
DA1	Number of adult drug users (all types) recorded as being in effective treatment	Number of clients engaged with treatment service in comparison with the substance misuse demographics.	Increase	NDTMS
DA2	Increase the proportion of ALL drug users who successfully complete treatment and do not represent within 6 months	Increased percentage of users who leave drug treatment free from dependency who do not then represent to treatment again within six months as a percentage of the total number of clients in treatment.	Increase	NDTMS
DA3	Number of alcohol users recorded as being in effective treatment.	Number of clients engaged with treatment service in comparison with the substance misuse demographics.	Increase	DOME data
DA4	Rate of hospital admissions for alcohol related harm: rate per 100,000	Persons admitted to hospital due to alcohol – specific conditions (all ages, male/female) directly standardised rate per 1000,000 population.	2013-14 Q4	www.lape.org.uk
DA5	Reduce the number of drug related hospital admissions	Number of NHS hospital admissions where there was a primary or secondary diagnosis of drug related mental health and behavioural disorders (ICD-10 Codes F11-F16, F18, F19)	2013-14 Q4	www.lape.org.uk

Indicator	Description	Definition	Target	Source
DA6	Substance specific hospital admissions of young people	Hospital admissions due to substance misuse (age 15-24 years): DSR per 100,000 population	Decrease	www.lape.org.uk
DA8.1	Number of all violent crimes attributable to alcohol	Number of reported violent crimes coded as attributable to alcohol.	Decrease	www.lape.org.uk
DA8.2	Violent crimes attributable to alcohol: Persons, all ages, crude rate per 1000 population	Alcohol – attributable recorded crimes, crude rate per 1,000 population.	Decrease	www.lape.org.uk
DA10	Percentage of public who perceive drunk or rowdy behaviour to be a problem in their area	Public perception of drunken rowdy behaviour at a local neighbourhood level.	Decrease	GMP Quarterly Neighbourhood Survey