

SCRUTINY COMMISSION 3
HEALTH AND CARE

**Minutes of a meeting of Scrutiny Commission 3 held on Wednesday,
5 November 2008 at 6.00 p.m. at the Civic Offices, Telford**

PRESENT - Councillors D.R.W. White (Chairman), J.A. Dixon, G.P. Hossell, C.N. Mason, A. McClements, H. Williams and D. Wright

Mrs A Cox and Ms D. Davis (Co-optees).

Also Present – Ms. C. Woodward (Director of Health Improvement – Telford & Wrekin Primary Care Trust), Ms S Adams (Head of Health Inequalities & Health Promotion – Telford & Wrekin Primary Care Trust).

Officers – R. Webb (Corporate Director: Adult & Consumer Care), J. Rowe (Head of Leisure & Culture), S. Tyas (Healthy Schools & Parenting Manager), A. Smith (Scrutiny Manager) and P. Smith (Senior Democratic Services Officer)

SC3-18 MINUTES

RESOLVED – that the minutes of the meeting of the Commission held on 7 October 2008 be confirmed and signed by the Chairman.

SC3-19 APOLOGIES FOR ABSENCE

Councillor V.A. Fletcher and Mrs V. Lindley & Mr D. Saunders (Co-optees)

SC3-20 DECLARATIONS OF INTEREST/PARTY WHIP

None

SC3-21 OBESITY – RISING TO THE CHALLENGE IN TELFORD & WREKIN

Obesity had been identified as a particular health issue in Telford & Wrekin, and Members received a series of presentations that set out the work that the Council and Telford & Wrekin Primary Care Trust were leading in tackling obesity issues in the Borough. A copy of the Telford & Wrekin Obesity Strategy was attached to the agenda.

Catherine Woodward firstly set out the national and strategic context which had led to obesity becoming one of the biggest challenges to health. Some of the issues could only be tackled at a national level, and since 2004 there had been a series of Government strategy and policy documents which reflected the increased priority being given to reversing current trends. For example, the National Childhood Measurement Programme, established in 2005, gave detailed information on the body mass index of all Reception and Year 6 children. Locally, the results showed that for most measures Telford & Wrekin had a greater percentage of overweight and obese children than the average for England. A number of targets were in place to

reduce obesity in children & young people – however, it needed to be acknowledged that the situation could not be turned around overnight. A realistic short-term aim would be to reduce the percentage of overweight and obese children by 1 or 2 points. The Telford & Wrekin Obesity Strategy had been in place since 2006, and there had been significant success with the programmes in place to help the most seriously obese adults lose weight. The Strategy was due to be reviewed and updated in 2009.

Sarita Adams then gave a presentation about some of the work that had been undertaken to tackle obesity. Prior to 2004 the number of overweight and obese people in the Borough was recognised as an issue, but there was not a lot of money available for this work. The focus had therefore been on low cost partnerships close to or within areas of multiple deprivation – for example, working with Leisure Centres to promote healthy activities. Since 2004, obesity had become a national health priority, with an increase in Government strategies and guidance. At a local level, this had meant additional resources could be targeted on this issue, which was reflected in the development of programmes to help people lose weight. For adults, this included the “Why Weight” free sessions and the “Why Weight Plus” programme, which had the capacity to see 1800 patients a year. Outcomes were positive, with around a 5% average reduction in people’s Body Mass Index (BMI) after 12 months. For young people, the YW8 project had evolved since 2004, to the point where it was now being mainstreamed and rolled out to the Borough Clusters. It was targeted at the 8 to 13 years age-group, and consisted of a 12 week family based programme to increase knowledge of nutrition and balanced diet, and to encourage healthy lifestyles and opportunities to exercise. The most recent results for the project were very positive, with 85.4% of participating children having an improved BMI along with evidence of improved quality of diet and increased levels of physical activity. There were also improvements in the BMI of the children’s parents.

Jonathan Rowe outlined the work going on to improve levels of physical activity in the Borough. Promoting healthy and active lifestyles was now very much a local authority issue, with a Local Area Agreement target to increase adult participation in 3 x 30 minutes of exercise a day from 20.6% (which was below the national average) to 24%. For children & young people, there was a major step change locally to increase the provision of sports and exercise in schools. Results had been dramatic, with 92% of pupils getting at least 2 hours of physical activity per week. There were a number of organisations and partners that had a role in encouraging participation in physical activity and providing funding, and they were represented on the Telford & Wrekin Physical Activity and Sport Board. Examples given of the facilities/initiatives in the Borough included the “Lets Get Physical” campaign, free swimming for over 60s, Tennis in Parks, and the “Whole Life” fitness facilities at Leisure Centres. Further work on key priorities was planned in order to help achieve participation targets, including targeting of particular groups who currently did not regularly undertake physical exercise, school and club development, further development of facilities, and promoting a healthy workforce within the Council.

In the final presentation, Sally Tyas reported on improving nutrition in schools, in particular through the National Healthy Schools Programme. This Programme linked closely to many of the issues discussed earlier, and had four connecting themes – Personal Social and Health Education, Healthy Eating, Physical Activity and Emotional Health & Well-Being. In terms of Healthy Eating, all schools were working

towards the published Standard, with 56% having achieved it. 28 schools had recently achieved the Gold/Platinum Healthy Eating Award, and there were various initiatives to encourage participation and awareness in healthy food choices and in healthy cooking. Information was provided on the School Meals Service, and the work that had been done to reduce the use of processed foods and food additives, increase the consumption of fresh fruit and vegetables, and to use local food suppliers wherever possible. It was important that children and young people were involved in this process, and over the last 18 months Schools Councils had been involved in menu compilation, food tasting sessions and surveys on school meals. All primary school menus had been nutritionally analysed, and complied with the Government Food Standards.

Following the presentations, Members made a number of comments and asked a variety of questions, including:

- were parents told if their children were diagnosed as obese?

Response: Government policy had changed so that parents were now told, and guidance was provided at various stages of the process.

- After an initial weight loss programme, was monitoring continued over a longer period to provide evidence as to whether any reduction in weight was maintained?

Response: There was some tracking of clients in the medium and longer term, although some of the evidence was not always of a high quality. The service was intended to be “for life”, in contrast to some of the short-term programmes operated in the commercial sector.

- What work was being done with pre-school children?

Response: This was an important issue, as many children were already overweight before they started school. Guidance about healthy eating and the importance of exercise etc were provided to all early years settings. Preventative work also needed to be done with prospective mothers in terms of reducing the risk of overweight babies, through encouraging better diet during pregnancy and breast feeding.

- Was the Body Mass Index (BMI) a reliable measure of obesity?

Response – There was some debate and controversy about this, and it was likely that, for adults, waist measurement would become an additional factor in measuring obesity. For children and young people, the National Childhood Measurement Programme was a significant step forward in quantifying the scale of the problem.

- Could work to encourage healthy eating be undermined by the current economic downturn, which might lead people to choose cheaper, less nutritious food?

Response – It was accepted this was a danger for low income families, and needed to be monitored. However, there was a Community Food Project that worked with targeted groups/people to raise awareness of low cost healthy alternatives..

– how was the “Why Weight” programme accessed and publicised?

Response – To access the sessions, it was not necessary to have a referral. However, healthcare professionals were able to refer patients to the programme, and all GPs had been provided with packs containing guidance on dealing with all forms

of obesity, and the services/facilities available. Various methods were used to publicise the availability of the “Why Weight” and other schemes.

Members suggested that the Council’s “Insight” magazine and local parish magazines could be used to publicise these services. It was also suggested that perhaps Members could be invited to take part in these activities, which might help to provide further publicity.

- For participants on the “Why Weight” programme, was any work done in identifying possible underlying causes to a weight problem?

Response – if the person had been referred by a healthcare professional, there would be some case history provided. But, in any event, Programme staff were trained to work with clients to bring out any issues that might be a factor in their weight problem.

- What work was being done to encourage children and parents to walk to school?

Response – it was agreed that walking to school had many benefits, and a programme to develop this was currently being examined. **Catherine Woodward also suggested that this could be an area that Scrutiny might wish to look at in future.**

- To what extent were school sports and leisure facilities available for public use?

Response – in terms of the Council’s leisure centres, the conflicts between schools and community use during the day had largely been resolved. **Catherine Woodward referred to the role that Extended Schools could play in access to physical activity, and this could be another area that Scrutiny might wish to look at in future.**

- How were the free swimming sessions funded?

Response – historically, free swimming for over 60s had been provided by the Council. Money was now coming down from Government over the next two years to provide free swimming for those aged 16 and under and those aged over 60. As the Council already funded free swimming for the over 60s, it was intended to use the balance of the government funding to extend provision to other groups.

In conclusion, Catherine Woodward and Sarita Adams reported that progress on many of the initiatives that had been talked about was tracked in the Action Plan that sat alongside the Obesity Strategy. Some of the information in the Strategy was now out-of-date, and a new Strategy would be developed next year.

Members were encouraged by the wide range of work taking place across agencies/organisations, and the progress that was being made in tackling obesity in both children & young people and in adult groups.

SC3-22 APPOINTMENT OF LINK CO-OPTEE

The Scrutiny Manager reported that the Telford & Wrekin Local Involvement Network (LINK), as the successor to the local Public and Patient Involvement Forum, was entitled to nominate one of its members as a co-optee to the Health & Care

Commission. The LINK Management Group had recently nominated Val Lindley to this role.

RESOLVED - that the appointment for a two year term of Val Lindley as the LINK co-optee for scrutiny of health and adult social care services be endorsed.

SC3-23 CHAIRMAN’S UPDATE

Further to the update at the last meeting on the Development of a Health and Health Care Strategy for Shropshire, Telford & Wrekin, the Joint TWC/SCC Health Scrutiny Committee would meet on 10 November 2008 to get further information from the Project Director and Chief Executives of the two Primary Care Trusts on the likely outcomes in relation to the possible re-configuration of services. The Chairman advised that, in order to keep all members of the Commission informed, he had asked for an informal meeting to be arranged so that all members could be briefed on the outcome of the Joint Committee meeting.

SC3-24 DATE OF NEXT MEETING

The next meeting of the Commission was scheduled for 6.00pm on Wednesday, 26th November 2008.

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The meeting closed at 8.00pm

Chairman.....

Date.....

Safe, Sensible and Social



FEBRUARY 2008

TELFORD & WREKIN'S APPROACH TO THE PREVENTION
OF ALCOHOL MISUSE AND HARM REDUCTION (DRAFT)

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FOREWORD

Message from Andrew Eade – Chairman of the Local Strategic Partnership and Leader of Telford & Wrekin Council

The Strategy has been developed by Telford & Wrekin Safer & Stronger Communities Partnership (SSCP) in response to growing concern both nationally and locally about alcohol misuse. There is no doubt that tackling alcohol related harm is a complex problem since it can severely impact on both the individual, community well-being and anti-social behaviour within the Borough. The overall responsibility for the delivery of the Strategy will be with the Drug and Alcohol Action Team, within the Safer & Stronger Communities Thematic Partnership.

Telford & Wrekin Drug and Alcohol Action Team (DAAT) is a partnership set up to implement both the National Drugs Strategy and the Government's Alcohol Harm Reduction Strategy. Telford & Wrekin DAAT consists of representatives of Telford & Wrekin Council, the National Probation Service, HM Prison Service (HMPS), Telford and Wrekin Primary Care Trust (TWPCT), West Mercia Constabulary and Elected Members as well as a wide range of other organisations and partnerships.

In June 2007 the National Alcohol Strategy 'Safe, Sensible, Social: The Next Steps' was launched, and in July 2007 two local reports concerning the effects of alcohol on the population of Telford and Wrekin and services were published; Scrutiny Committee Report on Health and Care and the Annual Report of the Director of Public Health 2007.

'Safe, Sensible & Social, Telford & Wrekin Prevention of Alcohol Misuse and Harm Reduction Strategy' represents contributions from a wide range of organisations, as well as the results of extensive consultation with adults and young people across the Borough. This has ensured that the Strategy truly reflects the hopes and concerns of residents in Telford & Wrekin to deal with alcohol related problems.

The Strategy will be used to inform priorities in the Telford & Wrekin Local Area Agreement (LAA), in addition to the plans for the SSCP, the Adult Health and Well-Being Partnership (AHWP) and the Children & Young People's Strategic Partnership (CYPSP).

This will mark the beginning of a co-ordinated and proactive approach for both the medium to long-term response to the health, social and crime related effects of the excessive consumption of alcohol. It also marks the culmination of several months of intensive work by members of the Telford & Wrekin Local Strategic Partnership (LSP). We are determined that this Strategy will add positive value to the community as a whole and to residents in the Borough of Telford & Wrekin.

Cllr Andrew Eade, Chair of the LSP, April 2008

Safe, Sensible and Social

TELFORD & WREKIN PREVENTION OF ALCOHOL MISUSE AND HARM REDUCTION STRATEGY

1. INTRODUCTION

Vision Statement:

“To promote safe, sensible drinking in Telford & Wrekin and to reduce the harm caused by alcohol misuse”

1.1 The Need for a Local Alcohol Strategy

In June 2007 the Government published ‘Safe, Sensible, Social: The Next Steps in the National Alcohol Strategy’, which builds on the previous Strategy for England, produced in 2004. The updated National Strategy reinforces the Government’s long-term goal of minimising the harmful effects caused by crime and anti-social behaviour associated with alcohol, while promoting the assumption that people should be able to enjoy alcohol safely and responsibly.

1.2 In support of the National Strategy and under the Crime and Disorder Regulations 2007, Crime and Disorder Reduction Partnerships, as part of their rolling plans for reducing crime and disorder, are required to prepare an alcohol strategy.

1.3 The Department of Health’s ‘Choosing Health’ agenda in 2004 marked a significant change in the approach and delivery of public health services. The outcome of this was an approach to public health underpinned by three guiding principles:

- Informed choice
- Personalisation (services that are tailored to need, sensitive, flexible and convenient)

- Working together

1.4 One of the six priorities identified within 'Choosing Health' was reducing harm caused by alcohol misuse through the promotion of sensible drinking. This builds on the recommendations of the 'Alcohol Harm Reduction Strategy for England'. It proposes to encourage sensible drinking by promoting:

- A national information campaign to tackle binge drinking
- A social responsibility scheme
- Training for professionals
- Piloting screening and brief interventions in primary and secondary health settings including A&E
- A programme of improvements for treatment services

1.5 Telford & Wrekin SSCP has undertaken a Strategic Intelligence Assessment to inform the priorities of the SSCP Plan, which will be published in April 2008. This plan has both informed and supported the development of Telford & Wrekin's 'Prevention of Alcohol Misuse and Harm Reduction Strategy'. The SSCP is also able to draw upon three reports which have recently been published:

- Gap Analysis on Provision of Alcohol Services, Report by Wolverhampton University, February 2007
- Scrutiny Commission for Health and Care Report on Alcohol, Approved by Council July 2007
- Say When? Alcohol Use, Misuse and Harm in Telford and Wrekin. The Annual Report of the Director of Public Health for Telford & Wrekin, July 2007

1.6 Each of these reports have made recommendations which have been incorporated into the Strategy. (www.telford.gov.uk/safercommunities.)

1.7 Numerous consultation workshops have been held with stakeholders in Telford & Wrekin for both adults and young people. This work has been supported by extensive interviews with children and young people in relation to substance misuse. OFSTED

has also carried out research as part of the TellUs survey, the findings of which have been incorporated into this Strategy.

1.8 Local Needs

Alcohol misuse and the harm it causes have a significant impact upon our local population. At both the national and local level there is growing concern about the number of adults and young people who drink excessively either on single infrequent occasions or regularly as part of everyday life. There are two types of excessive drinking:

- Binge drinking

This can be interpreted as where an individual consumes a large amount of alcohol in a single session. Without any nationally recognised definition, binge drinking is generally defined as double the daily recommended drinking limits. This equates to about six units for women and eight units for men and reflects the definition used by the Office of National Statistics (ONS)

- Chronic drinking

This is defined as sustained consumption of alcohol above the weekly-recommended guidelines whereby the individual will be experiencing some form of dependency on alcohol

1.9 Alcohol consumption amongst adults in Telford & Wrekin is monitored through the West Midlands Regional Lifestyle Survey (WMRLS). The most recent WMRLS was undertaken in 2005 and included a representative sample of 1,700 respondents from Telford & Wrekin. The 2005 WMRLS found that:

- 34% of men and 17% of women were defined as binge drinkers, on the basis that they reported drinking more than twice the recommended daily limit on one or more days in the previous week
- In the case of both men and women, binge drinking is more likely to occur in younger age groups. Amongst 18 to 24 year olds, over half of all men (52%) and nearly a quarter of all women (23%) can be classified as binge drinkers
- Over a quarter (28%) of 55 to 64 year old men in Telford & Wrekin are binge drinkers

- Rates of binge drinking amongst men are significantly higher than rates amongst women, for all age groups up to 65 years
- In Telford & Wrekin, 23% of men and 12% of women are exceeding safe drinking levels and there is no evidence that this pattern is improving
- Nearly a third of young men and a quarter of young women aged 18 to 24 years are exceeding safe limits for weekly alcohol consumption
- Nearly 25% of men aged 55 to 64 years are exceeding safe weekly limits

During the three-year period 2003/04 to 2005/06, an average of 240 men and 110 women from Telford & Wrekin were admitted to hospital each year with an alcohol-specific condition (including mental and behavioural disorders due to alcohol, alcoholic liver disease and acute alcohol poisoning). This generated around 360 and 169 in-patient episodes each year respectively. In 39% of these episodes, the alcohol-specific condition, most often a mental or behavioural disorder, was the primary reason for admission.

Male and female hospital admission rates for alcohol-related accidents have been significantly higher than the national average since 2001/02. Between 2002 and 2004, Telford & Wrekin experienced the highest male and female hospital admission rates for alcohol-related accidental injury in the West Midlands.

- In Telford & Wrekin, 26% of boys aged 11 to 15 years report drinking at least one alcoholic drink a week. This is significantly higher than the national average of 22%
- 21% of girls aged 11 to 15 years report drinking at least one alcoholic drink a week
- 20% of all young people aged 11 to 15 years drink once or twice a week and 3% drink every day or almost every day
- Of the 89 inquests held by HM Coroner for Telford & Wrekin during 2006, alcohol was a factor in most of the road traffic collisions and suicides

- 1.10** An analysis of Telford & Wrekin Police custody records for the three year period April 2004 to March 2007 has shown that:
- Alcohol is currently implicated in over 25% of all Police committals to custody in Telford & Wrekin
 - 26% of custody records had an “alcohol involved” marker placed against the record
 - Of the people committed to custody during this period where alcohol was a factor, 86% were male and 14% were female
 - 18% were 11 to 20 years old
 - 37% were 21 to 30 years old
 - 22% were 31 to 40 years old
- 1.11** There were 4,378 reported alcohol-related crimes in Telford & Wrekin during the period April 2004 to March 2007.
- Despite overall reductions in crime, the number and proportion of alcohol related crimes has increased year on year 8% (1,425/17,339) in 2004/5 to 11% (1,494/13,570) in 2006/7.
 - When analysed on an age-specific basis, the overall increase in alcohol related crime was almost entirely accounted for by the trend observed in the 15 to 24 year old age group.
- 1.12** During 2006/07, 2642 incidents of domestic abuse were recorded in Telford & Wrekin and 1248 of those involved alcohol (47%). Of the incidents involving alcohol, 399 victims were female and 65 were male.
- 1.13** A more detailed analysis of alcohol misuse in Telford & Wrekin can be found in the Annual Report of the Director of Public Health referred to 1.5

2. STRATEGIC FRAMEWORK

2.1 Introduction

In addressing these local needs the SSCP has adopted the recommended framework set out in the Alcohol Strategy Local Implementation toolkit recently published by the Home Office. The Strategy has been based on the five key strategic aims of the Annual Report of the Director of Public Health 2007, which are:

- To reduce levels of per capita consumption
- To promote sensible drinking and reduce harmful drinking by individuals
- To reduce the levels of harm associated with alcohol misuse, including the impact of crime and social disorder on individuals and communities
- To develop and implement a tiered model of treatment services for alcohol misuse, which meets the needs of the local population
- To engage all partner organisations and the local drinks industry to ensure that services and interventions respond in a responsible and cohesive way to alcohol misuse

The Strategy incorporates the four strands of:

- Prevention
- Early intervention
- Treatment
- Control

Within each of these strands account has been taken of the action needed to address the universal needs of the community as a whole and the targeted needs of those individuals most at risk. This is taking into account the situations in which they are drinking or due to additional risk factors amongst specific groups.

(See Strategic Framework – Appendix 1)

- 2.2** This approach will enable us to identify specific needs and care pathways into early intervention and treatment and mirrors the 'windscreen' approach used in Children's Services.
- 2.3** The Strategy is accompanied by an Action Plan which sets out the actions required under the four strands, the outputs and outcomes to be achieved, the lead partner and timescales.
- 2.4** The Alcohol Strategy is designed to assist the SSCP to achieve a number of key objectives relating to the new Government Public Service Agreement (PSA) targets.
- 2.5** There are eight enablers which it is proposed to be taken forward by the DAAT to underpin the delivery of the Strategy:
- Ensure that by the end of 2008 alcohol is identified and addressed in all future relevant Strategies and Plans which are produced by partner agencies and other relevant organisations
 - Agree outcome-driven commissioning arrangements for alcohol and developing a joint partnership commissioning governance structure
 - Propose the development of a 'pooled budget' approach, similar to the drugs budget, to commission alcohol provision by the end of 2008. Incorporate within these co-ordination arrangements the proposed national offender management service commissioning arrangements for alcohol offenders
 - Implement a unified approach to data collection and performance management in relation to alcohol within Telford & Wrekin during 2008
 - Develop a basket of local and national indicators and targets by March 2008 on which to measure the delivery and impact of the Strategy
 - Ensure that on an ongoing basis alcohol issues are addressed and taken forward by Joint Tasking in conjunction with partners and within the Partnership's Joint Action Groups (JAGs). Utilise the Tackling Options Action Plan for dealing with alcohol related violence
 - Develop a Training and Workforce Development Strategy during 2008 for all statutory and third sector staff, to include multi-agency generic alcohol training and specialist training for substance misuse practitioners

- Develop and support robust systems and structures over the next year for community engagement and user/carer involvement

2.6 Accountability and Governance for the Strategy

Ensuring that there are outcome driven commissioning arrangements and a pooled budget for alcohol is the key initial priority for the SSCP as this needs to underpin the whole Strategy. At the outset of the Strategy's implementation the SSCP will begin a review of current commissioning and funding arrangements with reference to alcohol.

2.7 The Alcohol Strategy is the responsibility of the SSCP, upon which it will report to the LSP and to Government Office for the West Midlands (GOWM). Within Telford & Wrekin the SSCP will need to link the Strategy to the work of the CYPSP and the AHWP with mutual reporting arrangements. The development of the Strategy is being monitored by a SSCP project management group and supporting project team. The Strategy will be implemented and monitored by the DAAT.

2.8 It is proposed that the Performance Management Group of the SSCP will have responsibility of ensuring that accountability lies with the appropriate thematic partnership. (See Diagram 1 – Prevention of Alcohol Misuse and Harm Reduction Strategy Accountability and Governance Structure)

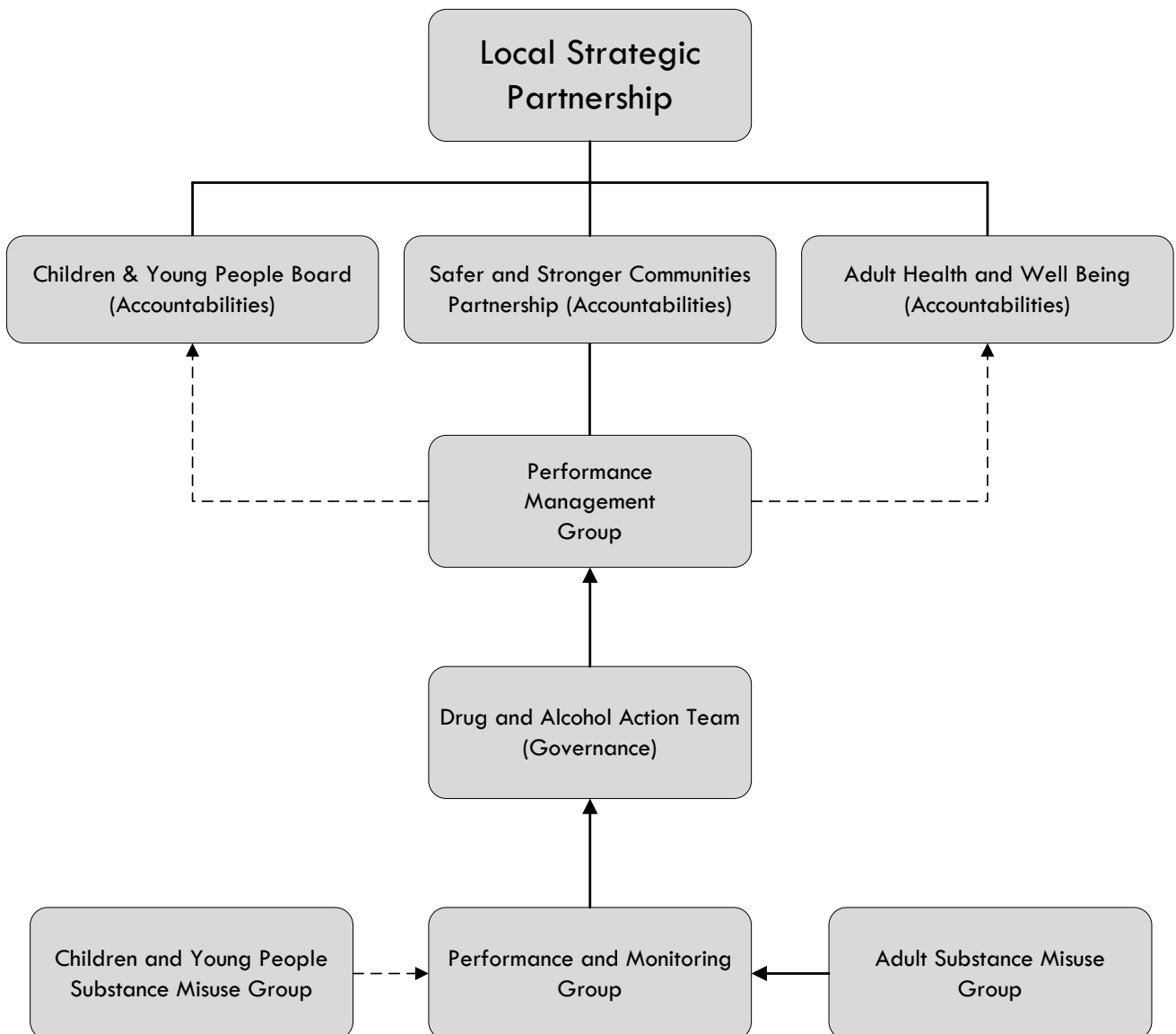
2.9 The DAAT will exercise its governance function to ensure delivery of alcohol services in respect of adults, children and young people.

2.10 It is proposed that there is one Performance Management Group to link both of these areas of operational activity, which sits below the DAAT.

2.11 The Strategy has undergone an initial Equality Impact Assessment which has identified a number of areas where it will be particularly important to take into consideration the different needs of communities within the Borough. It is recognised that service providers will need to ensure that they are accessible to all sections of the community and take appropriate actions to target those groups where evidence suggests they may be more susceptible to harm caused by alcohol misuse.

DIAGRAM 1

Prevention of Alcohol Misuse and Harm Reduction Strategy
 Accountability and Governance Structure



3. PREVENTION

Strategic Aims

- **To reduce levels of per capita consumption**
- **To promote sensible drinking and reduce harmful drinking by individuals**

3.1 An effective approach toward preventing alcohol misuse and harm is needed for the Borough's population. A primary focus will be to educate and influence children and young people so that they do not develop inappropriate use of alcohol. Our preventative actions will also target adults and younger people who already misuse alcohol, so that problem drinking can be prevented.

3.2 Risk, resilience and protective factors underpin the approach taken to children, young people and adults in the preventive strand of this Strategy. These perspectives are drawn from research which has identified the factors most commonly associated with the behaviour of children, young people and adults.

3.3 Home Office research has shown that the key factors for 10-16 year olds associated with the risks of taking any substance are:

- Serious anti social behaviour
- Parental attitudes towards bad behaviour
- Being in trouble at school (including truancy and exclusion)
- Friends in trouble
- Early smoking

3.4 Preventative services for children and young people can be divided into two categories:

- Universal provision for all children and young people, primarily through school and youth based programme
- Targeted services focused on vulnerable groups where risk factors are high

- 3.5** Similar principles underpin preventative services for adults. There are also opportunities for taking preventative measures in the public realm for improving public safety in and around drinking locations.

3.6 Prevention Enablers

There are eight enablers which relate to the prevention strand:

- Provide relevant and appropriate (by age, ethnicity and gender) preventative education, information and advice in a variety of settings
- Offer alternatives to drinking alcohol for the whole population with specific emphasis on positive activities for young people
- Carry out targeted work with vulnerable children, young people and adults (including unborn babies) where risk factors are high and drinking causes significant harm
- Develop a robust alcohol training programme for professionals working in Telford & Wrekin
- Provide easy access to alcohol information for those who work with adults, children and young people who misuse alcohol
- Develop a coordinated response to the promotion of relevant and accessible public information about alcohol, including the development of partnerships with the alcohol industry to ensure clear information is available to users and customer service staff at point of sale
- Support local employers to implement alcohol workplace policies
- Develop a proxy sales campaign providing education/ advice (peer mentoring) for young people and retail and off-sales establishments

3.7 Universal Provision

The headline actions required to deliver these objectives are detailed in the accompanying Action Plan (Appendix 2).

- 3.8** Close working will be required between all partners to achieve these objectives. The provision of alcohol education and information for children and young people is primarily the responsibility of the CYPSP, as drug and alcohol education is part of the core

Personal, Social, and Health Education (PSHE) curriculum. In 2008 Children's Services in partnership with key agencies will be expected to:

- Utilise the National Institute for Health and Clinical Excellence 2007 (NIHCE) to review and develop the Telford & Wrekin Healthy Schools Programme to encompass school-based alcohol education, including the views of young people and best practice from elsewhere in the country
- Maintain and develop partnerships to ensure school interventions on alcohol use are integrated with community activities introduced as part of the Children and Young People's Strategic Plan
- Review and develop information and advice given to young people in other Children's Service settings
- In partnership with DAAT develop an alcohol-training programme for professionals working with children and young people
- Work with the SSCP and its JAGs to further develop diversionary opportunities for children and young people

3.9 Telford & Wrekin Council will be required to review its workplace policies and to provide support to other employers in the Borough. The TWPCT has a workplace health work portfolio which can accommodate the alcohol theme, and this should be considered a key resource. Other organisations in the statutory sector are also required to review their workplace policies.

3.10 Organisations such as existing and potential Pub Watch schemes, The Chamber of Commerce and Telford Business Against Crime group (TBAC) can be seen as key resources to deliver the Strategy. We propose to utilise companies that have already agreed to train their workforce in alcohol education as examples of good practice within the Borough.

3.11 Wolverhampton University's Gap Analysis report identified the lack of a multi-agency strategic plan for education and alcohol awareness programmes, which are currently delivered by a number of agencies including Nacro, IMPACT Alcohol Advisory Service, the Community Substance Misuse Service, Probation and the Police. The DAAT will work with all agencies to develop a delivery plan for raising alcohol awareness.

3.12 In recent years it has been acknowledged that whilst the recognition of the Government's 'sensible drinking' message is high it has had little impact on behaviour. Health Promotion needs to adopt more sophisticated approaches to public health information and education, if it is to compete with the drinks industry's own massive marketing promotions and campaigns.

3.13 Targeted Provision

In addition to reviewing current education provision, the delivery of the prevention strand will require close working of all partners with CYPSP to identify, quantify and reach out to the specific groups of young people where the risks of substance misuse including alcohol may be particularly high, such groups are:

- Looked After Children (LAC)
- Young people who are truanting or excluded and those who are not in education employment or training (NEETS)
- Young offenders
- Young people 'at risk' of offending
- Sexually exploited young people
- Children of substance misusing parents (including unborn babies)

In partnership with families, provide support to allow them to continue to care for their children, and ensure that problems are resolved wherever possible so that families do not become dependent service users.

3.14 Children's Services are systematically assessing the needs of each of the above groups in relation to alcohol misuse; processes by which this will be achieved are included in the accompanying Action Plan (Appendix 2). As part of this assessment consideration should also be given by CYPSP to a "life stages approach", which recognises the different needs of children and young people as they develop, and which also recognises those critical transition stages at which young people maybe especially vulnerable to the risk of substance misuse.

3.15 The DAAT team will work with partner agencies as part of the Action Plan to develop targeted provision of alcohol advice and information to adults who may be particularly vulnerable, such as:

- Offenders
- Victims and perpetrators of domestic abuse
- Vulnerable older people
- Homeless people
- People living in multiple areas of deprivation within Telford & Wrekin

3.16 The SSCP aims to work with License Holders to ensure clear information is available to users and customer service staff at point of sale. It will also pilot the national Best Bar None scheme with a particular emphasis on problem locations. The SSCP will also seek to implement other situational measures to make the evening economy a safer place, including the use of CCTV, taxi licensing, marshalling and improved street lighting.

4. EARLY INTERVENTION

Strategic Aims

- **To reduce levels of per capita consumption**
- **To promote sensible drinking and reduce harmful drinking by individuals**

4.1 This section highlights the steps that need to be taken to strengthen early intervention to reduce alcohol harm in Telford and Wrekin.

4.2 The Health Development Agency suggests prioritising screening and brief intervention particularly within primary care. This is based on research which shows that one way to reduce alcohol consumption levels is to provide brief interventions in primary care over one to four sessions. A GP or trained practice nurse may be able to provide these interventions. These interventions can include feedback on alcohol use and its harmful effects, identification of high-risk situations for drinking and coping strategies, increased motivation and the development of a personal plan to reduce drinking.

4.3 An extended brief intervention in a generalist setting may also assist hazardous or harmful drinkers who have failed to respond to simple brief interventions, provided they are willing to accept this assistance.

4.4 A key issue for all screening programmes is whether to target at risk groups or more widely. The Health Development Agency report suggests a relative lack of evidence around targeted interventions for disadvantaged and vulnerable groups. GP surgeries would seem to be the best means of identifying those whose drinking behaviour may benefit from a brief interventions programme. Screening and brief interventions can also be carried out in non-medical settings including criminal justice and Children's Services settings.

4.5 Screening programmes aid early identification of those with alcohol misuse problems to whom early interventions should be offered. In relation to the Borough's workforce this

will assist in reducing the number of days lost through alcohol misuse and meet the PSA target 3, which is to increase the rate of employment and to reduce the unemployment rate.

4.6 Early Intervention Enablers

There are six enablers which relate to the early intervention strand:

- Improving the access routes for those in need of different levels of intervention – a stepped care approach
- Further developing the work already being piloted with GP surgeries to develop screening and brief interventions within the primary care setting, including opportunities for partnership working within the “shared care” model for drug interventions
- Working with A&E departments to invest in brief intervention and referral processes for those attending for treatment due to alcohol misuse
- Piloting the delivery of alcohol advice and brief interventions in the employment setting
- Developing screening and brief interventions within the criminal justice setting, including Arrest Referral
- Consolidating screening and brief interventions within the children’s services settings

4.7 Universal Early Interventions

The DAAT will be responsible for further developing the work already being piloted with three GP surgeries together with IMPACT to develop screening and brief interventions within the primary care setting. Health Promotion will provide public health information and education to aid self assessment and awareness of alcohol use.

4.8 In terms of children and carers, the Common Assessment Framework (CAF) should be used by practitioners to identify issues relating to alcohol harm reduction agenda for individuals. A screening and brief intervention using the CAF at an appropriate stage has been produced. As part of the action plan, this should be reviewed to ensure it continues to be fit for purpose.

4.9 The DAAT will work with A & E departments in the Borough and County to invest in brief intervention and referral processes for those presenting for treatment due to alcohol

misuse. The A & E initiative also presents opportunities for gathering and analysing data related to the situations in which alcohol related assaults occur, which may not always have been reported to the police.

4.10 Targeted Early Interventions

As part of the Action Plan, TWPCT will also be involved in piloting an extended brief interventions programme, to assist hazardous and harmful drinkers.

4.11 CYPSP in conjunction with YOS, Nacro and the AHWP are expected as part of the Action Plan to have a screening and brief interventions programme targeting the following vulnerable groups:

- LAC
- Those who are truanting or excluded
- Young offenders
- Young people 'at risk' of offending
- Sexually exploited young people
- The children of substance misusing parents
- Those leaving care

4.12 Local evidence suggests that there is a specific need for the Partnership to focus on violent offenders including those who commit domestic abuse. Within the adult criminal justice system, the Probation Service and HMPS utilise the OASys assessment tool for assessing offender needs, including the misuse of alcohol and other substances. The Probation Service will, as part of the Action Plan, review and extend their capacity for screening and brief interventions.

4.13 Any proposed Arrest Referral scheme will also need to target binge drinkers and those arrested for a violent offence with screening and brief interventions.

5. TREATMENT

Strategic Aims

- **To reduce levels of harm associated with alcohol misuse, including the impact of crime and social disorder on individuals and communities.**
- **To develop and implement a tiered model of treatment services for alcohol misuse, which meets the needs of the local population.**

5.1 The Strategy is designed to ensure that the treatment is in line with the Models of Care for Alcohol Misusers (MOCAM 2006) which identifies four main categories of alcohol misusers who may benefit from some form of intervention or treatment:

- Hazardous drinkers
- Harmful drinkers
- Moderately dependent drinkers
- Severely dependent drinkers

MOCAM provides a commissioning framework for treatment based on four tiers of service provision.

Tier 1: Alcohol related information, advice, screening, brief interventions and referral

Tier 2: Open access and outreach facilities that provided alcohol specific advice, information, support, extended brief interventions, assessment and referral for more serious problems

Tier 3: Community based specialised alcohol misuse treatment, and alcohol treatment that is care co-ordinated and care planned

Tier 4: Specialised alcohol treatments that are care planned and co-ordinated to ensure continuity of care and aftercare

5.2 The Strategy will also take account of the 'Review of Effectiveness of Treatment for Alcohol Problems' (National Treatment Agency, 2005). This needs to be based upon a

clear understanding around which local services are responsible for which service users.

5.3 There is no single concise way of categorising individuals in need of alcohol treatment. The extent to which individuals would benefit from interventions depends on a number of factors. Key factors include:

- The level of consumption
- The context in which alcohol is used
- The seriousness of the alcohol-related problems
- The severity of the dependence on alcohol

5.4 Substance misuse services are commissioned for adults and children & young people. This a joint function which is carried out by TWPCT, the CYPSP and the AHWP which oversee treatment services for all types of substance misuse including alcohol. The Nacro Young Person's Substance Misuse Service operates at Tiers 2 and 3 and is the main treatment provider for young people under 18 with alcohol issues. Community Substance Misuse Services and IMPACT Alcohol Advisory Service provide treatment services at Tier 2 and 3 for adults.

5.5 Currently there is no designated funding from the National Treatment Agency (NTA) to provide alcohol services. All NTA monies are dedicated to services for the treatment of drug misuse. There are some mainstream resources for adults, children and young people, however, these are limited and under funded. Within the Borough there are estimated to be 4,500-6,000 dependent/problematic alcohol users who cannot be provided for within the existing budgets. It is proposed a pooled budget for alcohol service provision be developed in order to co-ordinate resources more effectively.

5.6 It is recognised that further investment is needed to develop future alcohol services and this will be directed according to a gap analysis of the current services in order to develop a substantive alcohol service.

5.7 It is proposed that care pathways are identified and strategically linked to ensure continuity of care and effective treatment and aftercare, so that users of all ages

requiring services at different points of entry will have their personal needs taken into account. Access to treatment will be available to all sections of the community.

5.8 The following 'enablers' for treatment reflect the complexity of the agenda:

- Ensure that the treatment system is in line with NTA's MOCAM and the ' Review of Effectiveness of Treatment for Alcohol Problems'
- Ensure treatment approaches are accessible and relevant to all communities and that there is sufficient balance in capacity to meet the demand for all four tiers of alcohol interventions and treatment
- Develop, in partnership with statutory and third sector partners, treatment and aftercare services for adults, and children and young people who misuse alcohol
- Improve integrated care pathways to ensure the smooth transition for service users and the efficiency and effectiveness of the process
- Ensure that the client is fully involved with treatment provision
- Further develop services for the families and carers of alcohol misusers, whilst ensuring that all services adopt a family focussed approach
- Develop integrated pathways and protocols to ensure that those experiencing mental health and alcohol problems receive accessible and appropriate care
- Ensure that services for the most vulnerable alcohol users (e.g. the homeless and ex-offenders) provide a full range of provision to support improvement in their quality of life
- Develop a broad aftercare response to support service users, parents and carers to reinforce changes in their use of alcohol. The response will include recognising the important role of Alcoholics Anonymous, Al-Anon, and Al Ateen as well as development of self-help initiatives
- Work with housing providers and Supporting People teams to ensure adequate provision of supported housing and tenancy support for those experiencing problems with alcohol. Also lobbying Government in relation to housing provision and benefits payments
- Develop a Peer Mentoring and Advocacy project to promote self-help initiatives
- Address the needs of children (including unborn babies) of problem alcohol users by ensuring common approaches to service delivery and clarity of responsibilities via integration of care pathways

- Ensure parenting skills are implicit to treatment interventions

5.9 To achieve these enablers the SSCP will develop outcome-driven commissioning arrangements for alcohol treatment.

6. CONTROL

Strategic Aims

- **To reduce levels of per capita consumption**
- **To promote sensible drinking and reduce harmful drinking by individuals**
- **To reduce levels of harm associated with alcohol misuse, including the impact of crime and social disorder on individuals and communities**
- **To engage all partner organisations and the local drinks industry to ensure that services and interventions respond in a responsible and cohesive way to alcohol misuse**

6.1 The Alcohol Strategy takes account of the Government's PSAs for reducing violent crime and disorder, especially assault with injury, and for reducing the percentage of the public who perceive drunk and rowdy behaviour to be a problem in their area.

6.2 There are two aspects of alcohol related violence that need to be given priority, domestic abuse and public realm violence. This should not be construed as saying that either domestic abuse, or for that matter town centre violence, is caused by alcohol, merely that they are correlated and that tackling alcohol misuse can assist in reducing triggers to violent behaviour. Any behaviour committed in the context of alcohol consumption, violent or otherwise, results from interaction between factors relating to the individual, to the immediate environment and to the alcohol consumed. Research shows that alcohol is best seen as contributing to violent behaviour rather than causing it.

6.3 There are new powers, which could be deployed to assist with the control agenda in relation to alcohol. Alcohol Treatment Requirements can be used locally in the context of violent crime to ensure that those violent offenders, whose offences are alcohol related, address the alcohol aspects of their offending behaviour. Conditional Cautioning also becomes available shortly and could be used for 'binge drinkers' who commit offences in the town centres.

6.4 Under the Licensing Act 2003 there are four key licensing objectives, all of which relate to community safety:

- Prevention of crime and disorder
- Protection of children from harm
- Protection of public safety
- Prevention of nuisance

6.5 Recent local experience has highlighted the need to promote joint working, as problems experienced with licensed premises cut across criminal, licensing and health and safety legislation. The relevant Responsible Authorities under the Licensing Act are:

- The Local Authority (Adult & Consumer Care, to include Trading Standards, Licensing, Environmental Health and Planning; and Children & Young People's Services)
- The Health and Safety Executive
- West Mercia Constabulary
- Shropshire Fire and Rescue Service

An Action Plan to carry out this work has been produced by the Responsible Authorities Group to ensure a co-ordinated and tactical approach.

6.6 Alcohol can be a factor in road traffic collision and needs to be considered as part of the Strategy. Although the numbers of drink-driving deaths have been falling since the 1970s, the rate of decline has slowed in the last 10 years. Relevant key statistics are as follows:

- There are currently approximately 97,000 cases of drink-driving each year nationally
- The national target is to reduce the number of people killed or seriously injured in Great Britain in road accidents by 40% (compared with the average for 1994-1998)
- The national target is to reduce the number of children killed or seriously injured by 50%, by 2010 (compared with the average for 1994-1998), with greater reductions in the disadvantaged communities (Department for Transport)

- During 05/06 there were eight road deaths in Telford and Wrekin, one of which was drink related. During 06/07 there were three road deaths, none of which were drink related
- During 2005/06 213 persons were arrested in Telford & Wrekin for drink driving, and during 2006/07 164 persons were arrested
- New driver education interventions will be introduced following the implementation of the Road Safety Act 2006

6.7 Control Enablers

There are five enablers within the Control section of the Strategy:

- Reducing alcohol related violent crime
- Reducing alcohol related domestic abuse
- Enforcing regulatory procedures relating to alcohol misuse (Licensing/Trading Standards/ Environmental Health)
- Reducing alcohol related anti-social behaviour and street drinking
- Improving the identification of Borough wide priorities in respect of alcohol related crime and disorder

6.8 Control Mechanisms

The Council has adopted a Licensing Policy with crime reduction elements relating to the statutory licensing objectives under the Licensing Act 2003 for the prevention of crime and disorder. This gives the Licensing Committee power to set conditions in this regard following representations from a Responsible Authority or Interested Party.

Consideration will be given to augmenting the licensing policy by issuing, in addition to the Statement of Licensing Policy, a Pool of Model Conditions and Codes of Practice. A Responsible Authorities Group under the Licensing Act 2003 will meet regularly and operate a risk based traffic light system, to identify and work collaboratively to tackle problem premises.

It is proposed to review and develop an accreditation scheme with Licence Holders.

- 6.9** The SSCP will work with the licensed trade to ensure they are meeting their obligations under the Licensing Act 2003, including the protection of children from harm.
- 6.10** The JAGs of the SSCP are in place to identify Borough wide priorities and monitor available crime and disorder related incident data. The Strategy aims to ensure that the JAGs identify and address alcohol related crime which includes drink-driving and anti-social behaviour issues.
- 6.11** Trading Standards will continue to work with the Police and the JAGs to prioritise test - purchasing for the reduction in underage sales of alcohol. The SSCP will also support the launching of the 'Personal License Holders Association' (new version of LVA).
- 6.12** Telford & Wrekin has developed a Domestic Abuse Strategy. Working with the SSCP, pathways will be developed to provide treatment interventions for perpetrators and victims of domestic abuse who have alcohol related problems.
- 6.13** The SSCP will prioritise violent crime by developing mechanisms to ensure persistent violent offenders are screened and if necessary fast tracked into alcohol treatment.
- 6.14** Additionally, the SSCP will where appropriate, maximise the use of Fixed Penalty Notice (FPNs), Anti-Social Behaviour Orders (ASBOs) and consider using alcohol restrictions in designated areas.
- 6.15** Furthermore, the SSCP will strengthen the processes of data collection at point of engagement at local A&E departments to support intelligence gathering and to assist in designing interventions in crime and alcohol disorder hotspots.

GLOSSARY

AHWP	Adult Health & Well-Being Partnership
ASBO	Anti-Social Behaviour Order
CAF	Common Assessment Framework
CYPSP	Children and Young People's Strategic Partnership
DAAT	Drug and Alcohol Action Team
FPN	Fixed Penalty Notice
HMPS	Her Majesty's Prison Service
JAG	Joint Action Group
LAA	Local Area Agreement
LAC	Looked After Children
LSP	Local Strategic Partnership
LVA	Licensed Victuallers Association

MOCAM	Models of Care for Alcohol Misusers
NEET	Not in Education, Employment or Training
NIHCE	National Institute for Health and Clinical Excellence
NTA	National Treatment Agency for Substance Misuse
OFSTED	Office For Standards in Education
ONS	Office of National Statistics
PSA	Public Service Agreement
PSHE	Personal, Social and Health Education
RAG	Responsible Authorities Group
SCSU	Safer Communities Strategic Unit
SSCP	Safer and Stronger Communities Partnership
TBAC	Telford Business Against Crime group
TWPCT	Telford & Wrekin Primary Care Trust

WMRLS West Midlands Regional Lifestyle Survey

YOS Youth Offending Service

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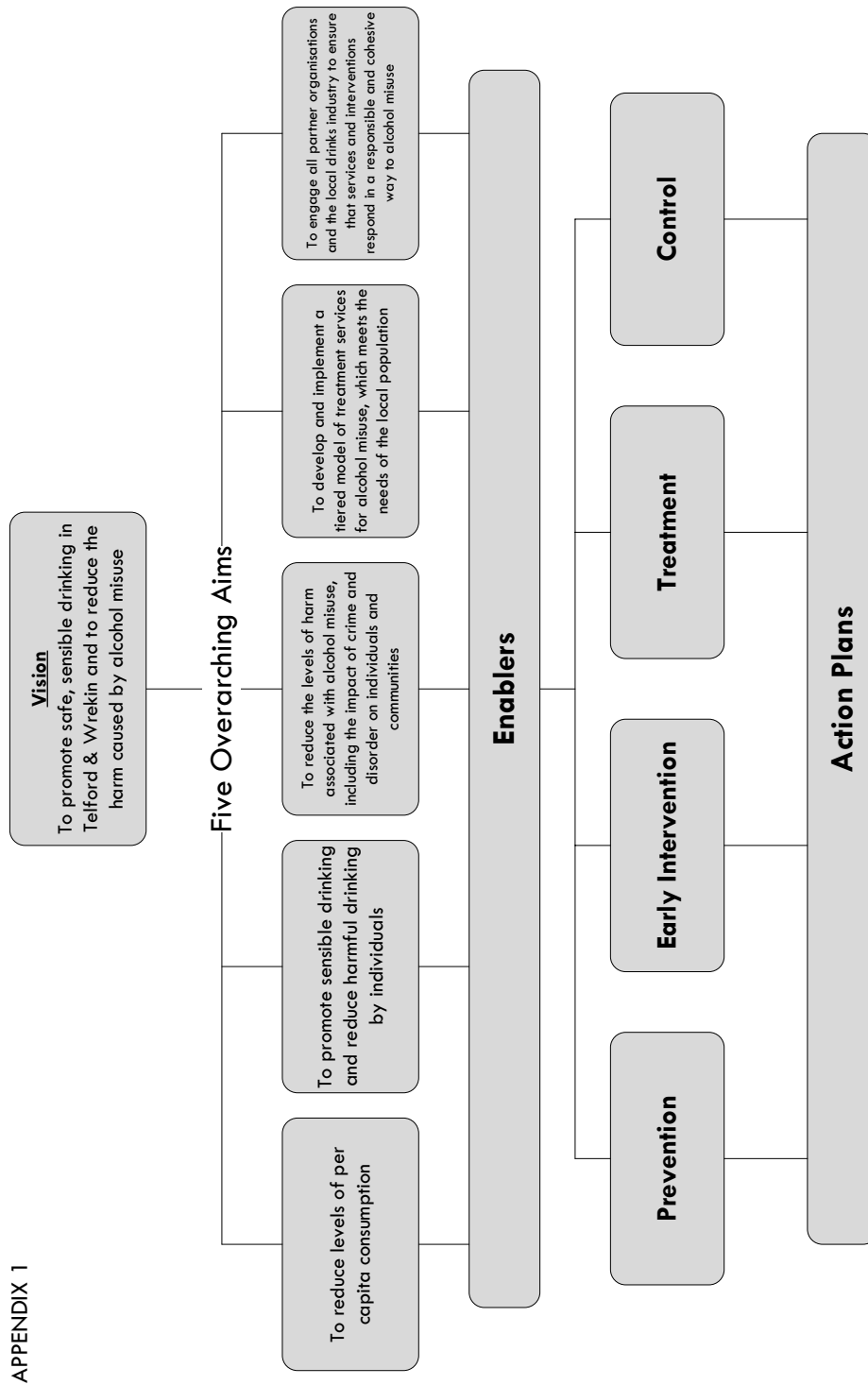
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APPENDIX 1: STRATEGIC FRAMEWORK



APPENDIX 2: ACTION PLANS

Theme: Prevention

Aim 1: To reduce levels of per capita consumption

Aim 2: To promote sensible drinking and reduce harmful drinking by individuals

STRATEGIC OBJECTIVE: TO IMPROVE THE PREVENTION OF ALCOHOL MISUSE

Action	Lead agent(s)	Timescale
A. Provide relevant and appropriate alcohol education and information	TWPCT, CYPSP, Nacro, West Mercia Constabulary	2008-10
B. Carrying out targeted work with vulnerable young people and adults	CYPSP, AHWP, treatment providers, Connexions for Youth	On going
C. Offer positive alternatives to drinking alcohol for young people	CYPSP, TWPCT, Health Promotion, Connexions for Youth	2008-09
D. Support local employers to implement alcohol workplace policies	TBAC. Health Promotion	2008-10
E. Develop training and information provision to improve awareness and skills for those who work with adults, children and young people who misuse alcohol	DAAT, West Mercia Constabulary, Joint Substance Misuse Commissioner, Health Promotion, CYPSP	2008-10
F. Physical improvements to the Borough Towns to prevent crime & disorder	Telford & Wrekin Council Environment & Regeneration Portfolio, West Mercia Constabulary	2008-11
G. Working with Licensees to improve standards in licensed premises	Adult & Consumer Care Portfolio, RAG, West Mercia Constabulary	2008-10

Theme: Early Intervention

Aim 1: To reduce levels of per capita consumption

Aim 2: To promote sensible drinking and reduce harmful drinking by individuals

STRATEGIC OBJECTIVE: TO IMPROVE THE PREVENTION OF ALCOHOL MISUSE

Action	Lead agent(s)	Timescale
A. Improved access to services for people requiring alcohol advice and interventions	TWPCT, Adult & Consumer Care Portfolio, treatment providers, Probation Service, Health Promotion	2008-10
B. Improved alcohol screening and early support at GP Surgeries	TWPCT, Joint Substance Misuse Commissioner, Health Promotion	2008-09
C. Children's Services to work with the DAAT to put in place a protocol around training and treatment services using the CAF	CYPSP, Joint Substance Misuse Commissioner	2008-09
D. An arrest referral scheme to target binge drinking and offenders of alcohol related violence	West Mercia Constabulary, TWPCT, Joint Substance Misuse Commissioner, Probation Service	2008-11
E. Investigate the possibility of offering Accident & Emergency alcohol screening and early support	TWPCT, Joint Substance Misuse Commissioner	2008-10
F. Probation Service and YOS to review and strengthen current practice in relation to screening and brief interventions	Probation Service, YOS	2008-09

Theme: Treatment

Aim 1: To reduce levels of harm associated with alcohol misuse, including the impact of crime and social disorder on individuals and communities

Aim 2: To develop and implement a tiered model of treatment services for alcohol misuse, which meets the needs of the local population

STRATEGIC OBJECTIVE: TO IMPROVE THE IDENTIFICATION, REFERRAL AND TREATMENT FOR ALCOHOL MISUSERS

Action	Lead agent(s)	Timescale
A. Ensuring that treatment approaches are operating in line with MOCAM	TWPCT, Adult & Consumer Care Portfolio, treatment providers, Probation Service	2008-10
B. Provision of enhanced capacity to meet the demand for tier 2 and tier 3 services (counselling and medical interventions)	TWPCT, Adult & Consumer Care Portfolio	2008-10
C. Further develop services for the families and carers of alcohol misusers, ensuring services adopt a family focussed approach	Joint Substance Misuse Commissioner, Carer's Contact Centre, Young Carers	2008-10
D. Ensuring that those experiencing mental health and alcohol problems receive accessible and appropriate care	TWPCT, Adult & Consumer Care Portfolio	2008-10
E. Provide services and support for the most vulnerable alcohol users (e.g. homeless and ex-offenders)	Service User Group, Carer's Group, TWPCT, Adult & Consumer Care Portfolio, Probation Service, YOS	2008-10
F. Alcohol Service User Group to be developed further in order to offer support to other users	TWPCT, Adult & Consumer Care Portfolio, service users	2008-10
G. Work with housing providers and Supporting People teams to ensure adequate provision of supported housing and tenancy support for those experiencing problems with alcohol. Also lobby Government in relation to housing provision and benefits for this vulnerable group	Adult & Consumer Care Portfolio, housing providers, Service User Group, Telford & Wrekin Council	2008-10
H. Enhance and develop, particularly with reference to the statutory and third sector partners, treatment and aftercare services for children, young people, adults and older people who misuse alcohol	TWPCT, CYPSP, Adult & Consumer Care Portfolio, voluntary agencies	2008-10
I. Address the needs of children (including unborn babies), of problem alcohol users, by ensuring common approaches to service delivery and ensure parenting skills are implicit to treatment interventions	TWPCT, CYPSP, Adult & Consumer Care Portfolio, Young Carers, Carer's Contact Centre	2008-10

Theme: Control

Aim 1: To reduce levels of per capita consumption

Aim 2: To promote sensible drinking and reduce harmful drinking by individuals

Aim 3: To reduce levels of levels of harm associated with alcohol misuse, including the impact of crime and social disorder on individuals and communities

Aim 4: To engage all partner organisations and the local drinks industry, to ensure that services and interventions respond in a responsible and cohesive way to alcohol misuse

STRATEGIC OBJECTIVE: TO REDUCE ALCOHOL RELATED CRIME AND DISORDER

Action	Lead agent(s)	Target Timescale
A. Review the Statement of Licensing Policy	Adult & Consumer Care Portfolio, RAG	2008-10
B. Review the partnership approach to the enforcement of licensing conditions in licensed premises	Adult & Consumer Care Portfolio, RAG	2008-10
C. Recruit night time economy managers to support key strands of the Strategy implementation	Adult & Consumer Care Portfolio, SCSU	2008-10
D. Prioritise reductions in the test purchase for underage sales of alcohol	Trading Standards, West Mercia Constabulary	2008-10
E. Improve sharing of data between partners to better target alcohol related violence, anti-social behaviour and drink-driving	SSCP, TWPCT	2008-10
F. Provide treatment interventions for perpetrators and victims of domestic abuse	SSCP, TWPCT, Probation Service	2008-10
G. Use enforcement powers to address drink-driving, anti-social behaviour and street drinking, and consider using alcohol restrictions in designated areas where appropriate	SSCP, West Mercia Constabulary	2008-10