

Gloucestershire Alcohol Harm Reduction Action Plan 2016 – 2019

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1.0 Introduction

Gloucestershire's Joint Health and Wellbeing Strategy, 'Fit for the Future' (2012) lays out the County's long term aims and ambitions for a healthier Gloucestershire and reducing the harm caused by alcohol has been identified within this Delivery Plan as one of five key priority areas. Excessive alcohol consumption is one of four health risk behaviours (alongside physical activity, poor nutrition and tobacco use) which contribute to much of the illness and premature death in the county, and also have other significant costs associated with them. With an estimated 7% of adults in Gloucestershire drinking alcohol at high risk levels¹, it is essential that we work together with individuals and communities and with organisations across the system to realise the previous County Alcohol Strategy's mission statement:

"To reduce the actual and potential harm caused by alcohol misuse to individuals and communities whilst ensuring that alcohol can be enjoyed safely and responsibly".

2.0 What is alcohol-related harm and why does it matter?

Alcohol misuse is a major cause of early death and dysfunction for individuals; it is the second biggest risk factor for cancer after smoking and the biggest cause of liver disease, the fifth most common cause of death in England. It also contributes to kidney disease, acute and chronic pancreatitis, heart disease, high blood pressure, depression, strokes, and potential harm to the developing foetus in pregnancy. Alcohol misuse costs the health service £3.5 billion each year (Public Health England (PHE), 2013)

Alcohol also has significant negative impacts on crime, communities, children and young people. It has been estimated that in a community of 100,000 people, each year 1,000 people will be a victim of alcohol-related violent crime (Institute of Alcohol Studies (IAS), 2013). Alcohol-related crime refers to both alcohol-defined offences or driving with excess alcohol and offences in which the consumption of alcohol is thought to have played a role in the committing of the offence, including assault, breach of the peace, criminal damage and other public order offences. The 2013/14 Crime Survey for England and Wales (CSEW) reported that in 53% of violent incidents, victims perceived the offender(s) to be under the influence of alcohol, which is equivalent to an estimated 704,000 alcohol-related violent incidents. Furthermore in 2012 alcohol was associated with 125,000 instances of domestic violence and was a contributory factor in up to 1 million assaults (National Institute for Health and Care Excellence (NICE), 2012). The evidence shows a strong link between alcohol-related violent crime and the night time economy, with the 2013/14 CSEW reporting the proportions of violent incidents that were alcohol-

¹ Higher risk drinking is defined as consumption of more than 50 units of alcohol per week for males and more than 35 units of alcohol per week for females.

related increasing as the afternoon and evening progressed, from 23% of violent incidents occurring between noon and 6pm, to 52% between 6pm and 10pm, and 83% between 10pm and midnight.

Alcohol misuse among parents can have a substantial impact on their children, including neglect, educational problems, emotional difficulties, abuse, and the possibility of becoming alcohol misusers themselves. It has been estimated that 30% of children in the UK live with at least one parent who is a binge drinker² and 22% (over 2.5 million children) live with a hazardous drinker³ (Office of the Children's Commissioner, 2012). Alcohol and substance misuse feature prominently in cases of high risk, often in combination with other major problems, and studies show that parental alcohol misuse features frequently in care proceedings. These studies also confirm that the impact of alcohol misuse is taken less seriously than is drug misuse, despite many more children being affected by parental alcohol misuse.

Alcohol affects people across all strata of society, but there are certain groups who are more at risk of alcohol dependence and harm than others, for example, the prevalence of alcohol dependence is highest in men aged 25-34 years old. Age is an important factor with many of the lifestyle choices that will influence health in adulthood, including alcohol consumption, becoming established during the teenage years; furthermore evidence shows that drinking in childhood is associated with an increased likelihood of developing alcohol abuse or dependence in adulthood. At the other end of the spectrum, a significant and growing number of older people are at risk of alcohol related harm, with national evidence showing a 136% increase in alcohol related hospital admissions between 2002 and 2010 for men aged 65 and over, and 132% for women. Socio-economic status also has a significant impact on alcohol misuse, with the burden of harm from alcohol falling disproportionately in deprived areas. Compared with those living in more affluent areas, people in the most deprived fifth of the country are 3-5 times more likely to die of an alcohol-specific cause and 2-5 times more likely to be admitted to hospital because of an alcohol-use disorder.

There is a strong economic case for addressing alcohol misuse. Taking the wider costs of alcohol to society, including those discussed above, into consideration, the annual cost of alcohol misuse in England is calculated to be £21 billion annually (House of Commons Health Committee, 2012). Evidence shows that for every £1 invested in specialist alcohol treatment, £5 is saved on health, welfare and crime costs (Raistrick, Heather & Godfrey, 2006⁴). In the Government's Alcohol Strategy 2012-13 it is recognised that the reduction and

² Binge drinking is defined as consumption of at least twice the daily recommended amount of alcohol in a single drinking session.

³ Hazardous drinking is defined as a pattern of alcohol consumption that increases someone's risk of harm.

⁴ Raistrick, D., Heather, N. & Godfrey, C. (2006) *Review of the effectiveness of treatment for alcohol problems*. Accessible at http://www.nta.nhs.uk/uploads/nta_review_of_the_effectiveness_of_treatment_for_alcohol_problems_fullreport_2006_alcohol2.pdf [Accessed 30/12/2015]

prevention of alcohol-related harm cannot be achieved by one agency or service alone. The factors contributing to harmful alcohol use are complex and vary significantly from place to place; therefore addressing these problems requires effective partnership work and support from all areas of the community, as well as training for staff in a variety of front line services who may feel under-confident in raising alcohol as an issue and helping staff and groups to identify and provide brief interventions, which is critical to reducing alcohol harms in the future.

3.0 Harm caused by Alcohol in Gloucestershire

The majority of people within Gloucestershire either drink at levels which are unlikely to cause harm, or they abstain from drinking altogether; however there is a significant minority (28%) who drink to hazardous or harmful levels⁵. NICE estimates that 68% of harmful drinkers will have some degree of dependence, which equates to 12,782 people in Gloucestershire, or 2.6% aged 16 years and over population. These numbers are based on estimated drinking levels, but they do give an indication of the level of alcohol related harm within the county.

To measure the extent of harmful drinking within the county, we use hospital admission data, which is used routinely in England to estimate the impact that alcohol has on population health and health services. This includes alcohol specific hospital admissions⁶, where alcohol is the sole cause of the health condition, and alcohol related hospital admissions⁷, which together give a comprehensive picture of the contribution that alcohol makes to ill health.

Data from the Local Alcohol Profiles for England (PHE, 2015) shows that for the year 2013/14 Gloucestershire had a total of 1,840 alcohol specific hospital admissions, equating to 306 alcohol specific hospital admissions per 100,000 population (DSR⁸), This data is always one year in in retrospect due to the national collection and data cleaning process.

⁵ Hazardous drinking: A pattern of alcohol consumption that increases someone's risk of harm. Harmful drinking: A pattern of alcohol consumption causing health problems directly related to alcohol.

⁶ Persons admitted to hospital where the main diagnosis or any of the secondary diagnoses identified at attendance are conditions caused by alcohol. *Local Alcohol Profiles for England 2015 user guide*; <http://fingertips.phe.org.uk/profile/local-alcohol-profiles>

⁷ There are two ways of measuring Alcohol Related Hospital Admissions, the Broad and Narrow measures, these use the main and secondary diagnoses but look at a wider range of conditions which are both caused by alcohol or likely to be alcohol related; the difference between the two measures relates to the number of diagnoses counted. *Local Alcohol Profiles for England 2015 user guide*; <http://fingertips.phe.org.uk/profile/local-alcohol-profiles>

⁸ DSR: the Direct Age Standardised Rate, adjusts for changes in estimated population size and age distribution.

Looking back over the previous six years we see that the rate of alcohol specific admissions in Gloucestershire, England and the South West have continued to rise year on year, as illustrated in figure 3.1:

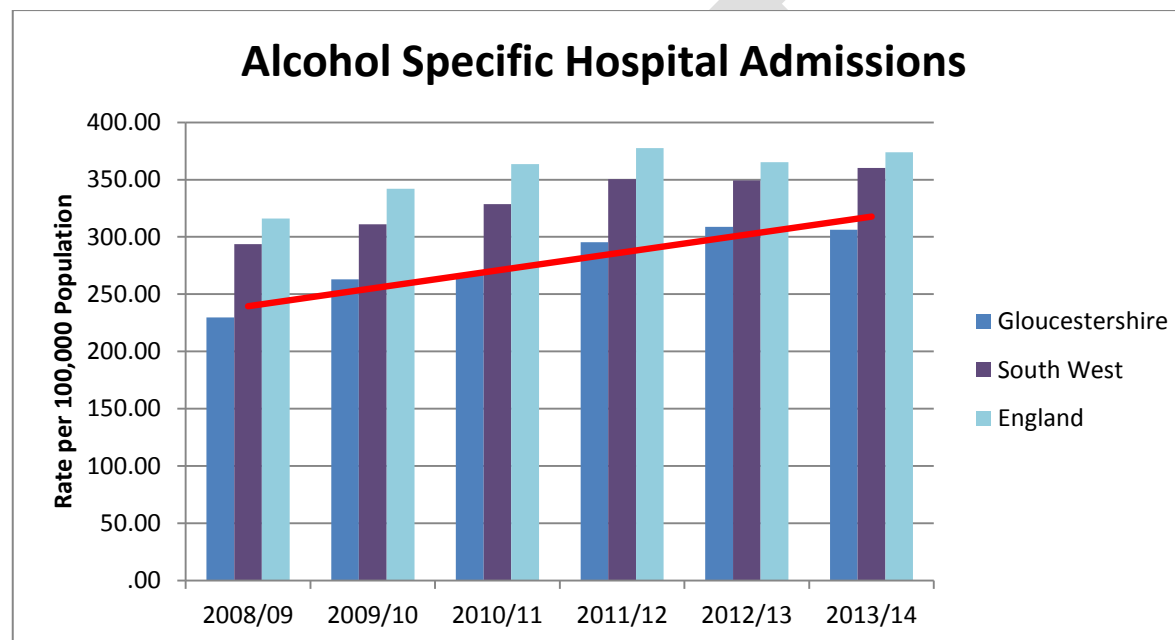


Figure 3.1

We know that areas that experience the highest levels of deprivation often have the greatest level of harm from alcohol, and consequently there are disproportionately high rates of hospital admissions for alcohol related conditions in Cheltenham and Gloucester compared to the rates for Gloucestershire as a whole and the other districts within Gloucestershire, as illustrated in figure 3.2. Until 2012/13, the rate of alcohol related hospital admissions in Gloucester had been steadily increasing for 4 years, and was significantly higher than both the Gloucestershire and England averages; however the most recent year of data shows a sharp fall in the Gloucester rate, bringing it more in line with the England national benchmark. Tewkesbury, Stroud and Forest of Dean all have significantly lower rates of alcohol related hospital admissions compared to both Gloucestershire and England.

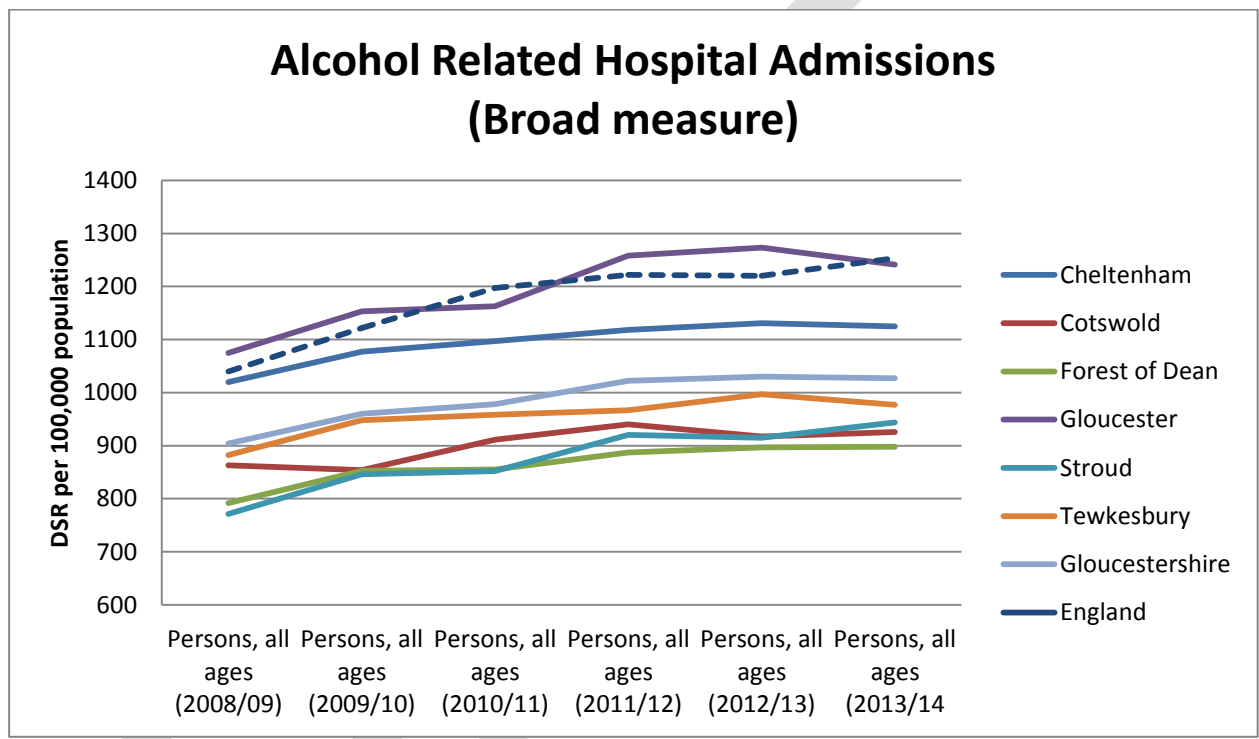


Figure 3.2

In Gloucestershire in November 2013 there were 466 children with a parent or parents in drug and alcohol treatment.. In 2013/14 there were 279 open cases where alcohol and/or drugs was a concerning parental factor, with 40% of open cases being in Gloucester.

⁹ Broad measure: Persons admitted to hospital where the main diagnosis or any of the secondary diagnoses are for alcohol attributable conditions. *Local Alcohol Profiles for England 2015 user guide*; <http://fingertips.phe.org.uk/profile/local-alcohol-profiles>

The 2014 Online Pupil Survey showed that the numbers of children and young people who drink alcohol are declining, with 79% of secondary pupils in Gloucestershire reporting either having never drunk alcohol or only tried it once or twice. This has increased from 46% in 2006, and includes an 8% increase since 2012. The percentage of secondary pupils reporting getting drunk regularly (weekly and daily) was the same as the 2012 level of 4%, which was a decrease from 7% in 2010.

4.0 What are our priorities and how have we identified them?

Our priorities are based on 4 strategic aims from the Gloucestershire Alcohol Harm Reduction Strategic Plan 2013-2016. They have been amended with partners on Gloucestershire Drugs and Alcohol Working Group (GDAWG) to ensure they reflect developing thinking about the most appropriate ways to reduce harm caused by alcohol. This group included representatives from all organisations on the health and wellbeing board across statutory and 3rd sector and user voice.

The current and future health and social care needs of the citizens of Gloucestershire, including alcohol harm, are assessed in the annually updated 'Understanding Gloucestershire - A Joint Strategic Needs Assessment' (UG-JSNA) which can be found on the Gloucestershire JSNA website <http://www.gloucestershire.gov.uk/inform/understanding>

The following key plans and strategies include specific action to reduce harm caused by alcohol and these actions will not be duplicated within this delivery plan:

- Mental Health Crisis Care Concordat – a national agreement between services and agencies involved in the care and support of people in crisis, which recognises that individuals experiencing a mental health crisis often present with co-existing alcohol and/or drug problems.
- Domestic Abuse and Sexual Violence Commissioning Strategy and Outcomes Framework – a commissioning strategy aiming to ensure a more coordinated and integrated response to improving outcomes for children and adults affected by domestic abuse and/or sexual violence and recognising that vulnerability to domestic abuse and sexual violence may in some cases be increased by alcohol misuse.
- Health Behaviours Review (currently being consulted on)
- Gloucestershire Police and Crime Plan - includes trying to ensure older and more vulnerable people are not overlooked; reducing alcohol related crime and disorder; to deliver sensitive, relevant and effective policing to ensure our young people become law-abiding productive members of society.

- Gloucester City Council, Cheltenham Borough Council and Tewkesbury Borough Council Joint Core Strategy – The Joint Core Strategy (JCS) is a partnership between Gloucester City Council, Cheltenham Borough Council, and Tewkesbury Borough Council, supported by Gloucestershire County Council. The JCS was formed to produce a co-ordinated strategic development plan to show how this area will develop during the period up to 2031.
- Stroud, Cotswold and Forest of Dean Local Strategies – Strategic development plans to show how the Districts will develop during the period up to 2031.

We recognise that there are further interdependencies with other areas of work, where alcohol is not specifically referenced in the corresponding strategy or plan, such as those listed below. Where this is the case, we will work to influence those involved to ensure the appropriate and relevant links are made.

- Building Better Lives – an all age, all disability policy which includes actions on employment, reshaping services and new ways of working with some of the most vulnerable service users.
- Mental Health and Wellbeing Strategy – objectives include: more people will have good mental health; more people with mental health problems will recover; more people with mental health problems will have good physical health and fewer people will suffer avoidable harm.
- Improving Outcomes for Children, Young People and Families in Gloucestershire: a Strategic Joint Commissioning Framework for Children, Young People and Families - It is increasingly understood, and supported by growing bodies of evidence, that the outcomes achieved by children and young people during their childhood and adolescence impact significantly on life-long outcomes affecting health, wellbeing, employment prospects and life expectancy, to name but a few. This framework takes the principles and benefits of the existing early years framework and develops them into a broader approach across the whole of childhood, adolescence and young adulthood.
- Early Help and Children and Young People Partnership Plan 2015 – 2018 – focuses on areas where partnership working will really make a difference to the outcomes for our vulnerable children and young people including Looked After Children; children requiring safeguarding; children with special educational needs and disabilities; children subject to the effects of poverty and children living in challenging circumstances.

- Youth Employment and Skills Strategy – the County Council’s commitment to help young people (14 – 24 yrs) to get the information and gain the skills, work experience and abilities they need to make a successful transition into employment. It is also aimed at supporting economic growth by helping businesses to access young people who can develop the skills that they need.
- Gloucestershire National Dementia Strategy Local Action Plan – objectives include good quality early diagnosis and intervention for all; improving awareness and understanding of dementia; providing training on cultural awareness for health and social care staff and providing good quality information for those diagnosed with dementia.
- Enabling Active Communities in Gloucestershire – a multi agency framework with the aim of building stronger, more sustainable communities and in turn improving the health and wellbeing of local people, drawing upon, and stimulating the provision of, the diverse range of assets within each local community.
- Better Care Fund Plan – pooled budget arrangements between the County Council and the Clinical Commissioning Group to try to ensure that people receive better and more integrated care and support. Objectives include flexible primary care provision over 7 days which will be accompanied by greater integration with mental health services, and a closer relationship with pharmacy services; strengthened integrated community teams; parity of esteem; empowering people to direct their care and support, and to receive the care they need in their homes or local community.
- Growing Older In Gloucestershire Plan – includes four steps to supporting people as they age: active individuals; active communities; getting people back to independence and being there when most needed.
- Joining Up Your Care – People are provided with support to enable them to take more control of their own health and wellbeing. Those that are particularly vulnerable will benefit from additional support.
- Healthy Individuals Plan – aims to enable people to have the knowledge, skills and confidence to self care and take more control of their health. Considers the social determinants of health – housing, education, employment, physical environment and inequalities.
- JHWS Delivery Plans 2016 – 2019 - Reducing Health Inequalities; Improving Health and Wellbeing into Older Age and Reducing Obesity - Targeted activity to reduce health inequalities in relation to older people’s health and wellbeing, to alcohol and to reducing obesity will be included in the separate JHWS Delivery Plans. Improving Mental Health is covered under the Mental Health and Wellbeing Strategy.

The actions and interventions identified within this plan are guided by the following principles:

- **Outcomes focused:** monitoring our progress in terms of meaningful impact on local people ('outcomes') - not just looking at what activities have taken place ('outputs')
- **Service user and community voice** will inform all that we do and how we do it
- **Needs rather than demand-led:** interventions will be focused where there is the greatest capacity to benefit
- **Proportionate Universalism:** actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage
- All interventions will be informed by **evidence of impact** and where this is not available will be supported by a sound evaluation
- **Sustainability:** building capacity supporting individuals and communities to help themselves and each other and to become more resilient; fostering self-care and independence and improving levels of health literacy
- **Parity of esteem:** ensuring we are equally focused on improving mental as well as physical health, and reducing inequalities in both
- **Starting early:** Giving every child the best start in life through focusing on pregnancy and the first months and years of life
- **Long-term commitment:** A commitment to 'seeing it through' – a long term sustained strategic approach, which includes a range of short and medium and long term actions and interventions
- **Focusing on both communities of 'place' and communities of 'interest':** (i.e. people who share common characteristics / challenges). Our actions will include those that are applied across the whole county and others that are district or locality-led.

5.0 How will we track our progress?

We want to know that the interventions we are using are having an impact and making a difference. We will track our progress in two ways: reporting on key performance indicators related to each outcome and an annual review with GDAWG membership where we will look back and learn from our actions over the previous year and forward plan for the following year, ensuring that we are responsive to changes in the economic and political environment and that we only invest in activity that is having a real impact. We also want to see real lives and stories to be included in the way we see success.

However we want to note demonstrating impact is challenging given the ways in which success is measured and that interventions provided cannot have direct impact that can be measured in the short term on alcohol related hospital admission or alcohol behaviours in adults and young people.

For each of the four priority outcomes below we detail the actions we are taking and how we will measure our progress.

We also have a range of issues and actions that are in need of further work or detailed information and can't therefore go into year 1 of the plan but are key areas and these will be integrated into the plan throughout 2016/17. These will be detailed as areas for development

under each priority in the final version of the card and include (Actions resulting from current consultations Fire prevention, Domestic abuse Mental Health concordat, Asset based work and work with street drinkers)

Priority Outcome 1: To raise awareness of all forms of alcohol-related harm and encourage sensible drinking in Gloucestershire through a wide-ranging programme of information and education and other prevention initiatives, including community initiatives where possible.

Priority Outcome 1: Action Table

Action	How	Key Partners
Reduce alcohol specific hospital admissions	This is a proxy indicator for the health of the system and all alcohol related projects both in and outside the plan contribute to reducing the rate of these admissions.	Clinical Commissioning Group Gloucestershire Hospitals NHS Foundation Trust Gloucestershire County Council Police Office of the Police and Crime Commissioner
Raise awareness of effects of excessive alcohol, especially the following day when alcohol is still in system	Using “beer goggles” coconut shy type of game at community events to demonstrate practically how distance judgement is impaired through excessive alcohol use. Also displaying “drinks” with alcohol values and leaflets of information for visitors to take home.	Gloucester City Council

KPI Impact Table:

Indicator	Baseline	Target	Lead
Alcohol Specific Hospital	306 Per 100,000 population	2016-17 Less than 347	All

Admissions	(DSR)	2017-18 Less than 364 2018-19 Less than 380 <i>* Awaiting verification</i>	
None identified			Gloucester City Council

Priority Outcome 2: To identify and mobilise the capacity of partners in Gloucestershire to identify individuals misusing alcohol and to provide effective, service user centred support, signposting or onward referral, and treatment.

Priority Outcome 2: Action Table

Action	How	Key Partners
Ensure county coverage of effective alcohol services Maintain number of interventions to be reported through contract	Consult and tender of alcohol interventions services	Gloucestershire County Council 3 rd Sector Office of the Police and Crime Commissioner
To promote recovery from substance misuse. To educate the wider community about the potential that recovery holds	The Recovery Hub Project will develop and provide <ul style="list-style-type: none"> • Volunteering and employment opportunities for people recovering from alcohol • Provide alcohol Alcohol-free venues • Training about recovery from Alcohol dependence (internally and for professionals) • Working with the media (awareness raising, breaking down barriers) • Events for the general public and the recovery community. • Engagement with the press, police, other professionals and employers to help overcome prejudice and share accurate, honest and positive 	Gloucestershire County Council Public Health England Office of the Police and Crime Commissioner Cheltenham Borough Council Comic Relief Gloucestershire Environmental Trust

	<p>stories about recovery</p> <ul style="list-style-type: none"> • Volunteer and staff training programmes for people with alcohol dependence 	
Identified Front line staff better able to identify alcohol related problems and resolve more effectively	Provision of range of awareness raising and training courses for those front line staff who come into regular contact with alcohol related issues	Turning Point Independence Trust
Build up the capacity of individuals, families and communities to reduce the impact of alcohol on their lives	<p>Deliver family and community awareness raising on the risks of alcohol and what support is available via our Inspiring Families Project.</p> <p>Deliver a community-based alcohol project in Oakley that will bring in specific support and advice to support local agencies on the following headings:</p> <ul style="list-style-type: none"> • Sign-posting • Awareness raising • Building expertise 	Cheltenham Partnerships
Identification, assessment and care of patients presenting to Hospital with alcohol related issues	Alcohol Liaison Service – Gloucester Royal Hospital. Assessment using Alcohol Use Disorders Identification Test and identification of appropriate support for patients who have been assessed to have alcohol related difficulties, including high risk drinking and dependency, Signposting/referral to other support services.	Gloucestershire Hospitals NHS Foundation Trust 2 gether Trust Turning Point
Diagnosis of people presenting to hospital with an alcohol-specific reason	Alcohol Liaison Nurses: Assessment using Alcohol Use Disorders Identification Test. Advice on relapse prevention medication. Onward referral to alcohol treatment and counselling.	Gloucestershire Hospitals NHS Foundation Trust 2 gether trust Turning Point
Multi agency meeting to look at the problem of Street Drinkers gathering in Eastgate Street	Agencies will look to identify individuals and work with their needs. Help to be sought from P3 if appropriate. If necessary, enforcement action will be taken as a last resort. Results will be taken to a multi faith group who can assist in supporting individuals with care/food/identifying needs.	Project Solace Gloucester City Council Police City Safe Turning Point Licensed Victuallers

		Association P3 No Limits Street Pastors Multi Faith Group
Through the Social Prescribing Team, use opportunities to work with individuals where they raise concern over their own alcohol consumption	Where individuals indicate that one of their three priorities to work on would be to reduce their alcohol consumption, the Social Prescribing Team will work with them to address the reasons for drinking and to change their lifestyle or activities.	Social Prescribing Team Independence Trust

KPI Impact Table

Indicator	Baseline	Target	Lead
Monthly Recovery events	Sessions not yet held regularly	Monthly recovery awareness session	Recovery Hub
Establish alcohol-free open events a year	No baseline –occasional delivery	6 events yearly	Recovery Hub
Current number of alcohol brief interventions delivered	977	1000	Turning Point
Number of alcohol users in contact with treatment	1,200	1250	
Street Drinkers are accommodated elsewhere – action taken without displacement			Project Solace
Number of people helped to reduce alcohol consumption	0	There can be no target as individuals will not be challenged regarding their	Social Prescribing Team

		consumption. It will only form part of the plan if the individual wishes to address it.	
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Priority Outcome 3: To reduce alcohol-related crime, disorder and anti-social behaviour in Gloucestershire.

Priority Outcome 3 Action Table

Action	How	Key Partners
Early identification and engagement of young people subject to police disposals with health vulnerabilities, including problematic alcohol use	<p>Liaison and Diversion Scheme aims to:</p> <ul style="list-style-type: none"> • Partner with police to identify young people at risk of entering the criminal justice system through anti-social and offending behaviours. • Engage these young people and assess their needs as early as possible. • Those with substance misuse, mental health, learning disability and other health and welfare vulnerabilities are diverted into health and welfare services as an alternative to progression in the youth justice system. • Those already within the youth justice system are targeted for health and welfare assessments for the purposes of diversion to prevent their progression within this system 	Prospects Office of the Police and Crime Commissioner

To deliver two anti-drink & drug drive campaigns during 2016 [July & Dec] in support of DfT national THINK! campaigns	Coordinating and combining Engagement, Enforcement and Education across the county	Road Safety Partnership Police, Fire & Rescue Crimestoppers
To offer anti-drink & drug driving workshops, similar to 'Wrecked' to adult audiences in the county	Delivered by the RSP	As above, depending on availability
To provide a countywide service that engages with people when their offending is linked to their consumption of alcohol	<p>Upon arrest, offenders are screened to gauge if alcohol has been a factor in their offence. If alcohol has been identified as an issue, the client is referred under the Alcohol Arrest Referral Service (AARS).</p> <p>The sessions provided as part of the service include:</p> <ul style="list-style-type: none"> • Information about alcohol • Review of current drinking • Ways of avoiding future high-risk situations • Links between alcohol and crime • Review of education, employment and housing needs and where appropriate provide information about relevant organisations • Referral to other organisations – this can include treatment. 	Office of the Police and Crime Commissioner Gloucestershire County Council

KPI Impact Table

Indicator	Baseline	Target	Lead
Number of referrals to scheme. Number of people accepting an assessment. Number of onward referrals to specialist services.	Any young person (aged 10-18) suspected by police of an offence	To deliver, in all appropriate cases, tailored advice and guidance around alcohol use and alcohol-related harm to those referred to the scheme	Prospects Office of the Police and Crime Commissioner

<p>Number of people re-referred as a result of further contact with the police. Risk and rate of offending.</p>		<p>and accepting a triage appointment, preferably with the involvement of parents/guardians.</p> <p>Direction of high need cases where substance misuse has been identified as a concerning factor to specialist substance misuse support.</p>	
<p>Reduction in injury Road Traffic Collisions & increase the rate of compliance</p>	<p>In Gloucestershire during 2014: 4 fatal, 15 serious and 39 slight casualties. [Estimated 2014 national road deaths is 290, 1090 serious and 6940 slight injuries]</p>	<p>To deliver a downward trend in casualties and a 100% compliance rate</p>	<p>Road Safety Partnership</p>
<p>Number of presentations given</p>	<p>29 Regiment RLC at South Cerney, and the Army at Beachley Barracks have requested a presentation</p>	<p>To satisfy the demand for presentations</p>	<p>Road Safety Partnership</p>
<p>Numbers of people directly referred. Number of people turning up for first and second appointment. Re-offending rate. Number of clients referred to other services and of these numbers to Turning Point for continued support in addressing their alcohol consumption. Clients at the end of the AARS intervention reported to be either abstinent from alcohol or</p>			<p>Office of the Police and Crime Commissioner Gloucestershire County Council</p>

<p>consuming within safer drinking guidelines. 1 month, 3 months & 6 month checks with clients to monitor. Alcohol consumption, general health, employment status change, attendance at A&E/hospital and service engagement. Case studies.</p>			
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Priority Outcome 4: To actively engage on- and off-licensees in developing a consistent standard of responsible retailing and promoting responsible drinking.

Priority 4 Action Table

Action	How	Key Partners
<p>Create a more diverse and safe Night Time Economy that is attractive to a wide range of people</p>	<p>Secure Purple Flag accreditation for Cheltenham Town Centre by meeting published criteria, under the following headings: <u>Policy Envelope</u> - To develop a clear strategy for our evening and night-time economy that is based on sound research, joined-up public policy and a successful partnership <u>Wellbeing</u> – To ensure our town centre is safe and welcoming with high standards of customer care <u>Movement</u> – To ensure that users can move around the centre on foot and then get</p>	<p>Cheltenham Partnerships</p>

	<p>home safely.</p> <p><u>Appeal</u> – To ensure that our town centre has a vibrant choice of leisure and entertainment for a wide range of ages, lifestyles and cultures.</p> <ul style="list-style-type: none"> • <u>Place</u> – To ensure that the character and identity of our town centre encourages people mingle and enjoy the place 	
Better coordination and engagement across commissioners, service providers support organisations and the on- and off-trade to maximise the impact that we can have on reducing the harm that alcohol causes	Quarterly meetings of the Cheltenham Alcohol Coordination Group to ensure effective coordination and engagement across commissioners, service providers support organisation	Cheltenham Borough Council Police Office of the Police and Crime Commissioner Gloucestershire County Council Clinical Commissioning Group 3 rd Sector
We will extend our knowledge about alcohol, the reasons why we have a problem and better evaluation of what works to inform better commissioning	<p>We will work with the University to undertake a research project into “smart commissioning” which will explore opportunities to develop services dealing with alcohol related harm in Cheltenham in two ways:</p> <ol style="list-style-type: none"> 1. Creating a database of services in the area that ensures all organisations are aware of the range of support and how to access it; 2. Identifying opportunities to develop high-impact provision through ‘smart commissioning’ of services. <p>We will also want to work with Cheltenham West End Partnership to secure funding for a research to evaluate responsible off-</p>	<p>University of Gloucestershire</p> <p>Cheltenham West End Partnership</p>

	<p>licensing. Its overall purposes are:</p> <ul style="list-style-type: none"> • Aim 1: To identify the features of responsible off-licensing in Cheltenham and comparable places • Aim 2: To identify any distinctive features of off-licensing practice and its impacts for Cheltenham's Lower High Street • Aim 3: To evaluate the roll-out of a responsible off-licensing scheme in Cheltenham and identify its potential for application in other parts of the town. 	
Introduce Best Bar None in the city centre for improving the management of alcohol licensed premises in the night time economy	Best Bar None Scheme introduced to the Licensed Victualler's Association and other city centre licensed premises.	Gloucester City Council Police Licensed Premises (on sales)

KPI Impact Table

Indicator	Baseline	Target	Lead
Purple Flag status	0	Achievement of Purple Flag status	Cheltenham Borough Council
Number of meetings	4	4	Cheltenham Borough Council
None identified			Cheltenham Borough Council
Number of premises reaching accreditation standard	0	20?	Gloucester City Council

6.0 Glossary TO BE COMPLETED at final stage

DRAFT