DRUG & ALCOHOL ACTION TEAM
Cornwall and Isles of Scilly
Reducing Harm
Promoting Recovery

Cornwall Alcohol Strategy 2016-19 and LAAA2 ACTION PLAN UPDATE 2017

Action for a SAFER CORNWALL

"TAKING RESPONSIBILITY FOR ALCOHOL"

3 overall objectives targeting People, Services, and Communities:

1: ENABLE PEOPLE TO MAKE INFORMED CHOICES ABOUT ALCOHOL
We aim to help people in Cornwall to become better informed about responsible drinking and safe alcohol intake levels, by giving relevant advice, information and support in order to reduce alcohol related harm.

2: IMPROVE SERVICES TO REDUCE THE HARMS ASSOCIATED WITH ALCOHOL
We aim to reduce the risk of alcohol related harm to individuals and families by improving effective alcohol services in the community, in the NHS and hospitals, in the voluntary sector and in the Criminal Justice System, in order to reduce alcohol related hospital admissions and support recovery from problematic alcohol use.

3: PARTNERSHIPS THAT REDUCE ALCOHOL'S NEGATIVE IMPACT ON THE COMMUNITIES
We aim to work effectively in partnerships to promote best practice around safe alcohol retail, maintaining safe localities and communities, and to have well planned responses to alcohol related issues with the long term goal of reducing disruption to the community.

The Alcohol Strategy is arranged in 8 themes:

1. Advice and Information: ***(Jez Bayes)***
   Helpful preventative and early intervention activities, including Identification and Brief Advice, population level messaging and targeted social marketing.
2. Children, Young People, Parents and Families: ***(Viv Hughes)***
   Education, youth, family and household interventions, Including Together for Families.
3. Community Safety Schemes: ***(Jez Bayes)***
   Reducing the harmful impact of alcohol on Cornish streets, including Anti-Social Behaviour (ASB), and Fire and Rescue.
4. Criminal Justice Interventions: ***(Miles Topham)***
   Appropriate interventions to reduce alcohol related offences, including diversionary and sentencing pathways.
5. Domestic Abuse and Sexual Violence: ***(Laura Ball)***
   Good pathways between alcohol, domestic abuse and sexual violence services, including MARAC referrals and sentencing pathways.
6. Employment, Deprivation and Inclusion: ***(Marion Barton)***
   Interventions to reduce alcohol related employment problems, including Social Care, Homelessness and Housing.
7. Health, Treatment, Aftercare and Recovery: ***(Kim Hager / Angela Andrews / Jez Bayes)***
   Easy access to treatment, and effective care throughout, including hospital admissions, mental health and the treatment system.
8. Licensing, Alcohol Retail and the Night Time Economy: ***(Jez Bayes)***
   Promoting and supporting a safe, responsible, successful alcohol trade, including Best Bar None and bar staff training.

Equity and diversity are key aspects of all 10 of these areas, with implications for equitable service delivery and access, encompassing such issues as gender, sexual orientation, disability, age, isolation, vulnerability, ethnicity, religion and beliefs.

Jez Bayes, CIOS DAAT Alcohol Strategy Lead: jbayes@cornwall.gov.uk

GLOSSARY OF ACRONYMS

A&E	*Accident & Emergency (in Cornwall at Treliske).*	**LAAA**	*Local Alcohol Action Area (Home Office Scheme).*
ADDAC	*Addaction: Drug/Alcohol treatment provider.*	**LNL**	*Late Night Levy.*
ANA	*Alcohol Needs Assessment.*	**LSHTM**	*London School of Hygiene and Tropical Medicine.*
ARID	*Assault Related Injuries Database.*	**MARAC**	*Multi-Agency Risk Assessment Conference.*
ASB	*Anti-Social Behaviour.*	**MIU**	*Minor Injury Units.*
AUDIT-C/AUDIT	*"Alcohol Use Disorders Identification Test" (Consumption): World Health Org accredited tool.*	**NPS**	*National Probation Service.*
BBN / BII	*Best Bar None / British Institute of Innkeepers.*	**NTE**	*Night Time Economy.*
CAP	*Community Alcohol Partnership.*	**PCC**	*Police and Crime Commissioner.*
CC	*Cornwall Council.*	**PH**	*Public Health.*
CIP / CIZ	*Cumulative Impact Policies/Zones.*	**PHAP**	*Public Health and Protection (e.g:Trading Standards, etc).*
CJS	*Criminal Justice System.*	**PHIL**	*Public Health Information Line.*
CMO	*Chief Medical Officer.*	**PHRA**	*Public Health Responsible Authority.*
CRC	*Community Rehabilitation Companies/Probation.*	**RCHT**	*Royal Cornwall Hospitals Trust (Treliske).*
CSO	*Community Safety Officers.*	**RCS**	*Royal Cornwall Show.*
CST	*Community Safety Team.*	**RJ**	*Restorative Justice.*
DAAT	*Drug and Alcohol Action Team.*	**ROC**	*Redeeming Our Communities.*
DASH	*Domestic Abuse/Stalking/Honour Risk Training.*	**RTS**	*Reducing The Strength.*
DASV	*Domestic Abuse and Sexual Violence.*	**SIMP**	*System Improvement process.*
DCH	*Devon and Cornwall Housing.*	**SLA**	*Service Level Agreements.*
DNA	*Drugs Needs Assessment.*	**SMART**	*Substance Misuse and Alcohol Retail Training.*
ED	*Emergency Department (A&E).*	**SP**	*Street Pastor.*
EMRO	*Early Morning Restriction Orders.*	**SPHR**	*School for Public Health Research (Sheffield University).*
FRS	*Fire and Rescue Service.*	**STP**	*Sustainability and Transformation Partnerships.*
GRIP	*Group Review Intervention Powers.*	**SWASFT**	*South Western Ambulance Service NHS Foundation Trust.*
HaLO	*Health as a Licensing Objective.*	**T4F**	*Together For Families.*
HFSC	*Home Fire Safety Check.*	**UKCTAS**	*UK Centre for Tobacco and Alcohol Studies.*
HPS	*The Health Promotion Service.*	**WWYDC**	*"What Will Your Drink Cost" campaign.*
IBA	*Identification and Brief Advice (Early Intervention).*		

CIOS Alcohol Strategy 2016-19 ACTION PLAN **Thematic Area:**	**Delegated Lead and other involved staff and agencies:**	**Summary:**	**Next Action:**
1. Advice and Information: Helpful preventative and early intervention activities; including Identification and Brief Advice, population level messaging and targeted social marketing.	**Jez Bayes** *Shevaughan Tolputt (CC Comms / PH)*		
1.01: **Continue to promote and train early intervention, with consistent use of proven screening tools in all relevant settings and services, including Health Checks.**	**Jez Bayes** *Angela Andrews (DAAT)*	**2016 trained:** • Fire and Rescue / Home Fire Safety Checks IBA Follow Up Visitors; • Treliske Hospital (AUDIT-C) via Video modules and Volunteer reps; • Stonham and other Housing services; • DASV services. Fire and Rescue / Home Fire Safety Checks IBA Follow Up Visitors; **Service to be established.** Priorities • Target services not yet reached for more IBA training: • Within front line community settings outside healthcare; • Within targeted health care settings and services for specified health conditions, as guided by the alcohol related hospital admissions evidence; • Within any healthcare commissioning, in line with the 2014 framework for all nurses and allied health professionals. • Deliver ongoing support to remove any barriers to IBA delivery; • Establish IBA delivery monitoring in SLAs and recording tools if possible: • Evaluate findings from IBA delivery monitoring to target service commissioning, training and delivery, and to focus further intervention training, e.g. Motivational Interviewing; • Reassess agencies and services trained to ensure training is being used and screening is occurring.	**To be trained:** • CRC; • NPS; • Volunteers; • Social Care Services; • Health Visitors; • Midwives; • Mental Health / OutlookSW / Beme; • Pharmacy / Primary Care; • Trading Standards / PHAP; • Other requests received and banked for follow up. **Monitoring System tba:** Meet with management of trained agencies. **STP process** could fund delivery / monitoring / evaluation / targeting ?
1.02: **Target services not yet reached** for more IBA training: • Within front line community and criminal justice settings outside healthcare; • Within targeted health care settings and services for specified health conditions, as guided by the alcohol related hospital admissions evidence; • Within any healthcare commissioning, in line with the 2014 framework for all nurses and allied health professionals.			
1.03: Deliver ongoing support to **remove any barriers** to IBA delivery.			
1.04: **Evaluate findings** from IBA delivery monitoring to target service commissioning, training and delivery, and to focus further intervention training, e.g. Motivational Interviewing.			
1.05: **Reassess agencies and services trained** to ensure training is being used and screening is occurring.			

1.06: In partnership with Public Health, the Health and Wellbeing Board, and the Safer Cornwall Partnership, create **targeted and population level alcohol social marketing campaigns**, such as 'What Will Your Drink Cost?', pedestrian road safety information, and evaluate how to improve the effectiveness of such messaging.	**Jez Bayes** *Shevaughan Tolputt* *(CC Comms / PH)* *Amethyst*	**WWYDC research** **10 Action Points for consideration in updated campaign material:** **1. Positive framed posters produce a short term improvement in responsible drinking attitudes, which could reduce an amount of immediate harmful or binge drinking during a Pub or Club visit, although this is not universal as several participants had a greater willingness to consume alcohol after seeing the posters.** **2. This campaign will reduce violent tendencies in a just over a third of the participants who actually commit such acts.** **3. Participants liked the visual separation of the tear, which made them think about the consequences of alcohol related violence, but some disliked the photos used, which seemed staged and unrealistic.** **4. Images should feature people of the same age as the target audience.** **5. Images need to avoid confusion over the transition or connection of the positive top image to the negative image consequence, and conveying unintended sexist implications about relationships.** **6. Images in this campaign theme could cause distress, and so they need to be accompanied by information about how to change, or where to get support or advice. The campaign will be relatively ineffective without any guidance on how to live a healthy lifestyle, rather than just a warning to do so.** **7. The death of a victim was highlighted as the most effective deterrent of being involved in alcohol related violence.** **8. The financial cost on emergency services lowest proportion of people agreeing this would affect their levels of drinking.** **9. Effects on others was highlighted as being the most effect deterrent of alcohol use, followed by impact on self with the breakdown of a relationship being the most deterring as a consequence.** **10. Repetition and presentation of material over long periods of time using a combination of sources and methods, during different periods of exposure, as well as describing the motives of the appeal.**	
		WWYDC action tba.	Update WWYDC Autumn/Winter 2016
		Successful Festive messaging campaign delivered on social media and local media.	Christmas Drink Driving Campaign / FRS
1.07: Support, engage with, and locally deliver **national Public Health messaging and campaigns**, such as new alcohol messaging after the consultation period ends in April 2016, and the new 'One You' health messaging theme.	**Jez Bayes** *Shevaughan Tolputt* *(CC Comms / PH)*	One You launched. Cornwall Website. Use of PHIL/HPS. RCS public event/media.	National CMO messaging? PHE update: No CMO national message funding outside 'One You' UKCTAS / SPHR / Sheffield? LSHTM? Winchester Uni?
1.08: Improved alcohol advice and information for **vulnerable and hard to reach groups**, such as the disabled, hearing impaired and those with learning difficulties.	**Jez Bayes**	Advice for elderly updated.	Promoted via CC PH

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2. <u>Children, Young People, Parents and Families:</u> Education, youth, family and household interventions; Including Together for Families.	**Viv Hughes (Addac / YZUP) T4F**		
2.01: Develop **effective identification and referral pathways** and ensure **joint working** arrangements are in place between **children and family services** and specialist alcohol treatment where there are safeguarding issues and with local Together for Families provision where alcohol or drug misuse is a factor.	**Kim Hager** *Viv Hughes* *Sue Clarke* *(Addaction)*	ANA / SIMP processes.	Treatment commissioning and SIMP processes.
2.02: **Improve referral rates and early identification of drug and alcohol use in the Together for Families programme, via an agreed defined pathway and workforce development.** A protocol for this was developed three years ago but was never fully implemented with children and family services and requires revision in line with developing early help and social work offers.		T4F / ANA / SIMP processes.	Treatment commissioning and SIMP processes.
2.03: **Address the fears of parents with drug and alcohol problems** in approaching services for help at the earliest opportunity.		T4F / ANA / SIMP processes.	Treatment commissioning and SIMP processes.
2.04: Support YZUP in redeveloping the **alcohol themed educational messaging** and interventions in schools and colleges, continue to partner with Brook to deliver training about risky behaviours, and the Health Promotion Service Healthy Schools work.		In progress. *(Including YP outreach at Festivals / Events)*	**Boardmasters Welfare and Safeguarding policies and delivery.**
2.05: Continue to improve the responses to young people's alcohol presentations in A&E and alcohol related hospital admissions, in order to continue to reduce the rate of **under 18 alcohol related hospital admissions** and A&E presentations, and reduce the number of under 18 victims of alcohol related violence, in all A&Es serving Cornwall.		In progress, but lack of A&E referrals to treatment. Analysis within Frequent Attenders process.	Treatment commissioning and SIMP processes.
2.06: Continued development of the **alcohol intervention and treatment system for young people** through the Addaction Cornwall YZUP service, with coherent assessment and referral processes between substance misuse and sexual health and screening services.		ANA / SIMP processes.	Treatment commissioning and SIMP processes.
*7.01: Improve the **complex needs pathways** between alcohol and drug services, DASV, Together for Families, Social Care, Housing, Mental Health, Hospitals, CJS, including referrals via the DV Multi Agency Risk Assessment Conference (MARAC) mechanism between drug/alcohol and DASV services.*		DASV / Housing / CJS / T4F / ANA / SIMP processes.	Treatment commissioning and SIMP processes.

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3. Community Safety Schemes: Reducing the harmful impact of alcohol on Cornish streets; including Anti-Social Behaviour (ASB), and Fire and Rescue.	**Jez Bayes** **Marion barton** **Sarah Necke** *Natasha Matthews (ASB)* *Paula Wellings (Road Safety)*	Co-ordinated approach in localities, including DAAT, ASB, Localism, CSOs, Police. Truro, St Austell, and wherever needs arise. Flexible, targeted, swift responses based on local evidence.	St A Action Plan St A CIZ evidence Truro Action Plan
3.01: Continued focus on early intervention and prevention as well as increasing activity related to the Night Time Economy.		IBA section 2. ASB / HFSC Licensing Section 8. SMART Training.	**HaLO** **LAAA** **Public Health / Licensing Priority cases.**
3.02: Closely monitor violence trends to ensure that there is no escalation of risk. In particular, **ensure that the Night Time Economy continues to be managed effectively** and best practice prevails.		ANA Locality monitoring. 'Reducing The Strength' – danger of moving the problem?	**RTS consideration in targeted areas and hotspots.** **LAAA/CIZ processes (below).**
3.03: Continue to support the move to a **coherent regional commissioning and delivery approach for the Assault Related Injuries Database (ARID)**, supporting a best practice evaluation, leading to improved opportunities for analysis and application of intelligence in improving safety in licensed premises, and reducing the risk of violence.		SV evaluation. PCC funding proposal – rejected. Local funding tba.	**ARID used within LAAA Public Health Licensing cases and Cumulative Impact Zones.**
3.04: Continue to **improve the design and implementation of evaluation techniques** for community safety interventions. This should build on the initiative group adopted by the Community Safety Service which aims to ensure initiatives are evidence based and robustly evaluated and creates an interventions library of effective initiatives.		Cf. WWYDC evaluation by Plymouth Uni.	**Evaluation to be implemented in updated WWYDC 2017.**
3.05: Address **pedestrian safety when drinking alcohol**, including preventative communication.		FRS Christmas Drink Driving campaign. 'Last Walk Home' Drinkaware approached.	**Road Casualty reduction processes.** **Hotspots being identified.** **Evaluate the effectiveness of Court mandated courses**
3.06: Support local community schemes such as the Street Pastors and Streetsafe, in order to make best use of the limited resources available, provide consistent good quality training, help different		SP co-ordinated publicity and recruitment campaign tbc?	**ROC.** **SP reorganisation in Newquay.**

teams to learn best practice from each other, and continue to make visitors, residents and communities safer while reducing the load on Cornwall's emergency and enforcement services.		SP Training.	**Slack Communications system.** **Boardmasters Festival Angels approach.**
3.07: Monitor and apply any changes to legislation addressing alcohol related disorder.		Modern Crime Prevention Strategy. Police and Crime Bill. CIPs. LNLs. EMROs. GRIPs.	**Police and Crime Bill passed.** **Awaiting Governmental policy lead.**
3.08: Continue to develop **referral pathways from ASB** into YZUP for young people, and Criminal justice diversionary interventions and Addaction for adults.			**SIMP** **Positive Requirements** **CJS Diversion Ladder**
3.09: Continue to **address alcohol related anti-social behaviour offences committed by visitors to Cornwall** through the 'Follow You Home' approach, so that parents and enforcement services in other areas of the country address disorder in Cornwall as seriously as offences committed in their home area.			**Ongoing.**
3.10: Develop a two stage approach for alcohol intervention in **Home Fire Safety Checks**, based on the evidenced alcohol correlated domestic fire risk. This will involve observational conversations in the HFSC, and follow up visits for IBA using the AUDIT toolkit.		All trained and in place. HFSC revamp delayed within CST?	**Awaiting 'Living Well' initiative, to include HFSC.**
*5.02: Align the new Alcohol Strategy with the new **Domestic Abuse and Sexual Violence Strategy** (the top two Community Safety Partnership priorities), particularly in terms of attendance at Multi-Agency Risk Assessment Conferences (MARAC) by treatment providers and IBA training for Domestic Abuse services.*			

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4. Criminal Justice Interventions: Appropriate interventions to reduce alcohol related offences; including diversionary and sentencing pathways.	**Miles Topham (Police)** **Lynda Edward (Addac)**		
4.01: **Update and redevelop the ladder of Criminal Justice System Alcohol Diversionary interventions, to ensure that there is no enforcement with a diversionary intervention pathway.**	Miles Topham	MT: Working Group met to edit old interventions list. **CJS Diversion Ladder and referral pathways.**	Meet to compile updated index. **GPS due to start 01/04/17.** Currently recruiting. Training tba. Covering all PCC area custodies, to include alcohol assessment and diversion, and RJ.
4.02: Offender manager workforce development based on **specific identified training needs**, whilst reviewing the interventions available to **target problem drinking in offenders**.	Carol Baines Kerry Nasen		IBA training tbc Targeting NHS, Pharmacy, CJS, DASV, Housing, Community Safety, with a Motivational Interviewing perspective: IBA-MI.
4.03: **Improve identification, referral and engagement** into specialist services and to **identify if there are any barriers** (staff or offenders) that we need to address. This is a priority for the new offender management structure under Dorset, Devon and Cornwall Community Rehabilitation Company (CRC) but also applies to the National Probation Service (NPS).	Carol Baines Kerry Nasen		
4.04: **Gather good quality local data** (CRC and NPS) to inform our local reoffending needs assessment and inform the development of the packages required to reduce reoffending locally. Management in these services should monitor and share information about performance and outcomes.	Carol Baines Kerry Nasen	Amethyst and PCAN to address with NPS/CRC.	No current progress/capacity.
4.05: Address the needs of **offenders with complex needs** in an **integrated** way in the community, including family-based interventions, to address the "toxic trio" of domestic abuse, mental health and problem substance use.	KH / MD / LB Sue Clarke / LE Carol Baines Kerry Nasen	SIMP / Commissioning	Cf. Blue Light training development
4.06: Improve **successful completion rates** for criminal justice clients.	Lynda Edward	Improved / ongoing.	
4.07: **Monitor and apply any changes to legislation** addressing alcohol related disorder.	Jez Bayes	***See 3.07.***	
*7.01: Improve the **complex needs pathways** between alcohol and drug services, DASV, Together for Families, Social Care, Housing, Mental Health, Hospitals, CJS, including referrals via the MARAC between drug/alcohol and DASV services.*			

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5. Domestic Abuse and Sexual Violence: Good pathways between alcohol, domestic abuse and sexual violence services; including MARAC referrals and sentencing pathways.	**Laura Ball (CC / DASV)** (Twelves)		
5.01: Implement the new **joint Domestic Abuse and Sexual Violence (DASV) DAAT protocol** and greater joint working would be beneficial to identify the nature of the drug and/or alcohol use and whether treatment would aid the 50% of those identified in domestic abuse services who were not known to drug and alcohol treatment services, whilst also identifying historic DASV as a barrier to alcohol treatment.	MD / LB	**Joint DAAT DASV protocol in development.** **DASH training.** **MARAC engagement.**	**Ongoing via SIMP.**
5.02: Align the new Alcohol Strategy with the new **Domestic Abuse and Sexual Violence Strategy** (the top two Community Safety Partnership priorities), particularly in terms of attendance at Multi-Agency Risk Assessment Conferences (MARAC) by treatment providers and IBA training for Domestic Abuse services.	JB LB		
5.03: I**mprove screening and recording** in drug and alcohol and domestic abuse services to identify complex needs and enable joint working to occur.	SIMP MARAC		
5.04: Learn lessons from the national **treatment resistant drinkers** domestic abuse project, and implement locally.	ANA Blue Light Project Manual	**Multi-agency training due April onwards.**	**Blue Light Delivery to begin as training delivered.**
*7.01: Improve the **complex needs pathways** between alcohol and drug services, DASV, Together for Families, Social Care, Housing, Mental Health, Hospitals, CJS, including referrals via the MARAC between drug/alcohol and DASV services.*			

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6. Employment, Deprivation and Inclusion: Interventions to reduce alcohol related employment problems; including Social Care, Homelessness and Housing.	**Marion Barton (DAAT)** *JC+* *Mark Vinson* *DCH*	
6.01: Continue to promote **IBA in Job Centres and employment services, housing and homelessness services and debt advice services.**	**Jez Bayes**	IBA Training Next phase March 2017
6.02: Ensure the **new housing pathway for clients leaving residential services** is effective in securing accommodation on completion of a rehabilitation programme.	**Marion Barton** MB: Latest Needs Assessment shows continuing progress. **Housing Outcomes:** Positive housing outcomes on exit for alcohol clients are consistently very close to 100%; meaning that nearly every person completing alcohol treatment successfully leaves with no housing problems. The national rate in 2015/16 was 84%. Housing problems are less prevalent amongst people starting alcohol treatment than amongst those starting any kind of drug treatment. Around 1 in 10 alcohol clients present to treatment with a housing problem (3% NFA/homeless and 6% with a less acute housing problem, such as being in temporary accommodation), compared with 1 in 5 for drug clients. **Employment outcomes:** Levels of paid work being undertaken by alcohol clients in the month prior to leaving treatment successfully, are in line with the national average – with 7% in part-time work and 26% in full time work (compared with 5% and 25% respectively nationally). Employment is one of the most strongly positive factors in successful completion and then sustaining recovery	
6.03: Continue to work with our complex needs housing providers to ensure they are supported in their provision of **accommodation to clients at all stages in their recovery journey,** with a priority focus on homelessness prevention.		
6.04: Ensure the **housing pathway for Prolific and other Priority Offenders** is effective in securing accommodation for those released from prison, who would otherwise be homeless.		
6.05: Create more effective links and **referral pathways between alcohol intervention and treatment services, and employment agencies** such as Job Centres and their service providers.		
6.06: Continue to develop the Health Promotion team's Healthy Workplace **support to local employers**, in training their management and staff in identifying and responding to alcohol issues in their workforce, and putting good policies in place to address these issues without endangering employees' careers.		
6.07: Improve pathways to alcohol services for **Migrant Workers** in Cornwall by addressing GP registrations, interpreter services, agency links to employers, and access to specialist agencies.		
*7.01: Improve the **complex needs pathways** between alcohol and drug services, DASV, Together for Families, Social Care, Housing, Mental Health, Hospitals, CJS, including referrals via the MARAC between drug/alcohol and DASV services.*	SIMP HPS / LQ Pentreath	

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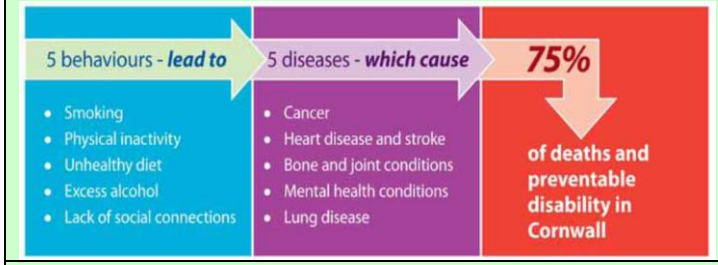
7. Health, Treatment, Aftercare and Recovery: Easy access to treatment, and effective care throughout; including hospital admissions, mental health and the treatment system.	**Kim Hager** *Sue Clarke (Addac)*	
7.01: Improve the **complex needs pathways** between alcohol and drug services, DASV, Together for Families, Social Care, Housing, Mental Health, Hospitals, CJS, including referrals via the MARAC between drug/alcohol and DASV services.	SIMP ANA / DNA	**Theme 7 Covered in Commissioning Priorities document, along with procurement/contract monitoring processes.**
7.02: Continue the development of thorough **pathways from hospitals to alcohol treatment services**, train IBA in Hospital departments, monitor and support RCHT to ensure that it is fully embedded, and continue developing the RCHT alcohol multi-disciplinary monthly meetings to analyse and care plan frequent attenders on a monthly basis.	KH ALT Stakeholders	
7.03: Projects aimed at public messages about alcohol, treatment interventions, or IBA/preventative schemes need to address the population as a whole, but **should consider catering for specific audiences, such as women and under-18s.**	ST JB	
7.04: **Monitor the balance of people in treatment for alcohol issues in Tiers 2 and 3, such that numbers don't fall below 1,400, with a maximum of 1,000 in Tier 3.**	SIMP ANA	
7.05: Work towards developing a **consistent and effective method of investigating alcohol related deaths** to inform lessons learnt and future practice, review drug related deaths where clients have been in treatment for alcohol problems only, and promote **awareness and education** around the risks of poly drug use.	SW	
7.06: **Examine the unmet need for alcohol treatment for those with mental health issues and the potential barriers to treatment, and continue to develop and implement the Dual Diagnosis strategy and action plan to aid development of joint working to improve outcomes for people affected by more than one condition.** Work with other specialist providers would help to identify if those with mental health issues in domestic abuse and drug and alcohol services are accessing treatment for their mental health condition and what joint working could occur for those with complex needs. There will be a primary focus on increasing successful completions by: • Examining and developing the treatment offer for the most complex service users, particularly those who are representations to treatment, to reduce these service users dropping out of treatment again; • Increasing engagement of those not in contact through outreach and targeted activities, particularly people with children; • Providing more information for service users about what is available. A comprehensive directory of recovery pathways published and regularly updated; • Reviewing the treatment offer for people who have been in treatment for 4 years and over to assess the recovery potential and service design for this group; • Reviewing the options for getting treatment to people who have difficulty with transport costs; • Including stages of constructive activity and volunteering from the outset of treatment; • Clarifying the mental health offer within treatment services; • Increasing the solid network of volunteer drivers and peer mentors.	Dual Diagnosis Pathway	
7.07: Support the Health and Wellbeing Board, Public Health and NHS partners in **delivering the 'Live Well' initiative:** Alcohol is one of the 5 behaviours, that lead to the 5 diseases, that cause 75% of deaths and preventable disability in Cornwall. As such, this will need the delivery of preventative and social marketing messages, and treatment and support interventions involving Addaction Cornwall:	**One You etc.**	

http://www.cornwall.gov.uk/media/10418204/Public-Health-Annual-Report-2014-FINAL-181214.pdf (PH)  	**STP process in progress:** **IBA** **Outreach** **Frequent Attenders** **Blue Light** **HFSC**
STP Three aims: 1. Improve the health and wellbeing of the local population. 2. Improve the quality of local health and care services. 3. Deliver financial stability in the local health and care system. 5 lifestyle behaviours contribute to 5 diseases which cause 75% of premature death and disability. • Smoking – Higher rate of smoking attributable admissions than national average • Diet – Over a quarter of children are overweight or obese • Alcohol – Estimated 25,000 people drink at harmful levels costing £75m a year to the health and social care system • Physical inactivity – People in the most deprived areas are twice as likely to be physically inactive than the least deprived. • Social isolation – 15% of all households in Cornwall have a person over 65 living alone. Measures of success will be: • Healthy life expectancy at birth. • Fewer pregnant women smoking. • Fewer households in fuel poverty. • Fewer overweight children aged 10 or 11. • Fewer people admitted to hospital for smoking or alcohol related conditions. The Plan recognises that major social factors are a big influence on demand – 20% of NHS costs are associated with avoidable risk factors to do with diet, physical activity, smoking and alcohol consumption, while alcohol related harm accounts for 4,060 hospital stays per year. The key health outcomes and benefit expected to be achieved from changes in this area include “Alcohol consumption is reduced and related hospital admissions are lowered.” Under a different intervention, “Prevention and self-care”, seeking to achieve “Admission avoidance for high risk groups”, it states that: “In order to reduce harm from alcohol, we could also implement an Alcohol Assertive Outreach Team as an extension to our drug and alcohol services (DAAT) to offer more intensive support.”	
LAPE: Out of 20 conclusions from the Local Alcohol Profiles for England (LAPE), these are the most important specifics to be addressed: 8: Overall **alcohol related episodes for under-40s** are rising above the national trend, with female admissions rising more sharply	**Findings to be addressed within SIMP/Commissioning and in Safer Cornwall operations and delivery.**

than male, although males account for more admissions overall. 9: **Alcohol related episodes for 40-64s overall**, for men and for women are rising above the national rate which is on a level trajectory. Males account for nearly two thirds of the admissions. 12: The broad rate for Alcohol related episodes for **mental and behavioural disorders** among women is slightly rising, higher than the national rate, which is on a level trajectory. NB: The rate for men is in line with national rates, but is roughly double that of women. 13: **Alcoholic liver disease** episodes overall, and for men and women are rising, higher than the national rate, which is on a slower rising trajectory. NB: The rate for men is roughly double that of women. 14: **Alcohol related unintentional injury episodes** overall, and for men and women are rising, higher than the national rate, which is on a slightly falling trajectory. NB: The rate for men is roughly three times that of women. 16: **Alcohol related episodes for intentional self-poisoning** overall and for men and women are falling, but are much higher than the national rate, which is also on a falling trajectory. NB: Female rates of alcohol intentional self-poisoning are higher than men. 18: In the vast majority of the alcohol related and specific hospital admission conditions, **the rate for men is at least double the rate for women**, even when the rate for women is rising at a worse rate than national trends. This suggests gradually increasing impact from a gradual change in female drinking patterns, but it also suggests than men are twice as likely to drink in such a way that it will cause health problems that require hospital treatment. 19: Cornwall's workforce, social cohesion, economy and welfare budget are detrimentally impacted by **high benefit claimants due to alcohol**. 20: Our **alcohol related RTAs** are exceptionally poor, worse than the SW, which is also performing worse than national rates.	Cornwall LAPE target Groups: Male drinking, especially the amount drunk by a proportion of men with excessively risky drinking patterns; The male drinking pattern being damagingly assumed by women; Alcohol related RTAs in Cornwall; Under-18s, whose risky drinking appears to be reducing in Cornwall, but at a slower rate than nationally; Rising rates of Alcohol related cardiovascular conditions, with especially high rates among men; Alcohol related mental and behavioural disorders, with especially high rates among men; Alcoholic liver disease, with especially high rates among men; Alcohol related unintentional injuries, with excessively high rates among men, probably caused by risky drinking, vulnerable disinhibited behaviour, and disorder.
Blue Light	**Multi-agency approach to target complex 'Treatment Resistant Drinkers'.**
RCHT Alcohol Liaison Team	**Data to be analysed to help focus Hospital and Community services and pathways on the most frequent attenders.**
Alcohol and Suicide in Cornwall: • Males: higher rate than the national average. • Rate has been increasing since 2007. • 2013: 65 deaths by suicide • Highest quantities in the 45-59 age group. • Most common methods: • 'hanging, strangulation and suffocation' by males; • 'poisoning by drugs/alcohol' by females • 24% of all suicide cases were reported to have taken alcohol at the time of death.	**Contribution to 'Towards Zero' processes and awareness raising.**

CIOS Alcohol Strategy 2016-19 ACTION PLAN Thematic Area:	Delegated Lead and other involved staff and agencies:	Summary:	Next Action:
8. Licensing, Alcohol Retail and the Night Time Economy: Promoting and supporting a safe, responsible, successful alcohol trade; including Best Bar None and bar staff training.	**Jez Bayes** *Bob Mears* *Angie McGuinn* *(CC Licensing)*		
8.01: **Continue to communicate and lobby strongly for the evidence based policy of connecting the price of alcohol to strength** (either by MUP or by through targeted taxation) in any policy debates and consultations.	JB CC PH Rachel Wigglesworth Sarah Wollaston MP Sarah Newton MP	**MUP not on current national agenda.** **Legislation doesn't support local schemes.** **Some interest in voluntary 'Reducing The Strength' type initiatives.** **Be aware of progress in Scotland, Ireland, Wales, EU, to see when Westminster might pick up this issue again.** **MPs Alcohol Briefing?** **(inc. Sarah Newton)** **https://www.gov.uk/government/people/sarah-newton** **Parliamentary Under Secretary of State for Vulnerability, Safeguarding and Countering Extremism** **Minister responsible for:** **Disclosure and Barring Service** **drugs** **alcohol** **vulnerability**	
8.02: Review and continue to **deliver the SMART training** for bar staff, in order to promote best practice and responsibility in alcohol sales.	SC JB	**Content needs reviewing.** **Incorporate HaLO.** **Delivery and funding needs reviewing, may be taken 'in-house' by Alc Strat Lead.** **Evaluation process to be instigated.**	**To be reconfigured and probably kept in house.** **Larger regional events rather than small local and premises events.**
8.03: Continue to develop **Cornwall Licensing Forum** as a series of events for dialogue and discussion about best practice, involving both trade and enforcement representatives.	JB	**tba**	**Possibly replaced by LAAA steering group.** **RA Meeting.**
8.04: Support the evolution of **Cornwall Best Bar None** to fit in with the national BII model and timetable, making changes designed to create sustainability by increasing trade commitment to the scheme through sponsorship, and by making the assessment process more efficient.	Mick McDonnell	**BII progress in Pz.** **Update needed.**	**No longer a CC priority.** **BBNUK/BII not making headway.** **HaLO and LAAA processes**

			more likely to help improve towns and NTEs.
8.05: Improve support to local schemes such as the **Street Pastors and Streetsafe**, in order to make best use of the limited resources available, provide consistent good quality training, helping different teams to learn best practice from each other, and continue to make visitors, residents and communities more safe while reducing the load on Cornwall's emergency and enforcement services.	JB Asc Trust Jon Creber	**SP recruitment campaign tba.**	**ROC** **Newquay reorganisation.** **Boeardmasters / Festival Angels.**
8.06: Increase **Public Health engagement with licensing applications** and review processes using current legislation as possible, or if relevant legislation or Licensing Objectives are updated.	JB	**HaLO process.** **LAAA2 process. (below)** **CUMULATIVE IMPACT APPROACH.** **Inc. Festival / Events???**	**Begin to present evidence with other partner RAs to learn how to use HaLO evidence to support Conditions.**
8.07: Work with the Office of the Police and Crime Commissioner to engage with **supermarket alcohol retailers**, and to encourage a national dialogue about improving alcohol legislation and enforcement.	Lisa Vango JB	**PCC Crime Plan launched.** **No PCC/ARID regional funding.**	**ARID data to be used in LAAA premises/cases approach.**
8.09: Work with the Police and Office of the Police and Crime Commissioner on **local Night Time Economy schemes and messages**, for example #RU2drunk and the nightclub breathalyzer schemes.	Lisa Vango JB	**HaLO process.** **LAAA2 process. (below)** **CUMULATIVE IMPACT APPROACH.** **Inc. Festival / Events???**	
8.10: Continue to work with Community Safety colleagues as they evaluate and refresh the **"What Will Your Drink Cost" campaign**, impacts the Night Time Economy and the wider community.	JB / ST	***See Section 1.06 above***.	
		Plymouth Uni review received (above).	Update WWYDC Autumn/Winter 2016
8.11: **Improve operational usability and impact of data gathered** through **the Assault Related Injuries Database** in Emergency Departments and Minor Injuries Units, in order to improve practice in licensed premises, making customers less vulnerable to violence and health harms.		SV compiled review and recommendations (Sept 2016) submitted top PCC Crime Plan Consultation process. **HaLO process.** **LAAA2 process. (below)** **CUMULATIVE IMPACT APPROACH.** **Consideration of including St Austell as a 5th CIZ???**	
*4.01: **Redevelop the ladder of Criminal Justice System Alcohol Diversionary interventions** that address alcohol related offences and violence in Cornwall.*	MT		

Cornwall Local Alcohol Action Area (Phase 2) 2017-2018 2 Year Plan:

Accepted into this Home Office scheme January 2017.

Cornwall LAAA2 Activity: *Page 1 of 4*	**LAAA Aim and Challenge** *(page 7)*	**Lead Role or Agency**	**Funding Needed?**	**ACTIONS: 2017 – 2018** **Q1 2017 (Jan-Mar)**	**Q2 2017 (Apr-Jun)**	**Q3 2017 (Jul-Sep)**	**Q4 2017 (Oct-Dec)**	**Q1 2018 (Jan-Mar)**	**Q2 2018 (Apr-Jun)**	**Q3 2018 (Jul-Sep)**	**Q4 2018 (Oct-Dec)**	**Initial SMART targets:**
Main Activities: **a)** Supporting LA and Police **Licensing** cases	**1 : i**	**Jez Bayes** (DAAT / PHRA)	N	Use Health based evidence to present supporting evidence in 1 case per month.				Use Health based evidence to present supporting evidence in at least 1 case per month.				**Present supporting evidence in at least 1 case per month.**
b) Developing Public Health as an active **Responsible Authority**	**1 : i**	**Jez Bayes** (DAAT / PHRA)	N			Use Health based evidence to propose Conditions or Objections in 1 case per Quarter.		Use Health based evidence to propose Conditions or Objections in at least 1 case per Quarter. ***(Link to CIZ processes)***				**Propose Conditions or Objections in at least 1 case per Quarter.**
c) Improving operational use of ARID to address **violence hotspots** and improve Licensing practice *(cf. PCC Crime Plan Funding proposal made.)*	**1 : i**	**Simon Viles** (Amethyst) **Bob Mears** (CC Licensing) **Dave Vickery** (Police Licensing)	£6,900 pa PCC / Community Safety funding	Secure Funding for 2017-18.	Meet ED and MIU teams to update.	Evidence from CC and Police staff in the form of ARID case studies. 1 case per Quarter.		Evidence from CC and Police staff in the form of ARID case studies. At least 1 case per Quarter.				**Evidence from CC and Police staff in the form of ARID case studies.** **At least 1 case per Quarter.**
d) Incorporation of **SWAST data** into HaLO dataset	**1 : i**	**James Butler** (Amethyst)	N	Identify SWAST data contact.	Agree data sharing protocol and systems.	Include Ambulance Intoxication Callout and ED data in HaLO dataset.		Include Ambulance Intoxication Callout and ED data in HaLO dataset. Identify whether supporting data, or Key Indicator for Priority Matrix.				**Include Ambulance Intoxication Callout and ED data in HaLO dataset.** **Identify whether supporting data, or Key Indicator for Priority Matrix.**

Cornwall LAAA2 Activity: *Page 2 of 4*	**LAAA Aim and Challenge** *(page 7)*	**Lead Role or Agency**	**Funding Needed?**	**ACTIONS:** 2017 – 2018 **Q1 2017 (Jan-Mar)**	**Q2 2017 (Apr-Jun)**	**Q3 2017 (Jul-Sep)**	**Q4 2017 (Oct-Dec)**	**Q1 2018 (Jan-Mar)**	**Q2 2018 (Apr-Jun)**	**Q3 2018 (Jul-Sep)**	**Q4 2018 (Oct-Dec)**	**Initial SMART targets:**
e) Better use of **drink driving and pedestrian casualty data** in Licensing and Road Safety processes	**1 : i**	**Jez Bayes** (DAAT / PHRA) **James Butler** (Amethyst) **Tamsin Ferris / Paula Wellings** (CC FRS)	N		Liaise with Court Services to discuss how to identify data to monitor impact of reduced sentence drink driving courses.			Set up project.	Access data sources, including Court outcomes, numbers referred to reduced sentence courses, reoffending rates.			**Assess whether reduced sentence drink driving courses reduce reoffending.**
					Identify alcohol related road casualty hotspot locations data source, with FRS.			Set up project.	Identify alcohol related road casualty hotspot locations. Identify whether sufficient numbers to be mapped into HaLO.			**Identify whether this can be mapped into HaLO.** **Identify whether this can guide Road Casualty Reduction Team targets.**
f) Contributing alcohol related data to **Trading Standards** and other 'Public Health and Protection' processes	**1 : i**	**Jez Bayes** (DAAT / PHRA) **James Butler** (Amethyst) **Nigel Strick** (PHAP)	N	HaLO dataset used as supporting evidence in 2 cases per Quarter.				HaLO dataset used as supporting evidence in 2 cases per Quarter.				**HaLO dataset used as supporting evidence in 2 cases per Q.**
g) **3 Health Actions:** Use of alcohol data to guide the development of **Complex Needs Pathways** for people experiencing multiple problems (mental health, domestic abuse, homelessness).	**1 : i** **2 ; i**	**Kim Hager** (DAAT) **Kim Dowsing** (CC/EHSC) **Mairead Munro** (Amethyst)	N	Measures and metrics agreed.	Implementation and workforce development programme commence (numbers of staff from which agencies).	System Optimisation Group starts (to trouble shoot system problems arising from individual cases); learning feeds into 2018-19 system improvements.		**Monitoring within the Cornwall Needs Assessment process. NA completed in Q4 (Jan-Mar 2017), then this will involve ongoing monitoring processes:** **i) Data Capture** **ii) Baselining** **iii) Quarterly Reviews** **iv) Evaluation**				**448 people with three or more problems have a single joint care plan.**

Cornwall LAAA2 Activity: *Page 3 of 4*	**LAA Aim and Challenge** *(page 7)*	**Lead Role or Agency**	**Funding Needed?**	**ACTIONS: 2017 – 2018** **Q1 2017 (Jan-Mar)**	**Q2 2017 (Apr-Jun)**	**Q3 2017 (Jul-Sep)**	**Q4 2017 (Oct-Dec)**	**Q1 2018 (Jan-Mar)**	**Q2 2018 (Apr-Jun)**	**Q3 2018 (Jul-Sep)**	**Q4 2018 (Oct-Dec)**	**Initial SMART targets:**
h) Use of data for **Alcohol Related Hospital Frequent Attender** identification and outreach	**1 : i** **2 ; i**	**Kim Hager** (DAAT) **James Butler** (Amethyst)	N		Commence identifying top 50 FAs. Min of 10 engaged per quarter; Monitored and Evaluated by Expert Group.			End of Life Care Pathway and Palliative Care pathway.		Cost service utilisation of each FA and identify cost reduction targets.		**Review top 50 FAs per Q;** **Min 10 engaged per Q;** **Nil hospital attendance by 70% of FAs.**
i) Developing a pathway for **'Treatment Resistant Drinkers'** using the 'Blue Light Project' model and learning, for **both enforcement and supportive interventions**, as relevant.	**1 : i** **2 ; i**	**Kim Hager** **Jez Bayes** (DAAT) **James Butler** (Amethyst)	***Within existing budget.***		Multi agency sign up; Joint Training prog.	Pathway agreed; Delivery programme started.		**All dependent drinkers scoring 40 + AUDIT in ASB, criminal justice and social care settings and unwilling to engage in treatment will be subject to the Blue light multi agency approach.** Monitored and Evaluated by Needs Assessment Expert group.				**Monitored and Evaluated by Needs Assessment Expert group.**
Secondary impacts: **a)** Improved targeting and co-ordination with Street Pastors and other local outreach services.	**1 : ii**	**Jez Bayes** (DAAT)	N	Use of HaLO data to help local NTE services identify correct patrol locations.				Use of HaLO data to help local NTE services identify correct patrol locations.				**Reduction in ASB and Violence in identified locations.**
b) ASB / Enforcement and Positive Requirements	**1 : ii** **2 ; i**	**Natasha Matthews** (ASB team)	N	Use of HaLO data to identify and understand ASB Hotspots, generating 6 cases per Quarter referred from ASB to Addaction.				Review use of HaLO data to identify and understand ASB Hotspots, generating 6 cases per Quarter referred from ASB to Addaction.				**6 cases per Q referred from ASB to Addaction.**
c) *Late Night Levy Processes tbc.*	**1 : ii**	**Jez Bayes** (DAAT) *	***Awaiting Legislation***	*[If new legislation due to be passed this Autumn in the Police and Crime Bill improves the flexibility of the 'Late Night Levy', we will work with partners to assess its application in towns in Cornwall, with the support of the PCC. This could apply to major towns and CIZ areas.] * Tbc:* **Process under auspices of Malcolm Brown** (Licensing Act Committee) and **Mark Andrews** (CC Legal).								***If legislation is applicable, LNL process addressed in 4 CIZs.***
CIZs currently with Safe Spaces: 1: Truro (Y) 2: Falmouth (Y) 3: Newquay (Streetsafe Centre) 4: Penzance (Y) **Other Hotspots:** Camborne (N), St Austell (N).	**1 : iii**	**Jez Bayes** (DAAT) **Miles Topham** (Police) **CSOs** (CC / CST)	N	Use of HaLO data to help local NTE services identify correct patrol locations. Assess staffing/training for existing Safe Spaces.		Establish system to capture activity and intervention data from Safe Spaces.		Use of HaLO data to help local NTE services identify correct patrol locations.				**Capture activity & intervention data.** **Reduction in ASB and Violence in identified locations.**

Cornwall LAAA2 Activity: *Page 4 of 4*	**LAAA Aim and Challenge** *(page 7)*	**Lead Role or Agency**	**Funding Needed?**	**ACTIONS: 2017 – 2018** **Q1 2017 (Jan-Mar)**	**Q2 2017 (Apr-Jun)**	**Q3 2017 (Jul-Sep)**	**Q4 2017 (Oct-Dec)**	**Q1 2018 (Jan-Mar)**	**Q2 2018 (Apr-Jun)**	**Q3 2018 (Jul-Sep)**	**Q4 2018 (Oct-Dec)**	**Initial SMART targets:**
Responsible Licensed Trade Schemes: **a)** SMART Training update, incorporating new CMO Alcohol Guidelines, HaLO dataset, and Addaction intervention training as developed with Penzance Pubwatch Scheme;	**1 : i/ii/iv**	**Jez Bayes** (DAAT) **Lynda Edwards** (Addaction)	***£2,000 pa at present.*** *Delivery reviewed & updated.*	Redesign SMART training content into a Half Day Conf.	Deliver 1 SMART Conference per Quarter *(NB: SMART = 'Substance Misuse and Alcohol Retail Training' for Bar Staff.)*			Deliver 1 SMART Conference per Quarter				**Deliver 1 SMART Conference per Quarter** **Minimum 12 premises per Conference.**
b) CAPs? **c)** 'Reducing The Strength' Off Trade Approaches?	**1 : iv**	**Jez Bayes** (DAAT)	N	Use of HaLO evidence to consider CAP and RTS in CIZs and Hotspot areas.				Use of HaLO evidence to review CAP and RTS in CIZs and Hotspot areas.				**CAP and RTS considered in CIZs and Hotspot areas.**
HaLO data will be used in the annual review of Cornwall's CIZs in early 2017: **a)** Truro **b)** Falmouth **c)** Newquay **d)** Penzance	**1/3 : i/ii**	**Jez Bayes** (DAAT) **Malcolm Brown** (Licensing Act Committee) **Mark Andrews** (CC Legal)	N	HaLO data evidence to be incorporated into annual CIZ Review processes for all 4 CIZs, early 2017.				HaLO data evidence to be incorporated into annual CIZ Review processes for all 4 CIZs, early 2017.				**Conditions based on Health evidence in all CIZs.** ***Conditions used in Licensing cases (as above).***
Assessing the current makeup of the NTE in the 4 CIZs, in order to guide Licensing decisions and priorities towards a balance that reduces the likelihood of disorder and injury.	**3 : i/ii**	**Jez Bayes** (DAAT) **James Butler** (Amethyst)	N	Survey/map the evening/NTE offer in the 4 CIZs, to assess types of businesses. Map against crime types and ED attendance. Analyse survey outcomes.		Demonstrate results to Licensing Act Committee, and agree implications.		Apply survey implications to CIZ reviews, suggesting types of premises already over-represented, and preferred types.	Apply survey implications within CIZ reviews to actual applications and reviews.			**Crime/Health input into NTE balance in CIZs.** ***Conditions used in Licensing cases (as above).***