Sensible and Safe Drinking in the Bay

Alcohol Strategy for Torbay 2016-2020

TORBAY Health & Wellbeing BOARD

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- 'Theme 1: Alcohol Control' and 'Theme 2: Reduction in Alcohol-related crime, disorder and impact on communities' were written by Fran Hughes and Steve Cox.
- Theme 3: Protection of Children & Young People from Harm' was authored by Jude Pinder, Jacqui Jensen and Sue Mathews.
- 'Theme 4: Prevention of alcohol-related harm in adults' was written by Bruce Bell.

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Executive Summary

1.1 Need for a local alcohol strategic plan

In March 2012, the Government published its Alcohol Strategy[1] which stated its intent to reshape the approach to alcohol and reduce the number of people drinking to excess. The outcomes being sought are:

- A change in behaviour so that people think it is not acceptable to drink in ways that could cause harm to themselves or others.
- A reduction in the amount of alcohol-fuelled violent crime.
- A reduction in the number of adults drinking above the NHS guidelines,
- A reduction in the number of people "binge drinking".
- A reduction in the number of alcohol-related deaths.
- A sustained reduction in both the numbers of 11-15 year olds drinking alcohol and the amounts consumed.

This is consistent with the previous national strategies which have a long-term goal of reducing harms with alcohol.

Torbay's alcohol strategy acknowledges the resources that Torbay has in place as well as the key challenges it faces. This strategy has been developed to ensure that Torbay's response to alcohol-related harms is both relevant to local circumstances and in accordance with the national strategic aims.

1.2 Aim and key themes

The overarching aim of this strategy is to minimise the health harms, violence and antisocial behaviour associated with alcohol while ensuring people are able to enjoy alcohol responsibly and safely.

The priorities and associated actions for Torbay for 2016-20 are:

Theme 1: Alcohol Control

- The enforcement and coordination of existing laws and powers.
- Promoting a safe and vibrant night time economy that actively promotes sensible drinking.
- Developing partnership solutions with the commercial alcohol sector to alcohol control issues.
- Increasing the diversification of alcohol-selling outlets.

Theme 2: Reduction in Alcohol-related crime, disorder and impact on communities

- Reduction in alcohol related violent crime, including domestic violence.
- Reduction in alcohol-related anti-social behaviour.
- Further developing the partnership approach to the effective management of the

[1] Home Office (2012) The Government's Alcohol Strategy. The Stationery Office: London

Night-Time Economy with the commercial sector of Torquay Harbourside to promote a safe environment.

Theme 3: Protection of Children & Young People from Harm

- Raising awareness of risks to the unborn child arising from maternal alcohol consumption.
- Reduction in the harm caused to children in families with alcohol problems.
- Reduction in alcohol-related harms amongst young people.
- Reducing risk-taking behaviours whilst using alcohol and the outcomes associated with this.

Theme 4: Prevention of alcohol-related harm in adults

- Reduction in the levels of chronic and acute ill-health caused by alcohol, resulting in fewer alcohol-related presentations and admissions to hospital.
- Reduction in alcohol consumption amongst 'increasing risk' drinkers by supporting people to make healthy choices.
- Improving support for those groups most at risk of causing or experiencing alcohol-related harm.
- Reducing inequalities of alcohol-related harm in adults.

The principles underpinning delivery are:

- To build a strong, shared partnership response that will reduce alcohol-related harms.
- Changing attitudes towards alcohol amongst adults and young people to promote safer drinking behaviours.
- To provide proportionate support to meet identified individual need.
- To provide support for children, young people and parents in need.
- To engage recovery communities and people in recovery.

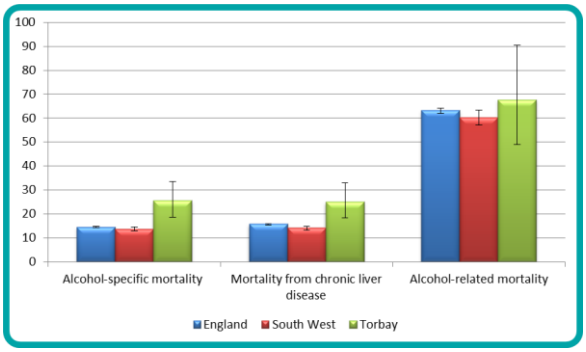
2 Introduction

"In moderation, alcohol consumption can have a positive impact on adults' wellbeing, especially where this encourages sociability. Well-run community pubs and other businesses form a key part of the fabric of neighbourhoods, providing employment and social venues in our local communities. And a profitable alcohol industry enhances the UK economy. The majority of people who drink do so in an entirely responsible way, but too many people still drink alcohol to excess. The effects of such excess – on crime and health; and on communities, children and young people – are clear." (Government's Alcohol Strategy, 2012; p3)

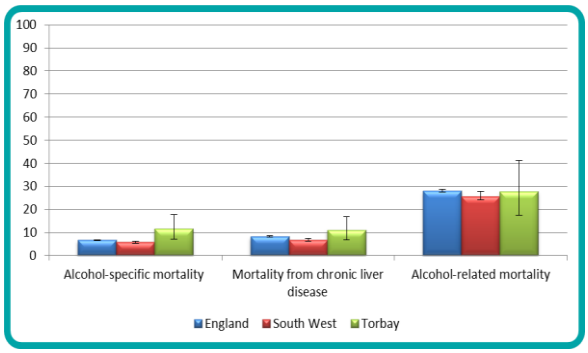
This resonates in Torbay where having a drink is one of the things that is not only something that residents enjoy but is also visitors to the area. Alcohol plays an important part in the economy of the area, and is part of the tourist and leisure offer of the Bay.

When consumed responsibly, alcohol can positively contribute to people's health and wellbeing but alcohol can also be a cause of ill-health and social problems as well. For people who drink too much, too often – or both – there is increasing risk of health problems such as cancer or heart disease as well as risk of developing a dependency upon alcohol. Compared to the England and regional averages, Torbay has a higher than average alcohol-specific mortality rate for both males and females as shown in the graphs below.[2]

Directly standardised rate per 100,000 population mortality from Alcohol 2012/13 (Male)



Directly standardised rate per 100,000 population mortality from Alcohol 2012/13 (Female)

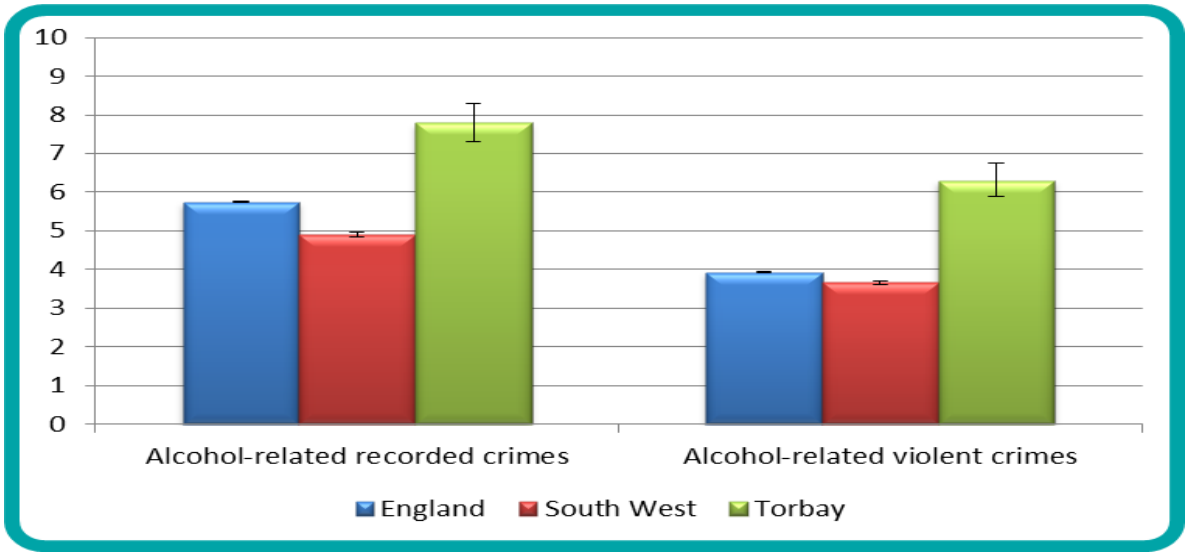


Source: LAPE, 2014

Similarly, when considering both general alcohol-related crime, Torbay's rate (as seen in the graph below) is higher than both the England and Regional average for both alcohol-related crime and alcohol-related violent crime.

[2] Public Health England, (2014) Local Alcohol Profiles for England: Torbay (LAPE)

Alcohol-related crime, crude rate per 1,000 population (persons) 2012/13



Source: LAPE, 2014

When considering a strategic approach to alcohol it is about getting the right balance between the benefits and the harms that our communities experience around alcohol use. To this end, this strategy sets out the extent and nature of alcohol-related harms experienced by individuals, families and communities in Torbay and how Torbay's Health & Wellbeing Board intends to promote safe and responsible drinking.

This local strategic plan outlines how Torbay is seeking to promote a positive and safe drinking experience for people, whilst addressing the harmful consequences of drinking to excess.

3 Drinking Patterns

3.1 At risk drinking

Units are a way of helping people to understand how much alcohol there is in different types of drinks

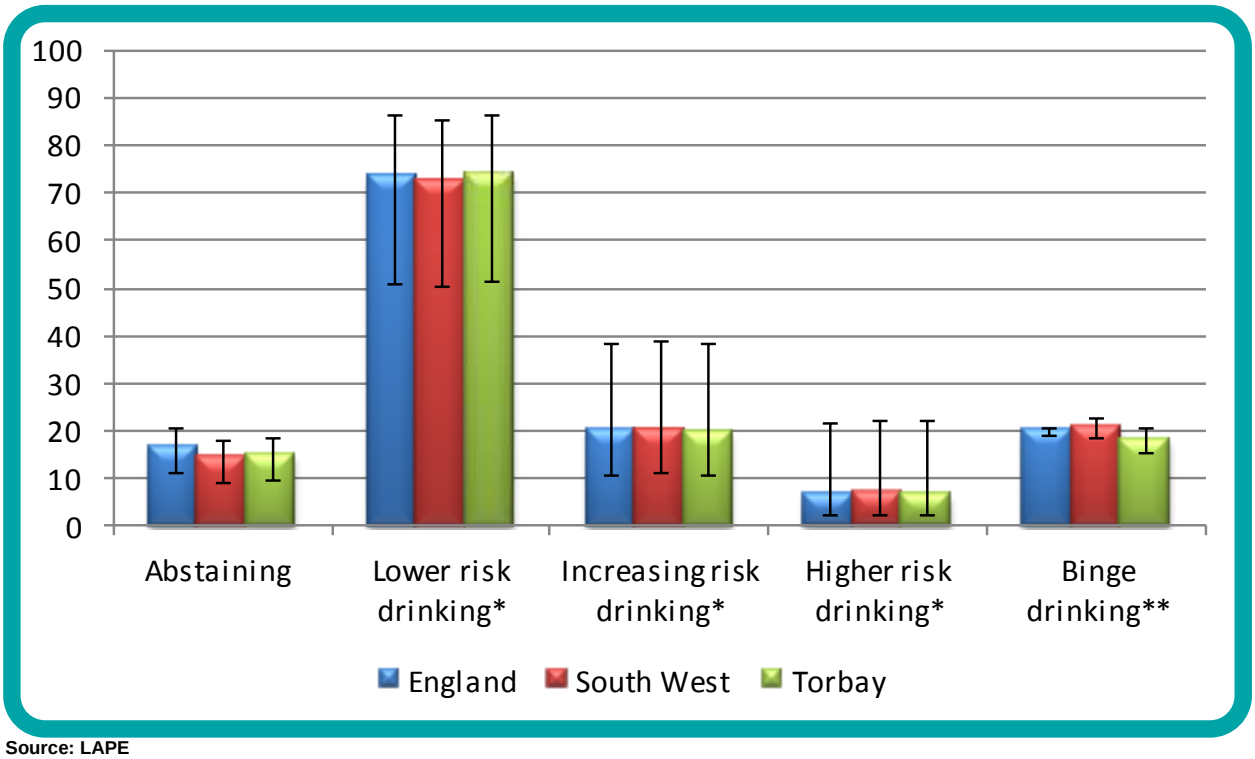
Drinking patterns are classified as[3]:

- **Abstinence:** When 0 units of alcohol are drunk by an individual.
- **Lower risk:** When alcohol consumption is in accordance with the recommended alcohol guidelines. This is sometimes referred to as 'sensible' or 'responsible' drinking and is (at the time of writing) defined for men as regularly drinking no more than 3 to 4 units per day and for women as regularly drinking no more than 2 to 3 units per day. Weekly limits are set as no more than 21 units per week for a man and 14 units per week for a woman.
- **Increasing risk (or hazardous drinking):** This is a pattern of alcohol consumption that is associated with increasing someone's risk of harm as a risk of their drinking. This increasing risk of harm for men is regularly drink over 3 to 4 units per day and for women, regularly drinking more than 2 to 3 units per day.
- **Higher risk (or harmful drinking):** this is a pattern of alcohol consumption that causes mental or physical damage. For men this is regularly drinking more than 8 units per day or over 50 units per week and for women it is regularly drinking over 6 units per day and over 35 units per week.
- **Binge drinking:** This is drinking heavily in a short space of time to either get drunk or in order to feel the effects of alcohol. The formal definition is drinking more than double the daily recommended units of alcohol in a single session. For men this equates to consuming eight or more units in a session, while for women this would be six units.

As can be seen in the graph below, it is estimated that the drinking patterns of Torbay's population is similar to the regional and national averages:

[3] North West Public Health Observatory (2011) Topography of Drinking Behaviours in England: synthetic estimates of numbers and proportions of abstainers, lower risk, increasing risk and higher risk drinkers in local authorities in England (August). Liverpool: Centre for Public Health

2009 synthetic estimate for alcohol consumption, persons aged 16 and over



Source: LAPE
* not including abstainers
** binge drinking estimates are for 2007-2008

3.2 Crime

Alcohol-related crime data (as seen in the table below) shows that all the indicators of recorded crime, violent and sexual offences are comparable to the England average.

Local alcohol profile Torbay - Crime (crude rate per 1,000)

	Indicator	Time period*	Torbay value	National Value	Torbay Trend Chart
○	Alcohol related recorded crimes	2012/13	7.8	5.7	
○	Alcohol related violent crimes	2012/13	6.3	3.9	
○	Alcohol related sexual offences	2012/13	0.2	0.1	

Key Symbols

● Significantly Better ● No Significance ● Significantly Worse

* Most current time frame **Note: Trend Guide consists of 5 years worth of available data**

Source: LAPE, 2014

The trend for all these metrics is increasing.

3.3 Summary

The overall picture for Torbay, therefore, is that while the patterns of consumption of alcohol within Torbay are comparable to the national average, the health harms for all measures are significantly worse. While there are some encouraging trends seen over time within Torbay, particularly for females, more progress is required if Torbay's profile is to be significantly better than the national benchmark.

For reported crime, it can be seen that Torbay is not significantly different to the national average but the upward trajectory of alcohol-related crimes that are recorded for all the measures is one that needs to be addressed.

4 Key areas of work

In recognition of alcohol being a cross-cutting issue that affects many aspects of the community and many of the organisations and services that support the people of Torbay. The strategic implementation plan is divided into four themes, to reflect the diverse nature of alcohol related harm and the varied responses needed to address it.

Much has already been done to reduce alcohol-related harm in Torbay and this strategic plan builds upon the work that was done under the previous alcohol strategy. The focus of this plan is on those key areas that requires further development.

The overarching strategic aim is to minimise the health harms, violence and antisocial behaviour associated with alcohol while ensuring people are able to enjoy alcohol responsibly and safely.

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Theme 2: Reduction in alcohol related crime, disorder and impact on communities

- Reduction in alcohol related violent crime, including domestic abuse and sexual violence.
- Reduction in alcohol-related anti-social behaviour.
- Further developing the partnership approach to the effective management of the Night-Time Economy with the commercial sector of Torquay Harbourside to promote a safe environment.

Theme 3: Protection of Children & Young People from Harm

- Raising awareness of risks to the unborn child arising from maternal alcohol consumption.
- Reduction in the harm caused to children in families with alcohol problems.
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Theme 4: Prevention of alcohol related harm in adults

- Reduction in the levels of chronic and acute ill-health caused by alcohol, resulting in fewer alcohol-related presentations and admissions to hospital.
- Reduction in alcohol consumption amongst ‘increasing risk’ drinkers by supporting people to make healthy choices.
- Improving support for those groups most at risk of causing or experiencing alcohol-related harm.
- Reducing inequalities of alcohol-related harm in adults.

4.1 Theme 1: Alcohol control

Theme Lead: Torbay Licensing

Current Profile & Considerations

Public Health England data[4] shows that there are slightly fewer than 700 premises that are licensed to serve alcohol in Torbay. This equates to one licensed premises for every 133 adults.
There are over 130 premises with 24-hour alcohol licences, although most of these are hotels and residential accommodation that have licences for the benefits of their guests.

Torbay Council is designated as a "Licensing Authority" for the purposes of the Licensing Act 2003, which governs the sale and supply of alcohol. Torbay Council's jurisdiction includes the three towns of Torquay, Paignton and Brixham. The highest concentration of premises licensed to serve alcohol is the Harbourside and Town Centre in Torquay. This area has a "Cumulative Impact Area" status which aims to restrict the number of premises in this area that would add to crime and disorder.

There are two types of licences, a Premises Licence and a Club Premises Certificate. Premises Licences can be for on premises sales, i.e. a pub or for off sales, i.e. an Off-Licence but pubs can do both. Club Premises Certificates are bona fide members clubs where alcohol is supplied to their members and their guests.

The licensing procedures for alcohol are based upon a detailed and statutorily prescribed process, covered within the Licensing Act 2003 and its Regulations. An application must be made on a prescribed form and in a prescribed way so that all those who want to make a 'representation' on the application are able to do so. These include The Police, The Council's relevant functions, such as those who investigate noise complaints, Trading Standards, Child Protection etc., as well as the Fire Authority. If no representations are made then the application must be granted in law. If representations are made, then the decision is referred to a hearing of the Licensing Committee.

The underlying principles are the four licensing objectives, and every decision and consideration is based around these four licensing objectives. These are:

- The Prevention of Crime and Disorder.
- The Prevention of Public Nuisance.
- Public Safety.
- The Protection of Children from Harm.

The number of licensed premises in Torbay varies each year as licences are granted and surrendered. The licence is for the life time of the premises and is not renewed, though there is an annual fee. As on the 1st April 2014, Torbay Council had 679 Premises Licences for the sale of alcohol, of which 133 were off-sales only. Premises Licences are required by every business that sells alcohol to the general public. In addition there are 53 Social Clubs, where the sale is for their members only. These are required to have a Club Premises Certificate, but this does not allow general public events to take place at the venue. Though the total figure varies it is usually by plus or minus 20.

[4] Public Health England (2014) Local Authority Liver Disease Profiles: Torbay. **http://fingertips.phe.org.uk/profile/liver-disease**

The management of each premises to which a licence or certificate applies, is by way of conditions. Some of these are mandatory, such as the way alcohol can be sold or the fact they must supply free drinking water. Others are added by the applicant in the application form, or by the suggestion of the Police or other body by way of the agreement of the applicant or if not potentially via Licensing Committee hearing. These conditions are enforced by The Police or by Torbay Council's licensing team.

In 2013-14 Torbay Council also accepted 288 Temporary Event Notices, which are used by existing businesses to sell alcohol or have music later than their current licensed hours or by those running small events as one offs. These limit the number that attends such an event.

The control of alcohol needs to be a partnership approach across all of the statutory agencies, not just the licensing authority. In order for this to be effective each partner needs sufficient resources dedicated to the alcohol agenda. With reducing resources across the public sector the ability of partners to achieve this consistently are limited.

Current Responses

The key evidence-based and best practice responses that are currently being delivered in Torbay regulate access to alcohol in accordance with legislation are:

Primary Prevention	Consultation with range of bodies and the public to raise concerns and where appropriate inform committee decision-making for applications for the sale of alcohol in accordance with the Licensing Act 2003.
	A minimum of two licensing forums per annum.
	Mandatory training for individuals with a 'personal licence' to sell alcohol.
	Underage sales policy for premises with an alcohol licence is mandatory.
	Alcohol licence holder responsibility for server training and compliance with conditions.
	Licensing Act 2003 compliance surveillance supported by intelligence led inspections by the Licensing Team.
	All door staff qualified through the Security Industry Authority.
	Public health involvement in the review of licensing applications and requests for variation of licence.
Secondary Prevention	Intelligence led visits to targeted problem premises by Police, Licensing Team and Fire Service.
	Intelligence and risk-based targeting of licensed premises selling alcohol to underage individuals and proxy-sales to minors.
	Alco-Stop designated areas across Torbay allow the Police to prohibit 'street drinking'.
	Planning for the Torquay Harbourside area includes consideration of alcohol-harms associated with the night time economy.
	Trading standards monitoring of illegal alcohol through use of national/local intelligence and routine inspections.
	Proactive and intelligence led initiatives to address non-compliance of alcohol licence conditions.
	Intelligence and risk-led responses to sales to people who are intoxicated.
	Intelligence and risk-led responses to sales to production and sale of illegal alcohol.

Tertiary Prevention	Targeted Police and Licensing Team initiatives on premises that cause concern.
	Licence reviews undertaken when there is evidence that other approaches have failed to ensure compliance.
	Information sharing with licensed premises regarding individuals who have received a 'banning order' due to an alcohol-related offence(s).

Areas for Development

The areas for development for 2016-2020 are summarised below. The assumption for these developments is that the current responses are also maintained for the duration of the implementation plan.

	Area for Development	Evidence informing action
Primary Prevention	Further reduce under-age purchase of alcohol through use of false Identification (ID.)	Young people with access to false I.D. are at a particularly high risk of reporting hazardous alcohol consumption patterns and related harm[5].
	Develop stronger partnership relationships with licensees to promote proportionate and effective alcohol control measures.	Partnership working and shared best practise contribute to a better managed night-time economy[67].
	Deliver consistent, coherent and co-ordinated communication regarding alcohol control.	Effective partnership working can improve the impact on the community's health[8].
Secondary Prevention	Explore impact locally of reduce availability of high-strength, low-cost alcohol, responding if an issue.	People who drink alcohol at the highest risk levels prefer cheap drinks[9].
	Review of use of hospital assault-related database (ARID) to ensure strategic and tactical use if optimal.	Evidence based partnership approaches can target resources most effectively[10].
	Develop strong partnership relationships with the Enforcement Agencies.	Partnership working and shared best practise contribute to a better managed night-time economy[1112].

[5] Morleo, M et al (2010) use of fake identification to purchase alcohol amongst 15-16 year olds: a cross-sectional survey examining alcohol access, consumption and harm. Substance Abuse Treatment, Prevention and Policy 2010, 5:12.
[6] Knight V (2012) Engaging with the Night Time Economy Community Report: Finding ways to enhance violence reduction across Leicester City.
[7] Kolvin P Licensed Premises: Law and Practice. 2004 Tottel
[8] Roassos S.T. & Fawcett, S.B. (2002) A review of Collaborative Partnerships as a Strategy for improving community health. Annual Review of Public Health vol.21:369-402.
[9] NICE PH24. Black H. Gill J. Chick J. (2010) the price of a drink: levels of consumption and price paid per unit of alcohol by Edinburgh's ill drinkers with a comparison to wider alcohol sales in Scotland. Addiction 106: 729-36.
[10] Kolvin P Licensed Premises: Law and Practice. 2004 Tottel
[11] Kolvin P Licensed Premises: Law and Practice. 2004 Tottel
[12] Knight V (2012) Engaging with the Night Time Economy Community Report: Finding ways to enhance violence reduction across Leicester City.

4.2 Theme 2: Reduction in alcohol related crime, disorder and impact on communities

Theme Lead: Torbay Safer Communities

Current Profile & Considerations

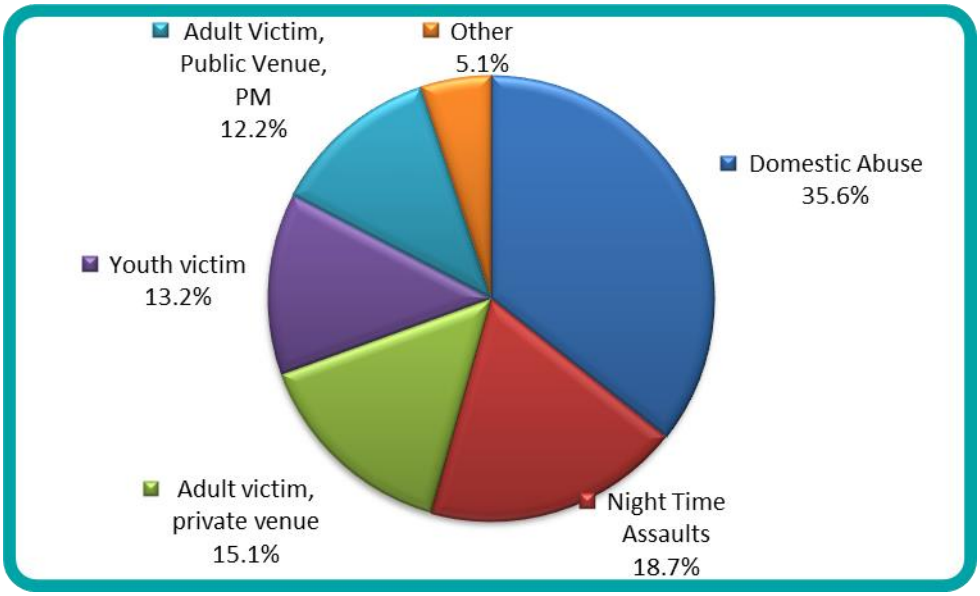
Alcohol consumption, particularly heavy episodic drinking, increases both the risk of perpetrating and being the victim of violence. Alcohol is a problem that extends across a number of community safety areas such as domestic abuse, reoffending and anti-social behaviour (ASB).

Indicator	2009/10	2010/11	2011/12	2012/13
Violence Against the Person	1863	1865	2075	2234
Assault with Injury	1123	1105	1220	1188
Assault with no Injury	740	760	855	1046
Alcohol related hospital admissions	1986	2141	2169	n/a
Night Time Assaults	n/a	n/a	414	468

A change in the recording classifications of violence has shown an increase in Torbay in recent years which is attributable to the new classifications around recording violence without injury. Analysis of the data shows that violence with injury has remained at a relatively consistent level.

Analysis of violence was undertaken recently (of 2011/12 data) to find out more about its characteristics as there has been an increase in violence without injury offences (these are usually common assault offences). In the past the main types of assault had been identified as domestic abuse and night time assaults, which together account for more than half of all assaults, but there was less understanding about other assaults. Three further categories were identified during analysis and results are shown in chart below.

Classifications of violence in Torbay 2013/14



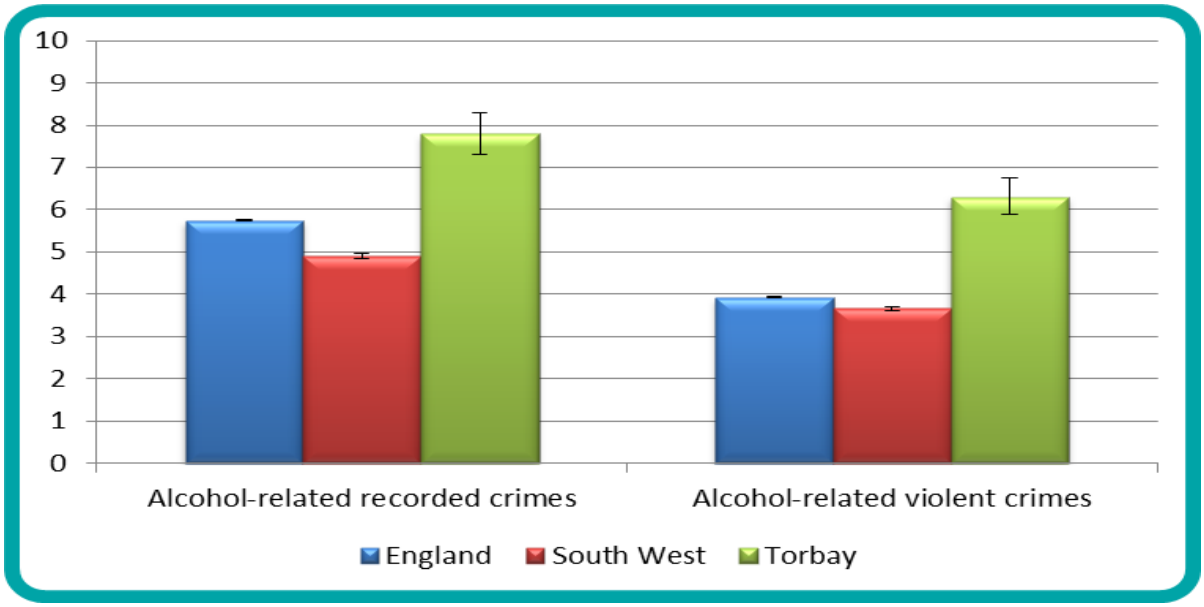
Source: Police Data (Devon and Cornwall Police)

Nationally it is estimated that 39% of domestic abuse incidents are actually reported to the police, with a third of victims experiencing more than one incident of domestic abuse. Within the Devon and Cornwall Constabulary area Torbay has the highest rate, alongside Plymouth, of recorded domestic abuse and

sexual violence. Previous analysis in Torbay has found that alcohol was a factor in approximately 60% of domestic abuse incidents.

Previous analysis in Torbay has found that alcohol was a factor in approximately 50% of assaults. Torbay has monitored night time assaults for a number of years and these typically account for approximately 1 in 5 assaults. Latest figures indicate that this remains the case.

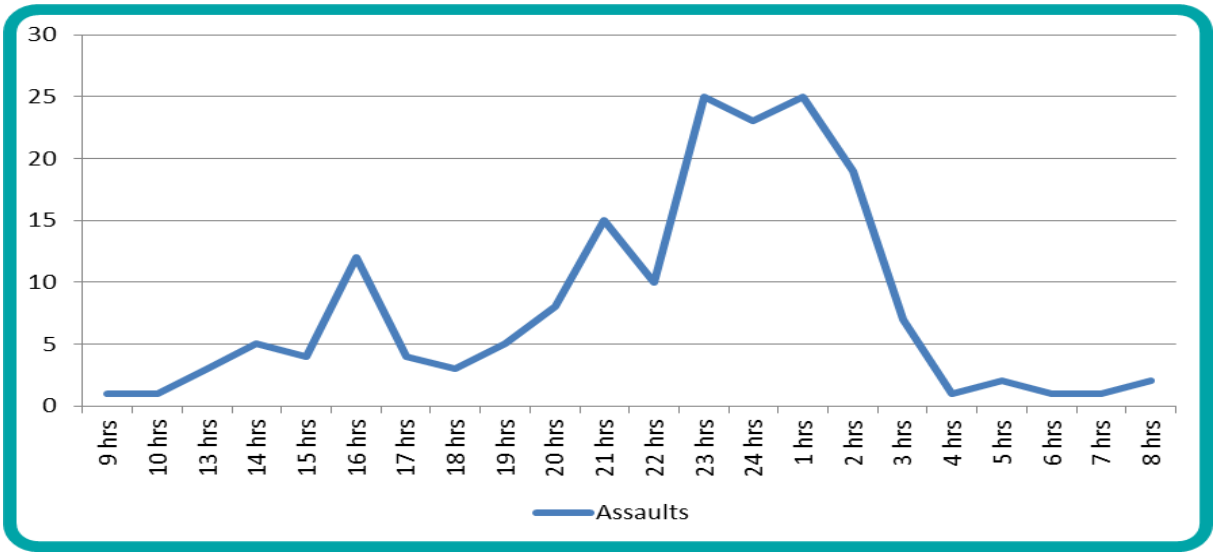
Alcohol-related crime, crude rate per 1,000 population (persons) 2012/13



Source: LAPE, 2014

Data from Torbay Hospital Accident & Emergency Department indicates that peak time for assaults occur in Torbay between 10pm and 4am with 74% of all assaults that lead to a hospital presentations taking place during this time. 75% of these assault victims have been drinking.

Alcohol-related assaults in Torbay 2013/14



Source: ARID

In terms of assaults where victim ended up in A&E, victims were mainly younger, male and white and alcohol was usually a factor. A third of victims were aged 18-24 with just under half (49%) aged under 30. In 40% of cases the assailant was a stranger and in 34% of cases it was an acquaintance. In 19% of cases it was a partner/ex-partner or family member.

For night time assaults victims were mainly male, 80%, and younger with 45% in the 18-24 age range and just about two out of 3 (65%) of victims under 30 years.

In terms of all assaults, excluding domestic abuse, over a quarter (27%) of victims were aged 18-24 and in total, 60% of victims were aged under 30, 12% of victims were 50 or over. Two thirds (66%) of victims were male Alcohol related hospital admissions increase with age and peak in the 40-54 age range.

Night Time Assaults mainly took place in town centres where there is a higher density of pubs and clubs. The main hotspot was the Harbourside area in Torquay which is split between the Torquay Town Centre and Wellswood neighbourhoods. These neighbourhoods accounted for 44% of night time assaults. The centre of Paignton accounted for 20% of assaults and the centre of Brixham for 5% of assaults. The 5 neighbourhoods covering these areas accounted for more than 3 out of 4 night time assaults.

Looking at assaults more widely, excluding domestic abuse, Torquay Town Centre and Roundham with Hyde together accounted for just under a third of assaults. Adding Torre and Upton and Wellswood, these 4 areas accounted for half of all assaults in Torbay.

Torbay Hospital regarding presentations at A&E due to assault indicates that half of assaults take place on the street, with 15% taking place in a pub/club. 71% of assaults occurin Torquay, with 22% in Paignton.

Current Responses

The core evidence-based and best practice responses that are currently being delivered in Torbay to reduce alcohol-related crime and anti-social behaviour are:

Primary Prevention	Use of licensing conditions that are tailored to suit premises e.g. use of trained door staff, safer glassware and to promote a safe drinking environment.
	Purple Flag status for Torbay NTE.
	High visibility policing in the Torquay NTE.
	Taxi Marshalls operate in the Torquay NTE every weekend and bank holiday.
	Street Pastors present in the Torquay Harbourside and Paignton Town NTE 52 weekends per annum between 9pm and 4am.
	Assault Related Injuries Database (ARID) is embedded within the Torbay Hospital A&E department. This anonymised data is shared with key partners and is used to inform licensing decision-making as well as police and safer communities tasking responses.
	Targeted campaigns to promote safe and sensible drinking behaviours.
Secondary Prevention	Police and Torbay Council collaborative working with licensees to reduce alcohol-related disorder and crime.
	Intelligence led visits to targeted problem premises by Police, Licensing Team and Fire Service.
	There is a ‘cumulative impact’ policy in place in the central area of Torquay, based upon crime and disorder evidence. This places a presumption of refusal of new and variation applications.
	Alco-stop zones established.
	Nite Net and CCTV.
	Use ARID data to enhance intelligence and response to alcohol related

	assaults. Used both within Joint Agency meetings.
	Offender alcohol screening, assessment and response by probation services.
	Targeted enforcement on seasonal drink driving.
	Police Officers in Torbay receive specific licensing training appropriate to their role.
	Use of dispersal orders in place in Torquay Town Centre each weekend and bank holiday in accordance with the Anti-social Behaviour, Crime and Policing Act 2014.
Tertiary Prevention	Multi-agency tasking response to alcohol-related crime and anti-social behaviour.
	Police use of Criminal Behaviour Orders to target priority alcohol-related offending.
	Court imposed Alcohol Specified Activity Requirements (ASAR) and Alcohol Treatment Requirements (ATR) with alcohol treatment pathways are in place.

Areas for Development

The areas for development for 2016-2020 are summarised below. The assumption for these developments is that the current responses are also maintained for the duration of the implementation plan.

	Area for Development	Evidence informing action
Primary Prevention	Securing continued commitment to the Purple Flag programme from all agencies.	Purple Flag is the national "gold standard" for entertainment and hospitality zones at night in the UK.
	Zero cost for the regulatory regime of licensing through full recovery costs for the alcohol agenda.	The regulatory regime is mandated at cost recovery[13].
	Development of partnership approaches with the commercial and voluntary sectors to promote a safe NTE.	Partnership working and shared best practice contribute to a better managed night time economy.
Secondary Prevention	Breaking the link between alcohol, domestic abuse and sexual violence.	There is a strong link between alcohol, domestic abuse, violence and sexual assault[14].
	Increase the numbers people receiving an Identification and Brief Advice intervention by Street Wardens.	Brief advice is effective when the individual views the 'time is right'[15]. Opportunity increases with the scope of screening settings.
Tertiary Prevention	Broaden the range of initiatives to reduce 'repeat' behaviours of concern within the NTE.	

[13] Licensing Act 2003.
[14] Institute of Alcohol Studies (2014) Alcohol, Domestic Abuse and Sexual Assault. September 2014.
[15] NICE (2010) PH24: Alcohol-use disorders: preventing harmful drinking. Issued: June.

4.3 Theme 3: Protection of children & young people from harm

Theme Lead: Children Social Care

Current Profile & Considerations

The consideration of the impact of alcohol use and its associated harms on Children and Young People can be broadly considered across three areas:

- Young people's use of alcohol;
- Young people seeking support for their use of alcohol; and
- The impact of parental/carer substance misuse on children & young people;

Young People's use of alcohol

The exact prevalence of alcohol misuse amongst children and young people is difficult to establish both at a local and national level. This is partly due to the hidden nature of such use and also due to the lack of early identification of alcohol misuse in universal and, to a lesser extent, targeted services.

By delaying the age at which young people start drinking, they are less likely to engage in health risk behaviours[16] and to later become dependent on alcohol[17]. The Government's Chief Medical Officer recommends that no one aged 15 years old or under should drink alcohol.[18] Children who express behavioural problems, have a psychiatric diagnosis or who are depressed or anxious may be more likely to use alcohol, and this has been shown to be associated with alcohol problems in later life.

National data shows that in 2014, 38% of 11 to 15 year olds had tried alcohol at least once, the lowest proportion since the survey began in 1982[19]. Pupils' consumption varies widely and 22% of those who had drunk alcohol in the last week had drunk 15 units or more. Drinking in the last week was associated with a number of factors, including other risky behaviours: smoking, taking drugs and truancy. Pupils with low wellbeing were more likely to have drunk alcohol in the last week.

There is limited available data at a local level regarding levels of alcohol consumption for children and young people. Data published from the 'What about YOUth' Survey20 showed that the levels of drinking amongst 15 year olds in Torbay were not significantly different to national, regional or similar local authorities.

[16] Grunbaum et al (2004) sited in Locke R., Jones G. (2012) Tackling underage drinking: reflections on one local authority's response (external link, PDF 123KB). Education and Health Vol.30 No. 1, 2012

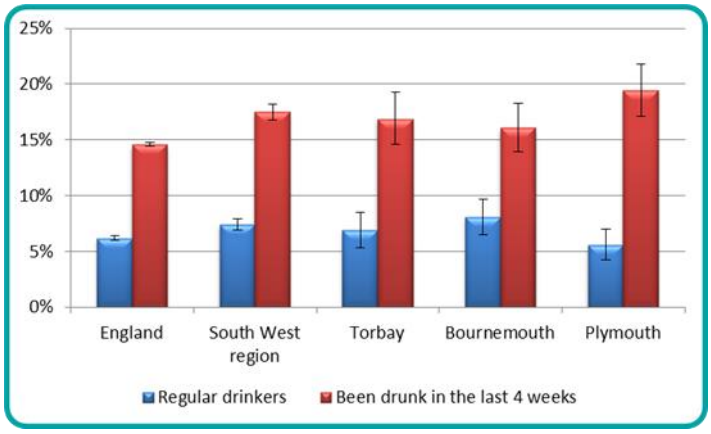
[17] Grant et al (2001) Age at onset of alcohol use and DSM-IV alcohol abuse and dependence: a 12-year follow-up. Journal of Substance Abuse. 13(4)pp.493-504

[18] DH (2009) Guidance on the consumption of alcohol by children and young people from Sir Liam Donaldson Chief Medical Officer for England (external link). London: Department of Health

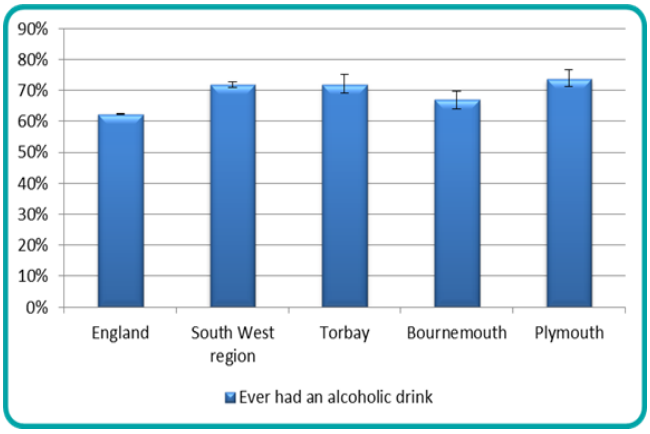
[19] HSCIC (2015) Smoking, drinking and drug use amongst young people in England – Survey Consultation Findings. Leeds: Health and Social Care Information Centre

[20] HSCIC (2015) Health and Wellbeing of 15 year olds in England: Findings from the What About YOUth? Survey 2014. Leeds: Health and Social Care Information Centre

Percentage of 15 year olds by drinking patterns in Torbay (2014/15)



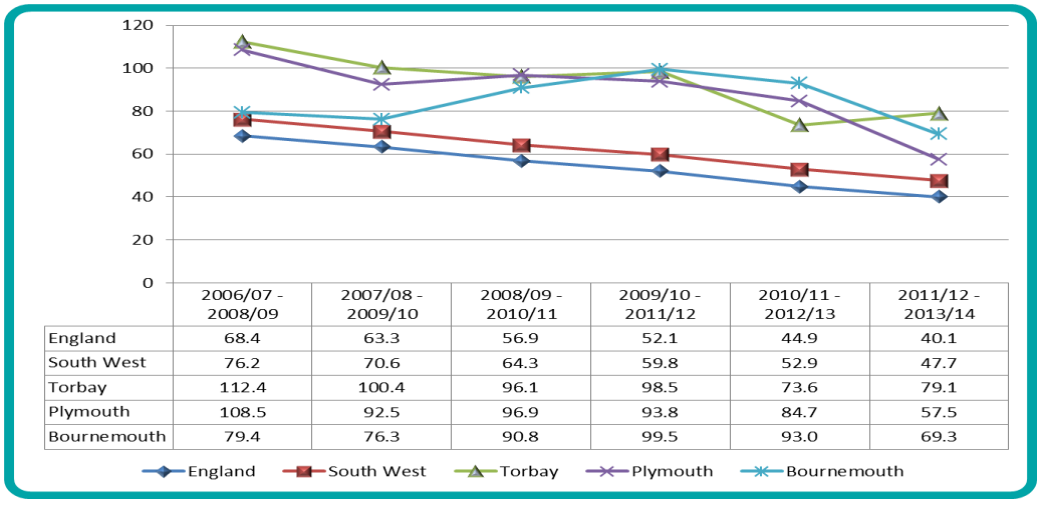
Percentage of 15 year olds who ever had an alcoholic drink in Torbay (2014/15)



PHE Fingertips, 2015

We can also look to alcohol admissions for young people in Torbay that have historically been significantly higher than regional and national rates and while elsewhere these rates have been consistently falling; Torbay's performance has been inconsistent. On a positive note, the latest dataset shows some promising improvement and a narrowing of the gap, as shown below.

Under 18s alcohol-specific hospital admission (persons) crude rate per 100,000 population (2006/07 – 2013/14)



	2006/07 - 2008/09	2007/08 - 2009/10	2008/09 - 2010/11	2009/10 - 2011/12	2010/11 - 2012/13	2011/12 - 2013/14
England	68.4	63.3	56.9	52.1	44.9	40.1
South West	76.2	70.6	64.3	59.8	52.9	47.7
Torbay	112.4	100.4	96.1	98.5	73.6	79.1
Plymouth	108.5	92.5	96.9	93.8	84.7	57.5
Bournemouth	79.4	76.3	90.8	99.5	93.0	69.3

Source: LAPE, 2014

Young people seeking support and treatment for alcohol

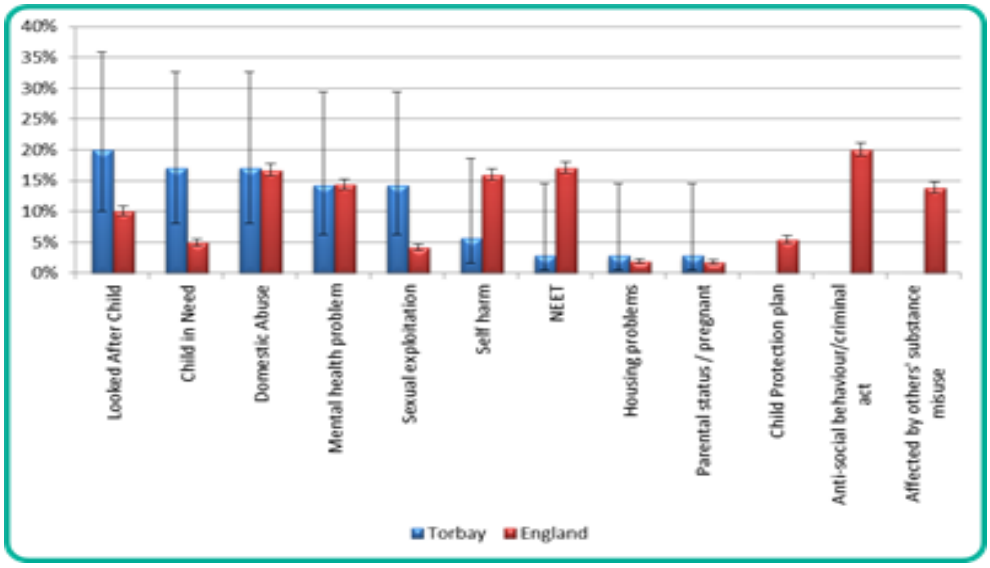
The majority of young people who seek help for alcohol misuse have other emotional or social problems, such as self-harming, offending, and family issues. They are also less likely to be in education, employment or training.[21] Studies have shown that young people from more than one vulnerable group are more at risk of alcohol misuse.[22] The groups at risk are:

[21] NTA (2011) Substance misuse among young people (external link). NTA: London.
[22] DfES (2005) Every Child Matters: Change for Children Young People and Drugs. Department for Education and Skills.

- Young offenders.
- Looked after children.
- Care leavers.
- Children affected by parental substance misuse.
- Children affected by domestic violence.
- Homeless young people.
- Young people at risk from sexual exploitation.
- Young people in gangs or at risk of gang recruitment.
- Excludees and persistent truants.

The graph below shows that in Torbay, compared to nationally, there are a higher proportion of looked after children, children in need and those at risk of sexual exploitation seeking help for alcohol misuse.

Proportion of young people in the substance misuse service by wider vulnerability in Torbay (2013/14)



Source: NDTMS, 2014

58.9% of young people presenting to our local young people's substance misuse service cited alcohol as a problematic substance.

The impact of parental/carer substance misuse on children & young people

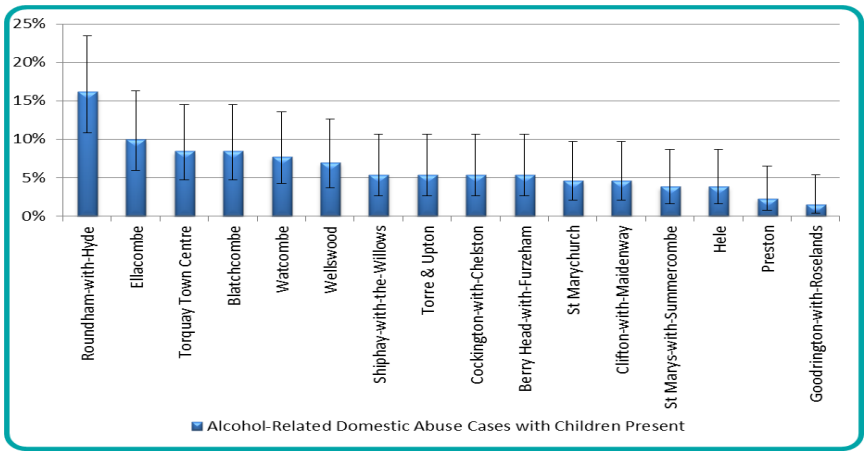
It has been estimated that nationally up to 2.6 million children are living with parents who are drinking hazardously. 705,000 are living with dependent drinkers and 30% of under-16s are living with at least one binge drinking parent[23].

It is known that children of parents or carers who misuse substances are more likely to develop misuse/ and or mental health problems themselves[2425] . Children of parents who drink heavily are often isolated from their relatives or other family members and are seriously affected by family conflict, domestic violence, parental separation and divorce[26].

[23] Manning et al (2009) "New estimates of the numbers of children living with substance misusing parents: results from UK national household survey", BMC Public Health 9.
[24] ACMD (2003) Hidden Harm: Responding to the Needs of Children of Problem Drug Users, report of an inquiry by the Advisory Council on the Misuse of Drugs (external link). London: Home Office
[25] DfES (2005) Every Child Matters: Change for Children Young People and Drugs. Department for Education and Skills.
[26] Turning Point (2011) Bottling it Up: The Next Generation – The effects of parental alcohol misuse on children and families. London: Turning Point

In Torbay 12% (130 out of 1054) of cases where children were exposed to domestic abuse had alcohol recorded as a factor. As can be seen in the graph below, the proportion of this is higher in the more deprived areas in Torbay. Alcohol was recorded in 9% (53 out of 623) of crimes where the victim was under the age of 18.

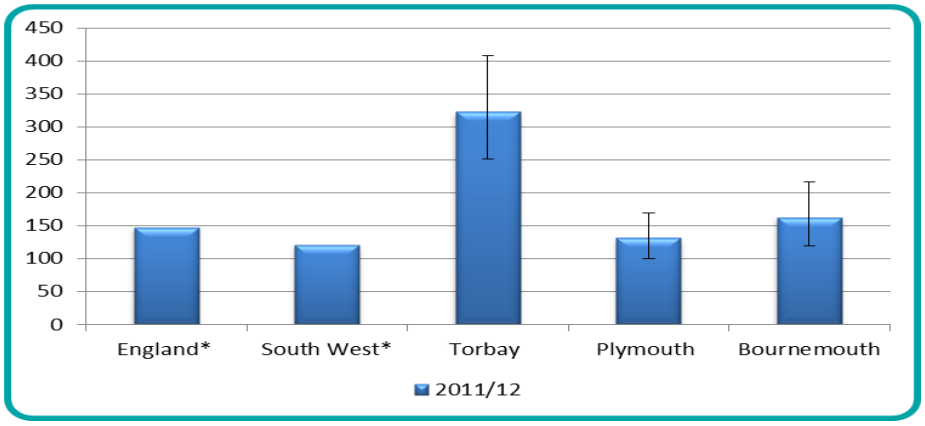
Proportion of alcohol-related domestic abuse cases with children present by neighbour in Torbay (2014/15)



Source: Devon and Cornwall Police (2014/15)

Whilst not a measure of the number of parents misusing alcohol in Torbay, the graph below shows that Torbay has a higher rate of parents in alcohol treatment than any of the Bay's comparators – national, regional or similar local authorities. This could indicate that more people are accessing treatment compared to other areas and that local substance misuse services are well equipped to deal with the needs of parents seeking support with their use of alcohol.

Parents in alcohol treatment: Rate per 100,000 children 0 – 15 years (crude rate)



Source: PHE fingertips, 2015, *aggregated from all known local values available

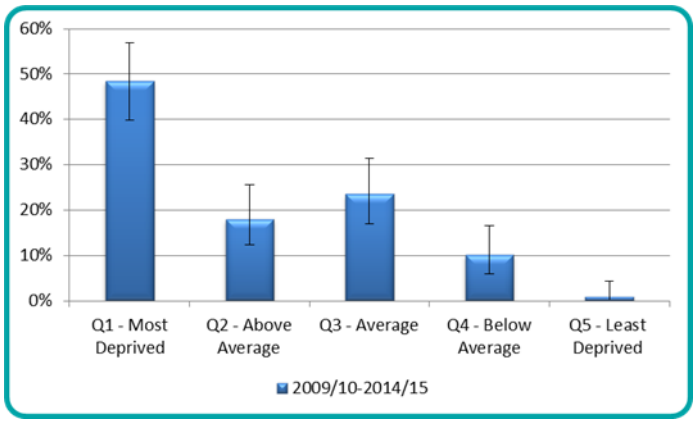
Drinking in pregnancy can have long standing effects on children and young people. Drinking more than the recommended amount of alcohol at any stage during pregnancy can affect development, increase the risk of still birth and premature labour as well are making children more prone to illness[27].

Based on a 6-year average, 2.8% mothers resident in Torbay reported drinking alcohol prior to their pregnancy and confirmed at the first appointment with a midwife that their intention was to continue to

[27] RCOG (2015) Alcohol and pregnancy – Information for you. London: Royal College of Obstetricians and Gynaecologists

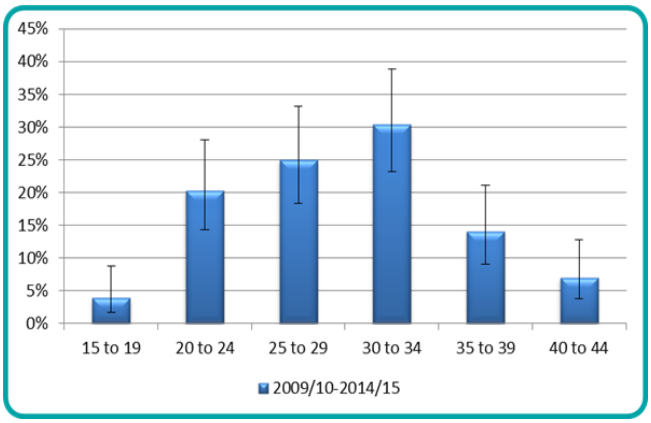
drink during pregnancy. The proportion of mothers intending to continue to drinking is highest within the most deprived areas in Torbay and within the age range of 30-34 years.

Proportion of mothers resident in Torbay recorded as having an intention to continue consuming alcohol during pregnancy at time of booking by deprivation quintile (6 year average – 2009/10 to 2014/15



Source: SUS 2015, IMD 2015

Proportion of mothers resident in Torbay recorded as having an intention to continue consuming alcohol during pregnancy at time of booking by age quintile (2009/10 to 2014/15)



Source: SUS 2015

Summary

The overall national picture in relation to young people's drinking is that whilst the proportion of those reporting using alcohol is in decline, for those that do drink they are often presenting with a range of wider vulnerabilities which will need addressing within a broader presentation of needs. In Torbay we can see that parents who are seeking support in relation to their alcohol use are presenting at a higher rate to substance misuse services than in other comparable areas. Work is needed to further develop the focus on parents who are drinking at hazardous and harmful levels and how this impacts on children and young people.

Current Responses

The key evidence-based and best practice responses that are currently being delivered in Torbay to protect children and young people from alcohol-related harms are:

Primary Prevention	Alcohol awareness is included in schools Personal, Social and Health Education (PSHE) programmes.
	Age appropriate resources available for use in schools.
	Awareness raising program by police for foreign students informing them of personal safety, cultural and legal differences includes education about alcohol.
Secondary Prevention	Alcohol pathways for young people with an alcohol problem are in place.
	Locally tailored and validated evidence-based young person Identification and Brief Advice model (CRAFFT).
	Alcohol assessment included in the holistic assessment of Looked After Children.
	Sexual Medicines Service undertakes opportunistic alcohol screening for young people presenting at their service.
	Young carer and young adult carer support in place for those affected by parental alcohol misuse.

Hospital-based alcohol services	Referral pathway from Hospital Paediatric Liaison and Alcohol Hospital Liaison teams for young people who present and/or are admitted to hospital with an alcohol-specific issue.
Tertiary Prevention	Unborn baby protocol for parents with problematic alcohol use in place.
	There is an accessible specialist young person's alcohol treatment provision in place that is configured to meet the needs of the local population.
	The Young Person's Treatment Services delivers evidence-based, effective, treatment interventions in accordance with national best practice.
	There is sufficient capacity in the treatment system to address the needs of the presenting population.
	There are integrated pathways in place between the Youth Offending Team and Young Person's alcohol treatment.
	Referral pathway in place between the children social care, including Looked After Children and Young Person's alcohol treatment.
	Transition pathways are in place with the adult alcohol service to promote ongoing engagement in treatment.
	The outcomes from young person's alcohol treatment interventions are measured, reported and analysed on a regular basis to demonstrate effectiveness and inform planning.
	Specialist Health Visitors are working directly within specialist alcohol services as the named Health Visitor for those children affected by parental alcohol misuse.

Areas for Development

The areas for development for 2016-2020 are summarised below. The assumption for these developments is that the current responses are also maintained for the duration of the implementation plan.

	Area for Development	Evidence informing action
Primary Prevention	Developing the consistency and quality of PHSE materials in use in schools.	Alcohol education in schools to be consistent with NICE guidance[28].
	Development of an integrated 'risk taking behaviours' education in schools that challenges 'social norms'.	To address behaviours by informing what peer groups are actually doing rather than perceived to be doing[29].
Secondary Prevention	Systematic and routine identification of alcohol misuse in young people services.	Clear pathways between agencies who work with young people are core to developing integrated alcohol support for young people[30].
	Review of Tier 2 education and	Reduction in specialist tier 2

[28] NICE (2007) PH7: School-based interventions on alcohol. Issued: November.

[29] Perkins W et al (2005) Misperceiving the College Drinking Norm and Related Problems: A Nationwide Study of Exposure to Prevention Information, Perceived Norms and Student Alcohol Misuse, Journal of Studies on Alcohol, 66

[30] NICE (2011) CG115: Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence. Issued: February.

	Area for Development	Evidence informing action
	engagement activities to ensure optimal delivery.	provision impacts on the education of at risk groups and training for universal and targeted professionals.
	Support for young people who are not contemplating change but whose alcohol use is at risk of becoming problematic.	Scope of alcohol treatment provision.
Hospital-based alcohol services	Further development of identification and response for young people who present or are admitted to Hospital.	Young people's hospital pathways to meet best practice standards[31].
Tertiary Prevention	Improvement in the identification and referral pathway for Looked After Children into the young people's substance misuse service.	The number of referrals to specialist drug or alcohol treatment from Looked After Children is low locally compared to numbers of LAC entering the care system locally, and understanding this differential is a key strategic objective.
	Routine identification and response of parents whose alcohol consumption is adversely impacting on their capacity to parent.	High numbers of children are living with parents who drink hazardously.[32] Brief advice is effective when the individual views the 'time is right'[33].
	Integrated pathway between children social care, including Looked After Children and Young Person's Alcohol treatment to be developed.	Effective integrated pathways for assessment and support are key standards for effective provision[34].
	Integrated pathway between CAMHS and Young Person's Alcohol treatment to be developed.	Effective integrated pathways for assessment and support are key standards for effective provision[35].

[31] PHE (2014) Young people's hospital alcohol Pathways Support pack for A&E departments
[32] Turning Point (2011) Bottling It Up: The next generation.
[33] NICE (2010) PH24: Alcohol-use disorders: preventing harmful drinking. Issued: June.
[34] RCPsych (2012) Practice standards for young people with substance misuse problems.
[35] RCPsych (2012) Practice standards for young people with substance misuse problems.

4.4 Theme 4: Prevention of alcohol related harm in adults

Theme Lead: Torbay Public Health

Current Profile & Considerations

While the drinking pattern seen within Torbay is similar to the regional and national pictures, the health-related harms experienced by the population are, in the main, more disproportionately felt within Torbay. Most people who have alcohol-related health problems aren't dependent on alcohol. Rather they are people who have regularly drunk more than the recommended levels for some years. Alcohol's hidden health harms usually only emerge after a number of years and by then, serious health problems may have developed.

Liver problems, reduced fertility, high blood pressure, increased risk of various cancers and heart attack are some of the numerous harmful effects of regularly drinking more than the recommended levels.

Mortality

When considering deaths arising from alcohol use, the mortality rate for both males and females are shown in the table below.

Local alcohol profile Torbay - Mortality (DSR per 100,000)

	Indicator	Time period*	Torbay value	National Value	Torbay Trend Chart
●	Alcohol related mortality (Male)	2012	67.6	63.2	
●	Alcohol related mortality (Female)	2012	27.8	28.1	
●	Alcohol specific mortality (Male)	2010-2012	25.5	15.5	
●	Alcohol specific mortality (Female)	2010-2012	11.7	6.8	
●	Mortality from chronic liver disease (Male)	2010-2012	25.0	15.8	
●	Mortality from chronic liver disease (Female)	2010-2012	11.1	8.3	

Key Symbols

● Significantly Better ● No Significance ● Significantly Worse

* Most current time frame **Note: Trend Guide consists of 5 years worth of available data**

Source: LAPE, 2014

This shows that the rate of deaths per 100,000 when alcohol is a contributory factor for both males and females is similar to the national figure. The local trend is downwards which is positive, albeit this reducing trend is better for females than males. However, for those deaths where the cause of death is solely due to alcohol consumption – including chronic liver disease – Torbay is significantly worse than the national average. The only exception to this is female mortality rates due to alcohol liver disease, which are not significantly different to the national average.

While the trend for both alcohol-specific and liver disease mortality amongst females is showing a reducing trajectory, this is not the case for males.

Hospital admissions

When considering morbidity associated with alcohol consumption hospital admissions provide an insight into alcohol-related ill-health. The table below summarises the rate per 100,000 population of alcohol admissions that are entirely caused by alcohol or where alcohol has been a contributory factor.

Local alcohol profile Torbay - Hospital Admissions per 100,000

Indicator	Time period*	Torbay value	National Value	Torbay Trend Chart
Alcohol related hospital admission - DSR - (Male)	2013/14	683.4	589.0	
Alcohol related hospital admission - DSR - (Female)	2013/14	374.0	241.0	
Alcohol specific hospital admission - DSR (Male)	2013/14	836.0	515.0	
Alcohol specific hospital admission - DSR (Female)	2013/14	360.3	232.3	
Alcohol specific hospital admissions (Under 18) - Crude rate	2011/12-2013/14	79.1	40.1	

Key Symbols

Significantly Better No Significance Significantly Worse

* Most current time frame **Note: Trend Guide consists of 5 years worth of available data**

Source: LAPE, 2014

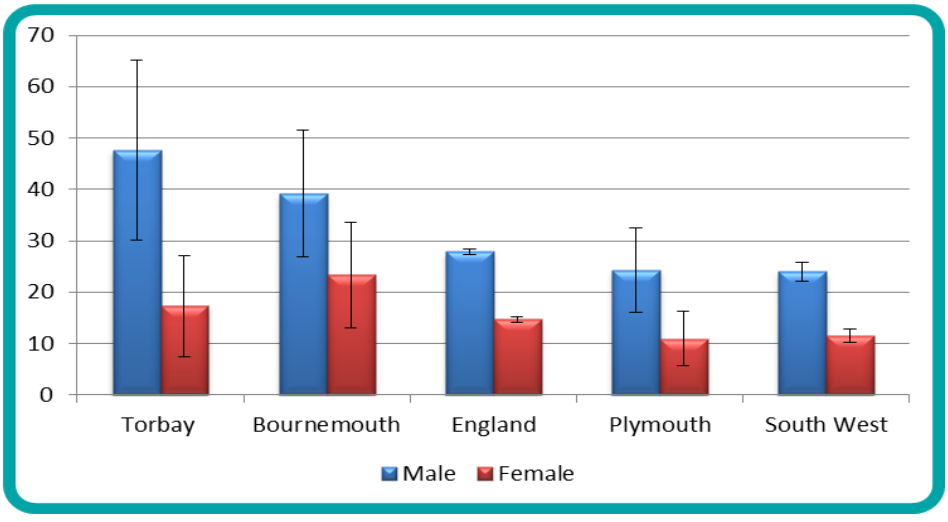
For alcohol-attributable admissions to hospital, the rate of admissions for Torbay is significantly worse than the national average for both males and females. The general trend for females until recently was a decreasing one, while for males it has shown a recent decline (although this reduction is a limited one).

When considering those admissions where alcohol is the sole reason for the presentation to hospital, the rate is also significantly higher for both genders in Torbay when compared to the national average. The overall trend for males has been an increasing one, while for females it has been more variable.

For admissions of young people under 18 years of age, the Torbay rate is higher than the national average. However, on a positive note, the Torbay rate has been steadily reducing over time with a more pronounces rate of reduction being noted in the most recent data.

From the most recent data analysis undertaken by Public Health England for the period 2010-12, Torbay has the most years of life lost per 10,000 of all Upper Tier Local Authorities in the South West[36]. As can be seen in the graph below, the rate amongst males is significantly higher than for females with this disparity being more acute in Torbay than any of the Bay's comparators – national, regional or similar unitary authorities.

Directly standardised rate of years of life lost due to mortality from chronic liver disease including cirrhosis 1-74 years (ICD10 K70, K73-K74) per 10,000 population 2011 – 2013 (3 year rolling average)



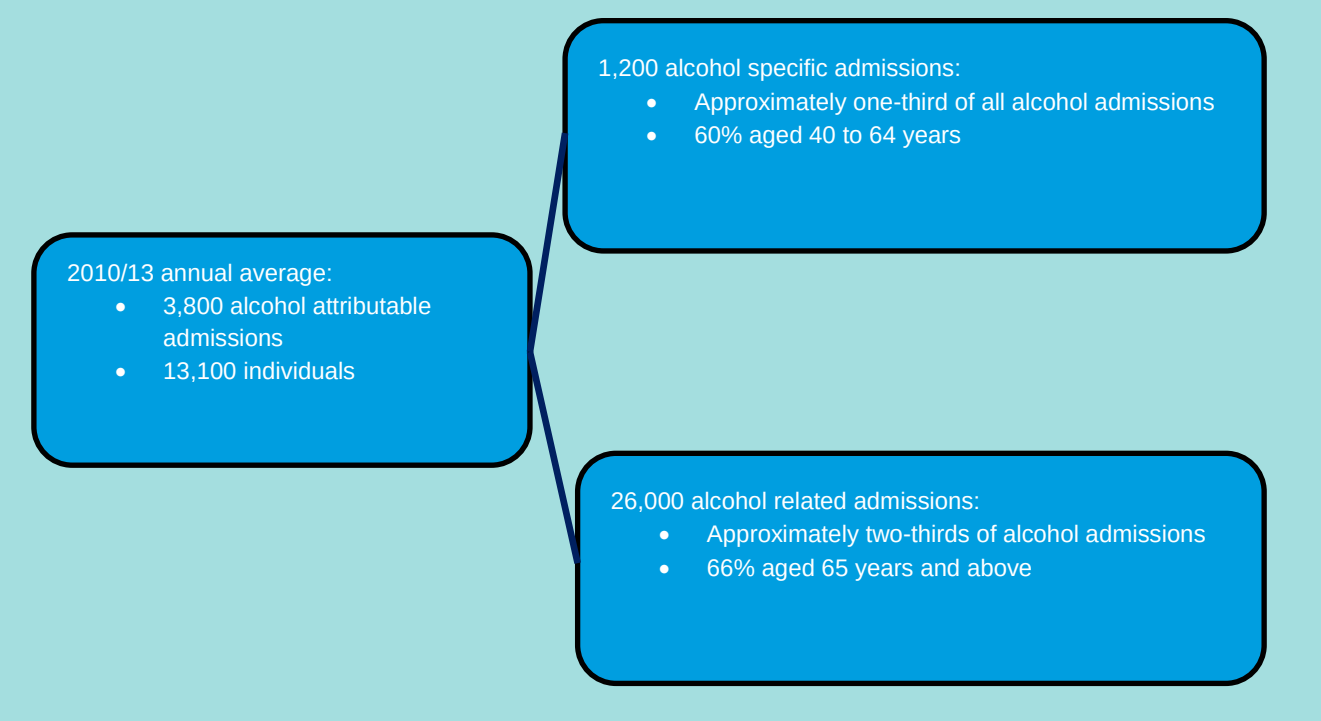
Source: HSCIC, 2014

[36] Public Health England (2014) South West Knowledge and Intelligence Team.

Hospital admissions

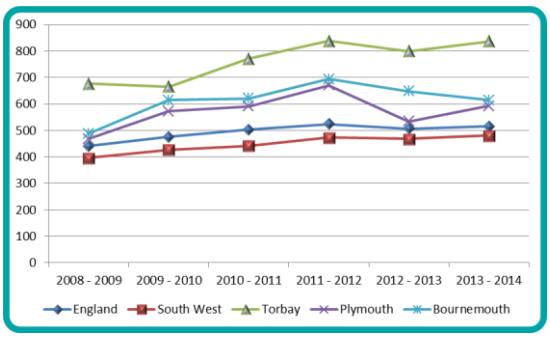
There are two types of alcohol attributable admission; **specific** and **related**. Specific conditions are those entirely caused by alcohol, whilst related are those conditions where alcohol could be considered a risk or contributory factor for that disease.

Breakdown of alcohol-related admissions at Torbay Hospital



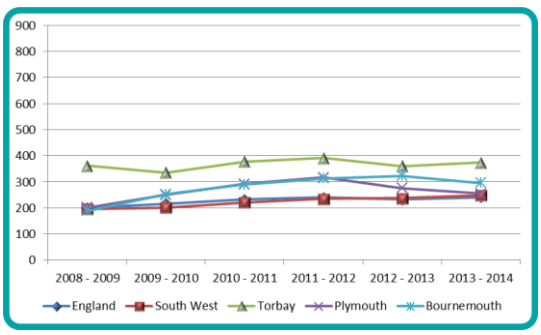
The admissions trend as shown below for the five year period 2008/09 to 2013/14 depicts an increasing trend of alcohol-specific admissions for males which is worse than all comparators, with a less marked difference for females. However, for both genders the admission rate is higher than national, regional and similar local authorities.

Directly standardised rate alcohol-specific admissions per 100,000 population (Male) 2008/09 – 2013/14



Source: LAPE, 2014

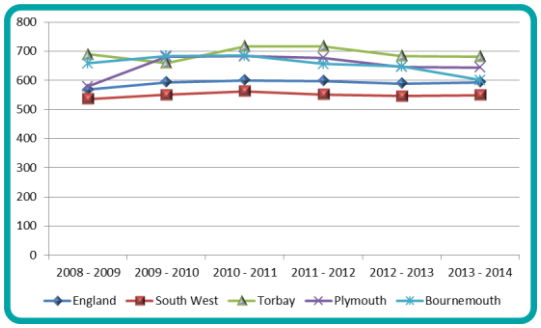
Directly standardised rate alcohol-specific admissions per 100,000 population (Female) 2008/09 – 2013/14



Source: LAPE, 2014

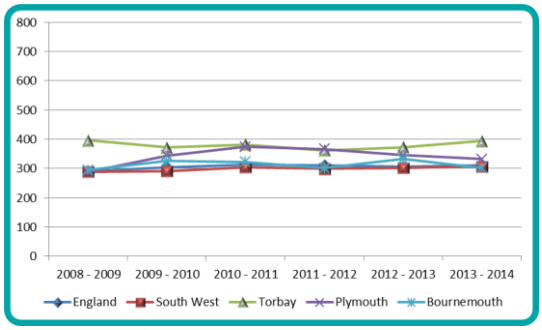
The picture for alcohol-related admissions shows less divergence than for alcohol-specific measures as seen in the graphs below.

Directly standardised rate alcohol-related admissions (Narrow) per 100,000 population (Male) 2008/09 – 2013/14



Source: LAPE, 2014

Directly standardised rate alcohol-related admissions (Narrow) per 100,000 population (Female) 2008/09 – 2013/14

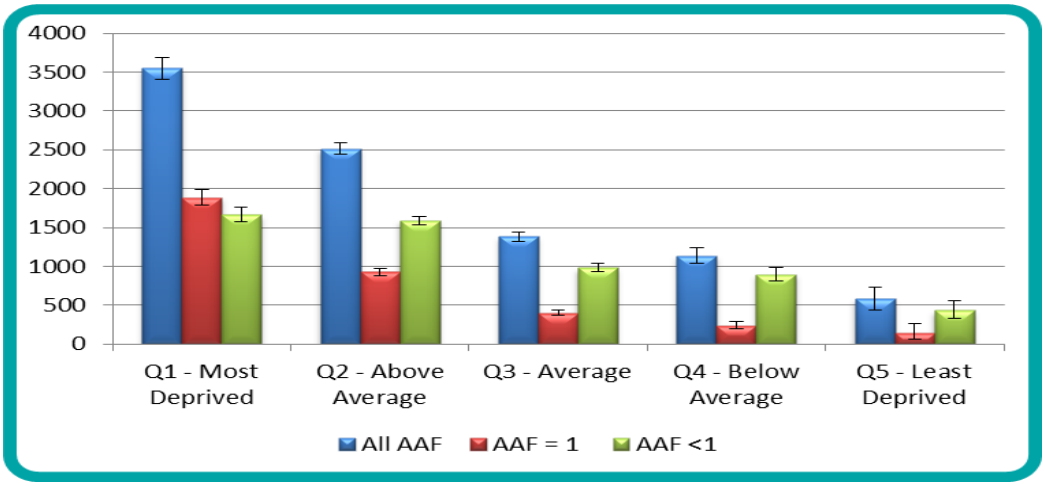


Source: LAPE, 2014

This shows that for males, Torbay has a higher admissions rate than any of the comparators but there have been similarity in rates for much of this time period in Plymouth and Bournemouth as two local authorities with demographic similarities to the Bay. However, the progress made in Plymouth and Bournemouth has not been replicated in Torbay. For females, during the same time period the difference between Torbay and comparable areas as well as regionally and nationally the differences are less marked, however Torbay has consistently seen a higher rate of admissions for females.

Rates of alcohol attributable admissions are highest in the more deprived neighbourhoods, especially for alcohol specific admissions (AAF =1). However, there is less variation between communities for alcohol related admissions (AAF <1).

Directly standardised rate per 100,000 Torbay resident population for alcohol attributable hospital admissions by deprivation quintile, 2010/11 to 2012/13

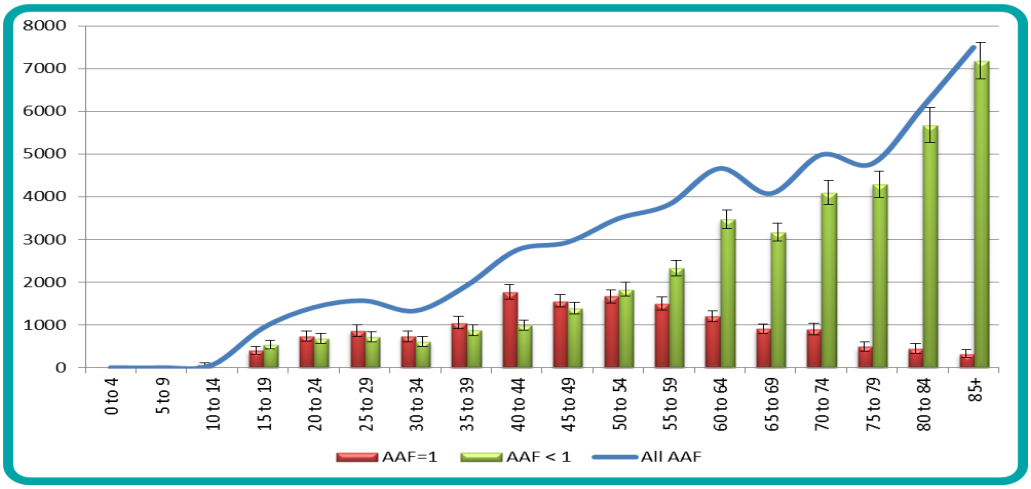


Source: SUS data, 2013

There are clear differences in the epidemiology of who is being admitted. There is a clear relationship with age, as we would expect given the relationship between age and burden of disease. For alcohol specific conditions (AAF =1), the peak is within the 40 to 54 age groups. This is in contrast to the alcohol related (AAF <1) admissions which increase with age.

Given Torbay's ageing population, we might expect the rate of alcohol-related admissions to increase over time. From the graph below, it can be seen that not only is there a noteworthy increase in the alcohol-related admissions rate for adults aged 55 and over, but this rate increases significantly according to age with the greatest admission rates being amongst the oldest in the population.

Crude rate per 100,000 resident population in Torbay by quinary age group for alcohol attributable hospital admissions, 2010/11 to 2012/13

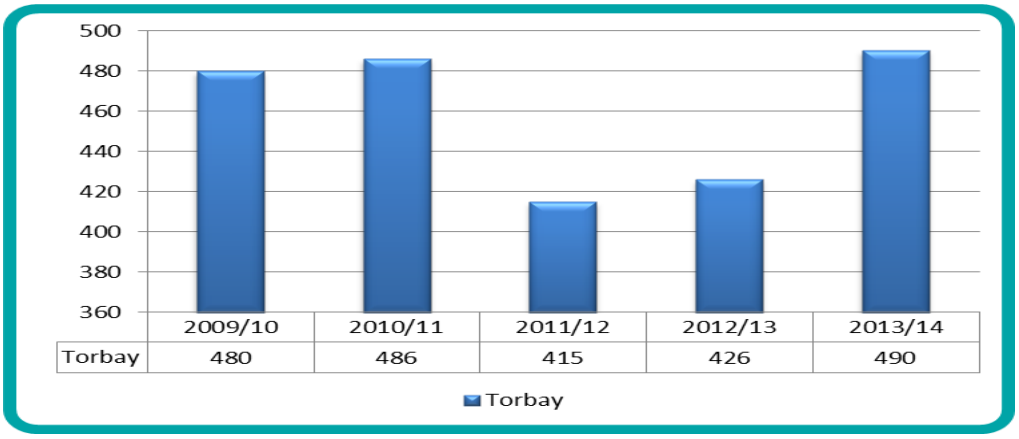


Source: SUS data, 2013

The number of adults estimated to be binge drinking is not significantly different from the England average.

The numbers in alcohol treatment each year have varied year on year but have maintained in the 400s. The waiting time for entering treatment has remained consistently under the national target of 3-weeks, with most entering in treatment much sooner. The commissioned capacity is available to meet presenting demand for those that require a structured treatment intervention.

The number of people in alcohol treatment in Torbay, 2009/10 to 2013/14



Source: PCT Information Reports & Adult Partnership Activity Reports, 2009/10-2013/14

The adult alcohol treatment outcomes as reported[37] in Quarter 4 of 2014/15 show that the successful treatment completions were at 51.5% which compares favourably with the national average of 39.21%. Regarding re-presentations post-discharge, 12.5% re-presented within six months which is slightly higher than the national average of 10.94%.

[37] Public Health England Diagnostic Outcomes Monitoring Executive Summary, Torbay: Quarter 4 2014-2015

Summary

The overall picture for Torbay, therefore, is that while the patterns of consumption of alcohol within Torbay are comparable to the national average, the health harms for all measures are significantly worse. While there are some encouraging trends seen over time within Torbay, particularly for females, more progress is required if Torbay's profile is to be significantly better than the national benchmark.

Current Responses

The core evidence-based and best practice responses that are currently being delivered in Torbay to reduce the health-related alcohol harms are:

Primary Prevention	Use of national alcohol campaigns.
Secondary Prevention	Alcohol pathways for alcohol dependent drinkers are in place.
	Identification and Brief Advice (IBA) in place in a wide range of health, social care and criminal justice settings.
	NHS Health Check programme including evidence-based alcohol IBA in accordance with national regulations and guidance.
	Parental alcohol assessment developed for children social care.
Hospital-based alcohol services	Alcohol hospital Liaison team that is based within Torbay Hospital to support identification of, and response to, 'at risk' and dependent drinkers who present and are admitted to hospital.
	Alcohol screening models embedded in A&E, outpatients and high-prevalence wards.
	Pathways in situ to support patient requiring community support post discharge from hospital, including detoxification support.
	Targeted alcohol caseworker post in place who assertively works with 'high-attenders' at hospital and primary care who have complex needs and low motivation to reduce further hospital admissions.
Tertiary Prevention	There is an accessible, recovery-focused, alcohol treatment system in place that is configured to meet the needs of the local population.
	Treatment services in all settings offer evidence-based, effective, recovery-oriented interventions in accordance with national best practice (NICE guidance and quality standards).
	There is sufficient capacity in the treatment system to address the needs of the presenting dependent population.
	There are integrated pathways in place between the criminal justice system and community alcohol treatment and recovery support provision.
	Full participation of alcohol treatment services in vulnerability and safeguarding forums.
	Treatment model in place that addresses alcohol and drug misuse cross-dependency.
	A range of recovery support interventions are available to promote recovery e.g. mutual aid, peer support, family and parenting support, volunteering pathways for employment, Job Centre Plus.
	Access to medicated and non-medicated detoxification programmes.
	Access to residential rehabilitation programmes, including preparatory work prior to admission and aftercare support post discharge.
	The outcomes from alcohol treatment interventions are measured, reported and analysed on a regular basis to demonstrate effectiveness and inform

	planning.
	Specialist Substance Misuse Health Visiting support available for parents with alcohol problems.
	Children of parents who misuse drugs & alcohol identified, needs assessed which informs the treatment/support plan.
	Childcare available to promote parental attendance in alcohol treatment and to provide socialising opportunities for children.

Areas for Development

The areas for development for 2016-2020 are summarised below. The assumption for these developments is that the current responses are also maintained for the duration of the implementation plan.

	Area for Development	Evidence informing action
Primary Prevention	Extending the number of settings that deliver alcohol screening, Information and Brief Advice (IBA).	Brief advice is effective when the individual views the 'time is right'[38]. Opportunity increases with the scope of screening settings.
	Development and implementation of a local social marketing programme that promotes sensible drinking patterns.	There is currently no locally driven social marketing programme. Population-level approaches to public health are important because they can help reduce the aggregate level of alcohol consumed and therefore lower the whole population's risk of alcohol-related harm[39].
	Targeting primary prevention services for high risk groups so as to reduce health inequalities.	The needs assessment for Torbay shows the highest risk populations to be male; adults aged 40 and older; and those living in the most deprived localities.
Secondary Prevention	Incorporating evidence-based alcohol screening and IBA in 'Making every Contact Count' activities.	'Making every contact count' activities do not consistently include evidence-based alcohol screening and IBA. Brief advice is effective when the individual views the 'time is right'[40].
	Establishing a dedicated service to support non-dependent, 'at risk' drinkers who would benefit from brief interventions.	Currently there is no commissioned service for this. Brief advice is recommended as a first step for adults (aged 18 and over) who have been identified as drinking at hazardous or harmful levels[41]. Extended brief interventions are effective in reducing alcohol consumption[42].

[38] NICE (2010) PH24: Alcohol-use disorders: preventing harmful drinking. Issued: June.
[39] NICE (2010) PH24: Alcohol-use disorders: preventing harmful drinking. Issued: June.
[40] NICE (2010) PH24: Alcohol-use disorders: preventing harmful drinking. Issued: June.
[41] NICE (2010) PH24: Alcohol-use disorders: preventing harmful drinking. Issued: June.
[42] NICE (2010) PH24: Alcohol-use disorders: preventing harmful drinking. Issued: June.

	Area for Development	Evidence informing action
	Developing identification and response pathways for older adults.	The proportion of older people drinking above the recommended amounts is increasing in the UK[43].
	Development of alcohol workplace policies for employers to reduce alcohol-related absenteeism and improve productivity.	In general, all policy options that target harmful and hazardous drinkers are effective in reducing alcohol-related harm in the workplace[44].
	Promoting services amongst highest risk groups to reduce health inequalities.	The needs assessment for Torbay shows the highest risk populations to be male; adults aged 40 and older; and those living in the most deprived localities.
Hospital-based alcohol services	Targeting high risk groups who are over-represented in hospital presentations and admissions to reduce health inequalities.	The needs assessment for Torbay shows the highest risk populations to be male; adults aged 40 and older; and those living in the most deprived localities.
Tertiary Prevention	Enhancing the range and quality of recovery community support opportunities both within and outside of alcohol treatment.	Accessible, high quality treatment and mutual aid and peer support are shown to improve treatment outcomes[45].
	Establishing a shared model of whole family support for people in alcohol treatment and carer services that work with those affected by someone using alcohol.	Reduces the risk of relapse and helps break the cycle of alcohol-related harms within families[46].
	Consistent treatment response to the co-morbidities of alcohol and mental health problems.	Effective co-ordination and clear care pathways for people with co-morbidities are recommended[47].

[43] Office for National Statistics (2013) Chapter 2: Drinking (General Lifestyle Survey Overview—A Report on the 2011 General Lifestyle Survey).

[44] NICE (2010) PH24: Alcohol-use disorders: preventing harmful drinking. Issued: June.

[45] NICE (2011) CMG 38: Services for the identification and treatment of hazardous drinking, harmful drinking and alcohol dependence in children, young people and adults. Issued August.

[46] NICE (2011) CMG 38: Services for the identification and treatment of hazardous drinking, harmful drinking and alcohol dependence in children, young people and adults. Issued August.

[47] Department of Health (2002) Dual Diagnosis: Good practice guidance. Mental Health Policy Implementation Guide

5 Strategic Framework

5.1 Overview

The strategic framework is overseen by the Torbay Health and Wellbeing Board.The key partners in delivering this strategy are:

- Torbay Public Health.
- South Devon & Torbay Clinical Commissioning Group.
- The Torbay and South Devon NHS Foundation Trust.
- Children's Social Care.
- Devon & Cornwall Constabulary, including the Police and Crime Commissioner.
- Torbay Council Safer Communities.

5.2 Accountable relationships

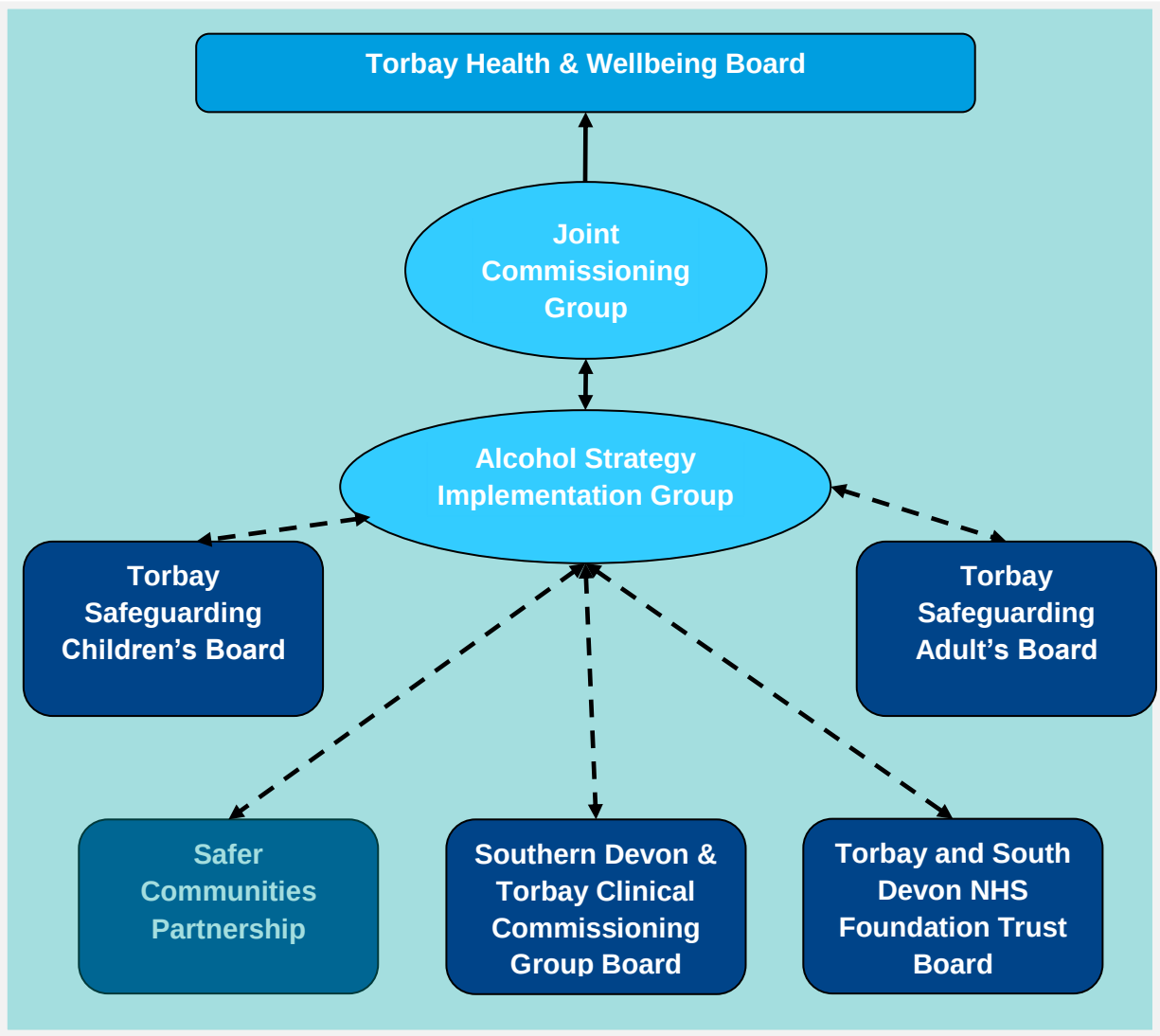
Alcohol is a strategic priority for:

- The Health and Wellbeing Board.
- The Southern Devon and Torbay Clinical Commissioning Group.
- The Police and Crime Commissioner.
- The Torbay and South Devon NHS Foundation Trust.

The Alcohol Strategy Implementation Group both reports to and is informed by these strategic partnerships.

The Torbay Health and Wellbeing Board will assume overall oversight on direction and progress and will be the authorising body as this is the forum where all organisations are represented as well as the one where the key leaders work together to improve the health and wellbeing of the population and reduce health inequalities.

The figure below shows the key relationships that the Alcohol Strategy Implementation Group will have. The Alcohol Strategy Group will both be informed by each of the Board and report to them, with final decision-making being through the Health and Wellbeing Board.



5.3 Action plans

Four thematic action plans have been developed to support the strategic areas for development of each of the priority themes. Each of the action plans will be owned by the team responsible for the theme and progress reported back to the 'Alcohol Strategy Implementation Group' who will have oversight of all action plans and their progress.

6 Appendices

6.1 Comparator methodologies

Alcohol Treatment

Statistical neighbours used within this document are derived from the CIPFA (The Chartered Institute of Public Finance and Accountancy) performance in public services model. Calculation of this model is based on a wide range of standardised socio-economic indicators which are used to measure similarities between local authorities. Statistical neighbours for Torbay are based on the default setting of the standardised socio-economic indicators which are shown in the table below.

Indicator	Year	Source
Population	Mid 2012 Estimates	ONS Population Estimates
Population aged 0 to 17	Mid 2012 Estimates	ONS Population Estimates
Population aged 75 to 84	Mid 2012 Estimates	ONS Population Estimates
Population aged 85 plus	Mid 2012 Estimates	ONS Population Estimates
Output Area Density	2013/14	DCLG
Output Area Based Sparsity	2013/14	DCLG
Taxbase per head of population	2012/13	CIPFA Council Tax Demands and Precepts Statistics
% Unemployment	2011	ONS Labour Market Statistics
% Daytime net inflow	2013/14	DCLG
Retail premises per 1,000 population	Not broken down on an authority basis	VOA
Housing Benefit Caseload (weighted)	2013	DWP
% of people born outside UK and Ireland	2011	Nomis
% of households with less than 4 rooms	2011	ONS - 2011 Census: QS407UK Number of rooms, local authorities in the United Kingdom
% of households in social rented accommodation	2011	ONS - 2011 Census: QS405UK Tenure - Households, local authorities in the United Kingdom
% of persons in lower NS-SEC (social) groups	2011	ONS - 2011 Census: QS607UK NS-SeC, local authorities in the United Kingdom
Standardised mortality ratio for all persons	2012	Death Registration Summary Tables - England and Wales, 2012
Authorities with coast protection expenditure	2011/12	CIPFA Finance and General Statistics
Non-domestic rateable value per head of population	2010	VOA - Table 2
% of properties in bands A to D	2013/14	CIPFA Council Tax Demands and Precepts Statistics
% of properties in bands E to H	2013/14	CIPFA Council Tax Demands and Precepts Statistics
Area cost adjustment (other services block)	2011/12	CIPFAstats website

Protection of children & young people from harm

Statistical neighbours used within this document are derived from the Children's Services Statistical Neighbour Benchmarking Tool (CSSNBT). This model designates a number of other LAs deemed to have similar characteristics. These designated LAs are known as statistical neighbours. Any LA may compare its performance (as measured by various indicators) against its statistical neighbours to provide an initial guide as to whether their performance is above or below the level that might be expected. The variables used to define each Local Authority's statistical neighbours are listed in the table below. The background variables used in the tool are listed in table 1 below. These are the variables used to define each Authority's statistical neighbours. We have updated the background variables derived from Census data using more recent information from the 2011 Census.

Variable	Year	Source
Mean Weekly pay - gross	2005	Annual Survey of Hours and Earnings
% of pupils known to be eligible for FSM	2005	DfES
% of vehicles that are three years old or less	DVLA 2004	DVLA
% dependent children in household with occupancy rating of +2 or more	2011	ONS 2011 Census Occupancy Rating Bedrooms
% dependent children in overcrowded household	2011	ONS 2011 Census Occupancy Rating Bedrooms
% dependent children in households with 2 or more cars	2011	ONS 2011 Census Number of Cars/Vans in Household
% dependent children in one household	2011	ONS 2011 Census Number of Cars/Vans in Household
% dependent children in household where HRP is in any managerial or professional occupation	2011	ONS 2011 Census All Dependent Children living in One Adult Household
% dependent children in household where HRP is in any routine occupation	2011	ONS 2011 Census National Statistics Socio-Economic Classification
% people with mixed ethnicity	2011	ONS 2011 - Table: Ethnic Group
% people with Indian ethnicity	2011	ONS 2011 - Table: Ethnic Group
% people with Pakistani ethnicity	2011	ONS 2011 - Table: Ethnic Group
% people with Bangladeshi ethnicity	2011	ONS 2011 - Table: Ethnic Group
% people with Other Asian ethnicity	2011	ONS 2011 - Table: Ethnic Group
% people with Black Caribbean ethnicity	2011	ONS 2011 - Table: Ethnic Group
% people with Black African ethnicity	2011	ONS 2011 - Table: Ethnic Group
% people with Other Black ethnicity	2011	ONS 2011 - Table: Ethnic Group
% of working age people with higher qualifications	2011	ONS 2011 - Table: Highest level of qualification
% people in good health	2011	ONS 2011 - Table: General Health*
% households owned outright or owned with mortgage	2011	ONS 2011 - Table: Tenure
% households with 3 or more dependent children	2011	ONS 2011 Census Number of Dependent Children in Household
% of the population living in villages, hamlets or isolated settlements	2011	Nomis Official Labour Market Statistics 2011 Census Key Statistics

*The health classification changed in 2011. Figures used in 2011 refer to the percentage of people in good or very good health.