

Sheffield Alcohol Strategy 2016-2020



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Executive Summary

While many people enjoy alcohol as part of their lives, alcohol can cause a number of harms. Some of these are direct harms to health such as increasing the risk of cancer, stroke and liver disease. But alcohol also lowers people inhibitions and this can cause harm too. We need to consider wider harms to society and the economy that can result from alcohol use, including neglect, antisocial behaviour, violence and theft that can harm those who drink and those impacted by the behaviour.

For some people, alcohol related harms will be the direct cause of their death. Sometimes this happens quickly (for example in a car accident where alcohol is a factor) but more often it happens slowly due to years of accumulated damage to health. This means there are often multiple opportunities to prevent this.

These issues are extremely complex. To try and break them down to areas where we can coordinate actions, this strategy uses five subject headings:

- 1. Alcohol and Health**
- 2. Alcohol, Treatment and Recovery**
- 3. Licensing, Trading Standards and the night time economy**
- 4. Alcohol and Crime**
- 5. Communities and vulnerable groups and individuals**

These themes are all interrelated, and this strategy recognises that they cannot be addressed individually.

We need to be able to help people who are addicted to using alcohol regularly. We need to be able to recognise people who are developing a problem early so that we can help them recognise and address it before it causes harm to themselves, those they love, and the wider society.

Also by considering how and when alcohol is available we can influence how the population tends to use it. We aim to encourage people to see alcohol as part of having a good time, rather than the only way to have a good time. We recognise that it has an important place in a vibrant night time economy for the city, but that if it is the only component of the night time offer then it can cause damage to the economy and result in people avoiding certain areas for fear of confrontation or antisocial behaviour.

Citizens and professionals are often reluctant to discuss an individual's alcohol use. It can be deeply personal and require us to think about how our choices affect not only ourselves, but the lives of those around us. There is significant stigma around being seen as "an alcoholic" which often makes the problems harder to fix.

This strategy is designed to balance the right of people to enjoy using alcohol with the need to minimise the harms it can cause. It looks at how Sheffield compares to the rest of the country, but is also ambitious in considering how we can make a great city even better.

Where are we now?

Compared to similar cities in the UK, Sheffield has relatively low rates of alcohol related hospital admissions and crime. However, alcohol related admissions to hospital are increasing and putting considerable strain on the health system at a time when it has to do ever more with limited resources. Alcohol related mortality continues to rise, although it is difficult to say if this is a result of the increased availability of cheaper high strength alcohol or if it is a consequence of the increases in drinking in the 1990s which have caused gradual effects on health over decades. Sheffield offers good, responsive services in the community, but the number of people accessing these is probably much lower than the number who could benefit from them.

Nationally alcohol is increasingly more affordable, and consumption has increasingly moved from pubs and clubs into homes. Total consumption peaked in 2004, but has decreased in recent years¹. This is partly related to a fall in alcohol consumption by young people, but may also reflect an increase in consumption of homemade or illegally imported alcohol.

Where do we want to be, and how will we get there?

The over-arching ambitions for Sheffield as a result of this strategy are as follows:

- To reduce the harms related to alcohol use in Sheffield
- To promote a vibrant night time economy in Sheffield which offers something for everyone
- We will reduce the health and social harms by:
 - a) Helping people to understand the health and social harms of alcohol;
 - b) Making it easier to identify people at risk of harm early by:
 - i. Normalising the conversation about alcohol – (removing stigma and for professionals and citizens to allow open and frank discussions);
 - ii. Supporting professionals to start the conversation about alcohol;
 - iii. Screening as widely as possible and providing brief interventions which have a strong evidence base;
 - iv. Ensuring that SCC continues to commission services that are quickly available, and which help people to address the problems that they may have in their own drinking;
 - v. Improving the integration of hospital and community services to help reduce hospital admissions and reduce where possible the burden on health services;
 - vi. Ensuring services SCC commissions are well supported by other aspects of the recovery community;
 - vii. Targeted and intensive work into communities where harms are high.
 - c) We will improve the night time economy and address problems such as crime and antisocial behaviour by:
 - i. Exploring options to use licencing and planning powers to help shape a night-time economy which has a number of offers in addition to alcohol, and which promotes development of retailers who offer other entertainment options in addition to alcohol (music or other live entertainment, food, social interactions etc.);
 - ii. Continuing to promote and support schemes such as Best Bar None which recognises and rewards licensed premises for responsible licensing practice;
 - iii. Exploring which options can help to reduce the fall in on-licence sales and arrest the switch to increasing off-licence alcohol sales;
 - iv. Working with law-enforcement and licencing colleagues to explore options that will help reduce the availability of cheap high strength alcohol in parts of the city where alcohol related crime and violence are the worst.

¹ Source-British Beer and Pub Association Data. Available at <http://www.ias.org.uk/Alcohol-knowledge-centre/Consumption/Factsheets/Total-consumption-in-the-UK.aspx>

The Sheffield Alcohol Strategy 2016-2020 provides a detailed analysis of the issues presented by alcohol use and misuse in the city, a summary of the strategic intentions to address these, and a thorough action plan that will be implemented by a Strategy Implementation Group chaired by the Director of Public Health.

Section 1: Introduction

1. Through these themes the work done as part of implementing the strategy will address three over-arching strategic aims for the city:
 - To prioritise whole population approaches to education, identification and screening with the knowledge that in the long term this will impact on most significantly on alcohol consumption levels;
 - To reduce the harms from alcohol use and misuse;
 - To ensure quick access to appropriate support and recovery opportunities where alcohol misuse is identified.
- 1.1. Throughout these themes, the strategy will oversee different approaches which address the impact of alcohol use on the individual, the family, and society as a whole. It will also seek to implement a range of harm reduction strategies through prevention approaches to alcohol use disorders as described below²:

Primary prevention: population wide education, screening and awareness, as well as strategies to address alcohol use and potential misuse in known high risk areas in Sheffield;

Secondary prevention: early identification of higher risk alcohol use, through identification and screening, and delivery of brief interventions.

Tertiary prevention: provision of effective treatment which reduces or eliminates the long term harms, health impacts, and mortality impact of dependent alcohol use disorders and supports recovery from addiction.
- 1.2. The strategy will seek to have maximum impact on the alcohol consumption and harms across Sheffield by employing a range of actions that cover policy changes, challenging the structural norms and attitudes towards alcohol use, using universal services that the population has regular contact with, and ensuring there are quality services for the very high risk cases.

The strategy has been informed by Sheffield DACT's Alcohol Needs Assessment 2015 document, as well as wide consultation with stakeholders and experts in the field of alcohol related harm³.
- 1.3. Sheffield DACT is responsible for commissioning adult treatment services on behalf of SCC and therefore the predominant focus of this strategy is adults. However, DACT and the commissioning body for young people's services work closely together to ensure seamless transitions between services, and each theme references issues related to young people as well as impacts on the individual, the family, and wider society.
- 1.4. Alcohol use and misuse presents numerous complex issues and requires a balanced approach between the acceptance of alcohol use as social norm and the impact of this on approaches to identify alcohol use disorders, the autonomy of the individual to make decisions about their alcohol

² <http://www.healthknowledge.org.uk/public-health-textbook/research-methods/1c-health-care-evaluation-health-care-assessment/epidemiological-basis-pstrategies>

³ Contributors listed at Appendix 2 of this document.

consumption, the duty to inform and educate people about potential alcohol related harm, and the need to respond to alcohol misuse in an effective manner.

1.5. What the data tells us about Sheffield

- 1.5.1. Data indicates alcohol use in Sheffield is similar to the national picture, with an estimated 73.2% of the population drinking within NHS guidelines, or abstinent. After abstainers, 19.5% (1 in 5) of the population drink at increasing risk (at increasing risk of alcohol-related illness⁴), 7.2% (1 in 14) at higher risk (at high risk of alcohol related illness⁵ - this includes alcohol dependent individuals), and 26.9% (1 in 4) admit to binge drinking (drinking twice the daily recommended units in one day). While in the data below, Sheffield performs similarly to the England average on a number of indicators, the overwhelming trend is an increase in alcohol related admissions (both broad and narrow) which is contributing to rising healthcare costs resulting from this.
- 1.5.2. Alcohol costs Sheffield as a city an estimated £205.4 million per annum, with £38m⁶ spent by the NHS, £67.8m spent by criminal justice agencies and licensing, £81.5m lost to the workplace/wider economy, and £20.6m on Children, Young People and Families on services for children and families affected by alcohol misuse.
- 1.5.3. The Local Alcohol Profiles for England data (LAPE) In the Local Alcohol Profiles for England (LAPE)⁷ data (2015) gives an illustration of how Sheffield performs on alcohol related indicators compared to the rest of the country:

We perform similarly to the England average on the following indicators:

- Alcohol related mortality;
- Admission episodes for alcohol related conditions (broad) (however, these are on an upward trajectory, particularly among the 40-60 age group);
- Alcohol specific mortality among females (however, this is on an upward trajectory and potentially could soon be measured as statistically worse than the England average);
- Mortality from chronic liver disease (all persons) (however, this is also on an upward trajectory);
- Alcohol related mortality (all persons).

We perform significantly worse than the England average on the following two indicators:

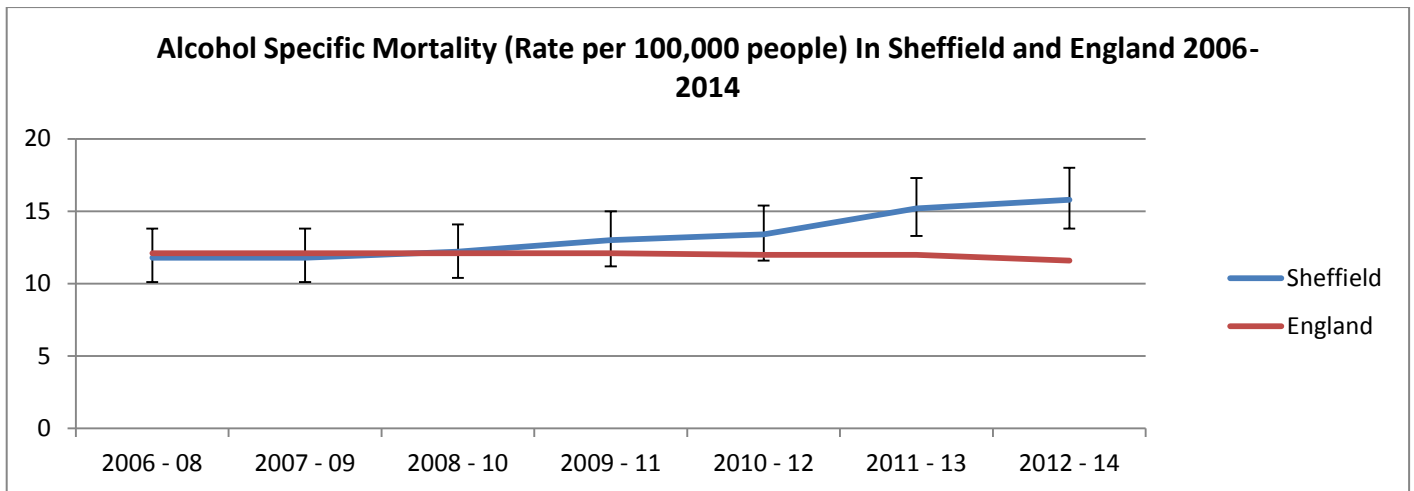
- Alcohol specific mortality (for all persons, and males specifically);
- Admission episodes for alcohol related conditions (Narrow, all persons and females specifically).
- The alcohol specific mortality indicator has shown a worrying trajectory upwards in the past eight years (see diagram below):

⁴ Men who regularly drink more than 3-4 units a day, women who drink more than 2-3 units a day – Alcohol Learning Centre – 2010.

⁵ Men who regularly drink more than 8 units a day, women who regularly drink more than 6 units a day – Alcohol Learning Centre-2010.

⁶ Health costs are calculated using a combination of the 2008 methodology 'The cost of alcohol harm to the NHS in England'.

⁷ Local Alcohol Profiles for England (LAPE). www.lape.org.uk, 2015 data



Source: Calculated by Public Health England: Knowledge and Intelligence Team (North West) from the Office for National Statistics (ONS) Annual Death Extract Public Health Mortality File and ONS Mid-Year Population Estimates

We perform significantly better than the England average on the following indicators:

- Persons admitted to hospital for alcohol specific conditions (contrasting with our high rate of alcohol specific mortality);
- Persons under 18 admitted to hospital for specific conditions;
- Persons admitted to hospital for alcohol related conditions;

1.6. The strategy will seek to implement work to improve Sheffield’s performance against these measurable indicators across the period of the strategy, as evidence of the effectiveness of actions taken relating specifically to alcohol related health harms. Further detail of Sheffield’s performance against LAPE measures can be found in the embedded document below.



LAPE 2015 data.pdf

The strategy will link to Sheffield’s other local strategies and plans, most notably the relevant objectives in the Sheffield Corporate Plan, 2015-18⁸, and the Sheffield Joint Health and Well-being Strategy, 2013-18⁹.

The ‘alcohol agenda’ in Sheffield

1.7. It is important to note that responsibility for identifying alcohol misuse lies with all organisations working with the population of Sheffield. This strategy will therefore seek to ensure that organisations are equipped with the information and ability to educate, identify issues and support people to access the most appropriate form of support to prevent further deterioration.

1.8. The agenda of ‘making every contact count’¹⁰ is essential in the implementation of this strategy: alcohol impacts on numerous areas of a person’s life and its presenting harms may not always be

⁸ <http://www.sheffield.gov.uk/your-city-council/policy--performance/what-we-want-to-achieve/corporate-plan.html>

⁹ <http://www.sheffield.gov.uk/caresupport/health/health-wellbeing-board/what-the-board-does/joint-health-and-wellbeing-strategy.html>

¹⁰ <http://www.makeeverycontactcount.co.uk>

identifiable in the most obvious places. Sheffield must aim to be a city where the recognition of alcohol related harm is embedded in the practice of both universal and specialist services.

Implementation

- 1.9. The implementation of the Sheffield Alcohol Strategy 2016-2020 will be overseen by Sheffield DACT on behalf of SCC through an action plan monitoring all actions identified through the five themes of the strategy. The implementation board will be chaired by the Director of Public Health for Sheffield City Council.
- 1.10. The Department of Health¹¹ issued new alcohol consumption guidance in January of 2016. These are set out below. All educational materials, screening tools and guidance issued to individuals through the actions of this strategy will reflect this guidance:
- You are safest not to drink regularly more than 14 units per week, to keep health risks from drinking alcohol to a low level.
 - If you do drink as much as 14 units per week, it is best to spread this evenly over 3 days or more. If you have one or two heavy drinking sessions, you increase your risks of death from long term illnesses and from accidents and injuries.
 - The risk of developing a range of illnesses (including, for example, cancers of the mouth, throat and breast) increases with any amount you drink on a regular basis.
 - If you wish to cut down the amount you're drinking, a good way to help achieve this is to have several drink-free days each week.

All specific actions, outcomes, and milestones are captured in Appendix 1, the Alcohol Strategy Implementation Plan.

Section 2: Theme 1 – Alcohol and Health

- 2.0. The aim of the strategy is to educate individuals about the impact of alcohol on their health (both physical and mental) in order that they can make informed decisions about their alcohol consumption; promote widespread screening to identify issues as early as possible for those experiencing alcohol related health issues and approaching universal services and primary healthcare organisations for support. The over-arching aim of this theme of the strategy is to reduce the prevalence of alcohol related ill health, reduce hospital admissions, and alcohol specific mortality. This can be achieved through primary, secondary, and tertiary prevention processes. Success against these aims will be measured by using annual LAPE data to track improvement across the 4 year strategy period (see action plan at Appendix 1).
- 2.1. Aside from the financial impact referenced in the introduction there is a need to explore the personal costs to the individuals and communities of ill health caused by alcohol use. Stakeholders consulted on the issue of alcohol and health commented that a lack of comprehension about the harm alcohol does to health contribute significantly to the amount of alcohol people drink.
- 2.2. Alcohol use is linked to a number of attributable health problems; some 'unexpected' due to lack of awareness of the impact of alcohol on the body. The table below shows health conditions that can be

¹¹ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/489795/summary.pdf

caused or exacerbated by alcohol use, and how Sheffield ranks against the England average for incidences of and / or hospital admissions related to the conditions¹²:

Condition	Rank against England Average for related Hospital admissions	Trend
Liver disease	Better than average.	Increasing
Cancer (alcohol has a causal relationship with 7 types of cancer including: mouth, throat, bowel and breast cancer – smoking and drinking alcohol increases risk)	Similar	Stable
Heart conditions and hypertension	Better than average.	Increasing
Diabetes	No LAPE data.	Unknown
Alcohol poisoning (including deliberate self-poisoning)	Similar to average.	Stable after period of increase
Mental ill health/behavioural disorders	Worse than average.	Stable
Dementia/alcohol related brain damage	No LAPE data.	Unknown

2.3. It is important that people understand the risk that excess alcohol use poses to their health and wellbeing. The strategy should lead the way in citywide education and screening. People can only make informed decisions about their alcohol use if they are equipped with the knowledge of the impact it has on health and wellbeing.

2.4. There is a need for identification and early intervention to prevent alcohol use becoming misuse, and this can be delivered in a range of settings; however, healthcare settings offer key opportunities for successful engagement.

2.5. Universal and targeted alcohol screening - alcohol screening tool¹³

2.5.1. A number of screening tools are used throughout the UK to assess alcohol use; either universally or targeted to a certain group of individuals. In Sheffield the current commissioned treatment service has developed a screening tool (piloted in pharmacies in 2012 and rolled out to all treatment services, 31 GP practices, and a number of other health and social care settings). The tool offers a direct referral to treatment if needed, as well as personalised harm reduction advice tailored to the individual being screened. To date, over 2000 individuals have been screened in Sheffield – 1,178 of them during 2015/16 evidencing the growing use of the tool among Sheffield agencies.

2.5.2. The effectiveness of alcohol screening and brief intervention is evidence based (SIPS 2010¹⁴) The agenda of early intervention is supported by Sheffield’s Joint Health and Wellbeing Strategy which states the following: ‘We will prioritise upstream activity, support early intervention and prevent issues escalating at the earliest opportunity.’ The screening tool’s further use and development offers the opportunity to use an existing resource to more widely raise the profile of alcohol on the city’s agenda. Plans are in place to develop the tool further to allow self-screening across the population of Sheffield using the tool in an electronic format, so that it can be used in a whole population approach to

¹² <https://www.drinkaware.co.uk/check-the-facts/health-effects-of-alcohol>

¹³ <http://www.alcoholscreeningsheffield.co.uk/> - created by Sheffield Health and Social Care, 2012

¹⁴ Screening and Intervention Programme for sensible drinking (SIPS),2010

awareness, education, and early identification. The following healthcare settings are identified as offering excellent opportunities to engage with the wider population on the issue of alcohol:

- 2.6. **Pharmacies** - offer a unique opportunity to engage individuals that may have not yet approached their GP but are seeking some form of medical advice. Community pharmacies in particular have significant footfall and as such offer the opportunity to engage large numbers of people; the expansion of the Healthy Living Pharmacy programme has given these pharmacies greater capacity.
- 2.7. **GP Practices** - GP surgeries see high volumes of individuals – ‘problem’ drinkers are estimated to present at their GP twice as often as non-problematic drinkers. Therefore screening and directing people to the right place support would, in the long term, reduce the burden alcohol use disorders place indirectly on primary care. NICE Guidance¹⁵ recommends universal screening: however, this is not practical within GP surgeries due to the length of appointments. Where universal screening is not possible, targeted screening can be used to efficiently screen where there may be a higher risk of the problem being present. For example, in primary care this could involve screening those who present with conditions with a likelihood of relating to alcohol misuse: anxiety and depression, hypertension, gastric reflux issues. Work is on-going with the Sheffield Clinical Commissioning Group (CCG) and Sheffield Teaching Hospitals (STH) to make screening a priority in health care settings.
- 2.8. From 1 April 2015 it became a contractual requirement for GPs to identify newly registered patients aged 16 and over drinking at increased or higher risk levels. However, as this solely involves new patients this will not capture enough people in the practice’s community and further reach is required. 31 (27%) surgeries in Sheffield currently have a licence to use the electronic screening tool. Expansion of the proportion of GP surgeries utilising the tool will be a focus of the strategy period. Community Support Workers (CSWs), employed by SCC, work into the majority of GP surgeries across the city. All CSWs will be trained to use, and given a log in to access, the alcohol screening tool. Utilising their support in population screening will remove some of the burden of time pressure from GPs, and spread the knowledge of the alcohol screening tool further.

This work would fulfil aims of the ‘Healthy Conversations’ and ‘Making Every Contact Count’ agenda which has an evidence base towards improved outcomes for the individual, family, and society¹⁶.

- 2.9. **NHS Health Checks** also offer an additional opportunity to address the issue of alcohol; the check should be offered every five years, to all 40-75 year olds, by their GP surgery. In 2013/14, alcohol screening was added as a requirement. However, not all surgeries are utilising the screening tool to deliver this. This is a priority action for the strategy period.
- 2.10. **Links to smoking** - As smoking and increased risk alcohol use can pose a higher risk of developing specific conditions such as mouth and throat cancer, it is important to link the work of services supporting alcohol users and smokers. One of the actions for the strategy will be to scope out joint working approaches between the SCC commissioned alcohol services for including exploration of the use of the alcohol electronic screening tool within smoking cessation services and ensuring alcohol services monitor smoking status and offer referral and support and encourage them to access smoking cessation interventions. The current provider of alcohol treatment services in Sheffield, Sheffield Health and Social Care (SHSC), went fully smoke free from 31 May 2016: this includes their inpatient detoxification provision. As such, people accessing their services are required to be smoke free on

¹⁵ Alcohol Use Disorder: Preventing Harmful Drinking, PH 24, 2010

¹⁶ <http://www.ahpf.org.uk/files/AHP%20Public%20Health%20Strategy.pdf> – A strategy to develop the capacity, impact and profile of allied health professionals in public health 2015-2018.

site, and will be offered nicotine replacement therapy alongside their inpatient treatment. This increases the opportunity to address alcohol and nicotine use together.

2.11. Hospital admissions and A and E attendances

2.11.1. In England around 7% of all hospital admissions are due to alcohol-related conditions; accounting for around 1 in 8 NHS bed days and day cases. In addition, 35% of A and E attendances are alcohol related (rising to 70% at peak times between the hours of midnight and 5am). England alcohol-related and specific admissions to hospital have increased between 2008/09 and 2013/14 and Sheffield trends mirror this.

This strategy aims to put in place initiatives that will support improvement in these areas. However, it is worth noting that there is a two year lag on national LAPE data so the actions put in place in 2016/17 will not translate into performance data until 2018.

2.11.2. Large numbers of individuals with alcohol misuse issues are likely to be found in all wards of STH (further information in hospital based initiative section) having been admitted for numerous reasons, but with alcohol as a contributory or causal factor. This should be utilised as an opportunity to screen, offer a brief intervention, and a referral where necessary to access alcohol support services: ultimately preventing re-admissions to hospital for alcohol related and specific issues, and supporting sustainable health outcomes. Not all individuals admitted to hospital with alcohol use disorders are identified if their condition is not clearly attributable to alcohol misuse; however, evidence suggests that for those whose conditions are clearly attributable there is a high rate of relapse post discharge and re-admission to hospital. A local study¹⁷ illustrates this. Of 142 patients admitted with alcohol use disorders and subsequently discharged the readmission rate was 50%, relapse rate was 80% by 100 days post discharge and 100% within 1-2 years. After 2 years, 31 had died, and 100% had been re-admitted at least once. When asked why they had relapsed, 53 could give no particular reason or trigger, suggesting the post discharge offer requires evaluation in terms of this particular cohort of patients; those with regular hospital admissions due to alcohol use disorders, and experiencing high relapse rates.

2.11.3. SCC commissions an Alcohol Liaison Nurse (ALN) role in its community treatment transition to community treatment. It is widely accepted that this resource (supported by an alcohol worker from the community service as well), is not sufficient when compared to the prevalence of this issue in STH admitted patients. Unfortunately there is no further resource to allocate to this work stream, therefore the community treatment provider has been asked as part of the recent re-tender of alcohol services to re-scope the offer with a view to making it more effective, however, this involves the support from colleagues in STH. The aim is to standardise screening across STH sites, in order that STH staff identify the patients with an alcohol related issue.

2.11.4. Once identified, then the ALN and team will take responsibility for engaging the patient, assessing them, and brokering further support and treatment requirements in the community. Once this is in place, it should impact positively on readmission rates for alcohol conditions: as it is, of those referred to in the study above, 43% received a brief intervention from an alcohol worker during their admission, and 39% went on to attend the community alcohol service: neither of these interventions impacted on eventual readmission to hospital. Therefore, the ALN will work closely with Sheffield Alcohol Support Service (SASS) who are offering a peer based in reach initiative to STH for those with alcohol related

¹⁷ Study completed by Professor D Gleeson, Consultant, Hepatology, NGH, 2014 (based on patients admitted during October 2012 and March 2013).

admissions: they will provide support and guidance to the patient through the discharge process and support them practically by accompaniment to community treatment appointments etc. It is hoped this 'end to end' approach within hospitals will impact on reducing alcohol admissions, and preventing re-admission, making sustainable recovery more likely for the individual.

- 2.11.5. A role has also been identified for Community Support Workers to support this aim: they can potentially be informed of someone's discharge from hospital and provide one to one support to that individual when they are back in the community supporting them to access their community treatment and providing more generic support to make a more positive outcome likely.

2.12. Alcohol and Liver Disease

2.12.1. PHE data¹⁸ indicates deaths from Liver Disease (LD) are increasing in England, in contrast to most other EU countries. Alcohol is the most common cause of LD in England, responsible for over a third of cases. In Sheffield there is a rate of 10.2 deaths per 100,000 populations which is on a par with the Yorkshire and Humber average but higher than the 8.7 per 100,000 England average.

2.12.2. PHE Longer Lives website¹⁹ recommends GPs be supported to carry out early risk assessment for liver disease, using a validated tool such as the Southampton Traffic Light (STL) Calculator²⁰. Sheffield's Joint Health and Wellbeing Plan has identified a 'worrying upward trend in ill health due to liver disease', and as such, this strategy should seek to support the early identification of liver disease alongside the work to screen for alcohol misuse. The risk of LD may potentially make the difference for individuals when deciding whether to accept a referral to treatment or not, as a tangible health risk. However, the STL has not been independently validated and as such, it may be more useful for local clinicians to develop an index of alcoholic liver disease.

2.12.3. PHE Longer Lives guidance recommends the use of awareness raising campaigns specifically addressing the dangers of alcohol and the 'silent nature' of liver disease. Alcohol Concern²¹ state 'when your liver is damaged, you generally won't know about it – until things get serious'.

2.13. Alcohol Related Brain Injury (ARBI) and links to dementia

2.13.1. Studies have confirmed that excessive and long term alcohol use can permanently damage the structure and function of the brain.²² Of the 142 patients from the local study, 56% had brain atrophy. A small number were due to thiamine deficiency; causing Wernicke's encephalopathy and Korsakoff's psychosis (WKS). The main symptoms are loss of memory, confusion, drowsiness, loss of spontaneity and poor balance - symptoms of the condition are often mistaken for intoxication, or mental ill health. It is a treatable condition; however, identification is a problem. The majority of ARBI is caused by the direct toxic effects of alcohol on the brain.

2.13.2. It is likely that individuals suffering from ARBI may be perceived as unwilling to engage with services, or unwilling/unable to keep appointments with providers, and responsiveness to 'talking therapies' may be limited because of this. This should be considered when planning support interventions for this group and how community treatment can be effective for them.

¹⁸ <http://fingertips.phe.org.uk/profile/liver-disease>

¹⁹ <http://longerlives.phe.org.uk/health-interventions/liver#are/E08000019/par/E92000001>

²⁰ <http://livertraffilight.info/stl/>

²¹ <https://drinkaware.co.uk/check-the-facts/health-effects-of-alcohol>

²² Alcohol related dementia – an update to the evidence – Ridley, Draper and Withal, Alzheimer's Research and Therapy, 2013

2.14. Alcohol Related Deaths

2.14.1 Following the pattern of alcohol related health issues, alcohol related mortality among males in Sheffield is of particular concern; these continue on an upward trajectory.²³ LAPE data estimates there were 130 deaths wholly due to alcohol misuse in Sheffield in 2012/13, of which 100 were males. LAPE records Sheffield as 'worse than the national average' for the indicator 'alcohol specific mortality – males'. The highest levels are among deprived populations; there is a specific focus in the Community Responses and Vulnerable Groups theme of the strategy on working to improve alcohol related outcomes for males in deprived areas of the city.

There is no national guidance for Local Authorities on monitoring alcohol related deaths as there is for drug related deaths and as such, Sheffield does not have a formal process in place at present.

2.15. Yorkshire Ambulance Service

Yorkshire Ambulance Service (YAS) has an alcohol referral pathway running county-wide which supports paramedics to refer patients to specialist alcohol services across the region after assessment using the CAGE²⁴ tool, and delivery of IBA. During quarter 1 of 2013/14, YAS attended 10,178 calls where alcohol use was suspected: 5.9% of total calls received. Joint working with YAS is essential to ensure that alcohol misuse is addressed where alcohol has contributed to an emergency call out and discussions are planned about the feasibility of using the screening tool.

2.16. Young people (16s and under attending children's A and E)

Sheffield Children's Hospital (SCH) has confirmed that specific data is not collected on alcohol ingestions in this age group beyond their standard admission coding. Intelligence from staff suggests this is a rare occurrence, and that there is information about the young people's substance misuse treatment service available at SCH. It would be advisable to formalise a pathway for when incidents such as this occur, with the support of the Sheffield Safeguarding Children's Board (SSCB) Substance Misuse Safeguarding Team. It should also be noted that a number of 16 year olds present at adult A and E, and the Community Youth Team (CYT) have agreed a pathway with Northern General Hospital to ensure those individuals are offered appropriate support at the point of discharge.

2.17. Pregnancy and alcohol

There is conflicting information about alcohol and pregnancy available; however, the Department of Health (DoH) recommends that pregnant women avoid alcohol completely. STH's maternity provision screens expectant mothers for substance misuse, and midwives monitor for alcohol use among this cohort as standard. From August 2016, the electronic screening tool will be embedded into the tablets used by midwives, and every pregnant woman in Sheffield will be screened using the tool. If an issue is identified, there will be an automatic referral to the vulnerabilities midwives and intensive support and treatment offered. This will impact positively on the woman's health, and that of her unborn child and the family unit. It will support early intervention and as such is likely to impact positively on rates of Foetal Alcohol Syndrome (FAS), and the number of babies of alcohol misusing women being subject to social care procedures.

²³ www.lape.org.uk

²⁴ CAGE is an internationally used assessment instrument for identifying alcoholics, with a total of 4 questions. Developed by Dr John Ewing, founding Director of the Bowles Centre for Alcohol Studies, University of North Carolina at Chapel Hill. CAGE is an internationally used assessment instrument for identifying alcohol dependence. <http://www.patient.co.uk/doctor/cage-questionnaire>.

Section 3: Theme 2 – Alcohol Treatment and Recovery

3.1. Sheffield's Joint Health and Wellbeing Strategy states the following as an action:

Action 2.6: 'Commission appropriate interventions to reduce harm and promote pathways to structured treatment services for those abusing alcohol or misusing illicit or illegal substances, including reducing the 'hidden harm' to children living in households where adults abuse alcohol or drugs.'

- 3.2. Since Sheffield DACT formally took over the commissioning of alcohol treatment for Sheffield in 2007 significant progress has been made in commissioning a robust, easy access treatment system with no waiting times. The current community treatment service offers a 'walk in' provision, and those telephoning or being referred for an appointment are offered one within a maximum of 5 days. There is considerable evidence to the harms being caused by alcohol misuse in Sheffield.
- 3.3. In 2014/15, 75% of assessments commissioned were utilised. In 2015/16, it was 69%. As such, Sheffield is in a position where demand for treatment does not equal the need for treatment. As well as screening more widely and 'finding' more individuals needing an intervention, the strategy period will also oversee the increase in engagement tools used to offer people an intervention that meets their needs, for example the increased use of telephone assessments to offer a flexible support intervention where someone is unwilling or unable to attend the service in person.
- 3.4. The 'front door' to alcohol treatment in Sheffield is through the Single Entry and Assessment Point (SEAP) which is a single contact access point. Self-referrals and referrals by GPs are the largest source of referrals. High levels of self-referral are encouraging; indicating that SEAP is well promoted and has an identity in the city, and information about it is easily accessible. Services offer a range of interventions, staged by intensity in line with NICE guidance, including: assessment, identification and brief advice, extended brief interventions, psychosocial interventions, and specialist prescribing for alcohol misuse in the community (community detoxification, nutritional prescribing and prescribing for relapse prevention).
- 3.5. **Alcohol screening tool** – originating from the treatment service, the tool has been essential in increasing screening across agencies in Sheffield. Multi Agency Support Team (MAST) workers now use this as standard on any parents they are working with, and, as described above, this will be standard practice within midwifery. MAST referrals to alcohol treatment have increased by 150% since the use of the tool was standardised. Even where people do not consent to a referral, there is an evidence base²⁵ suggesting that the brief intervention consisting of the conversation and the personalised harm reduction advice issued as a result of the screening outcome, will impact on people's behaviours going forward: the ultimate aim of the tool is not to refer everyone to treatment, but to offer a staged approach depending on the individual's response.
- 3.6. SCC and Sheffield CCG negotiated during 2015/16 that one of the Commissioning for Quality and Innovation (CQUIN)²⁶ frameworks will be the application of the alcohol screening tool for all new mental health assessments in Sheffield. In quarter 4 of 2015/16, 45 Community Mental Health Nurses were trained in the use of the tool and their screening and referral activity has increased immediately.

²⁵ http://www.shef.ac.uk/polopoly_fs/1.432851/file/Alcohol-2_2.pdf - Alcohol Use Disorders: Preventing Harmful Drinking, School of Health and Related Research (SchHARR) – University of Sheffield.

²⁶ <http://www.partnershipincare.co.uk/what-are-cquins>

3.7. **Hidden Harm – the children of alcohol misusing parents**

- 3.7.1. The welfare of the children of substance misusing parents is widely recognised as a priority. SCC commissions a specific service to address this: SSCB Safeguarding Children Substance Misuse Service, which provides specialist advice, consultancy and support to alcohol (and drug) treatment providers to ensure that the welfare of children with substance misusing parents remains paramount and safeguarding concerns are identified and addressed. The service provides a liaison role, tracking all cases pertaining to children of individuals in substance misuse treatment services through safeguarding, and sharing information between agencies. This service works with the treatment provider's named safeguarding lead and service managers. The service is available for support and enquiries from the treatment provider, and will provide feedback on quality within the service. Sheffield DACT and the SSCB Safeguarding Children Substance Misuse service both conduct annual safeguarding audits within all commissioned treatment providers, and the outcomes of the audit are shared for learning. Further use of the screening tool in agencies working with the whole family will be key in identifying alcohol misuse impacting on family life and relationships, and the welfare and safety of children in the home.
- 3.7.2. In a recent themed audit on cases of children living with alcohol misusing parents, case workers stated the tool enabled them to have a difficult conversation with parents much more easily. The two ultimate recommendations of the audit were that a) the use of the tool should be rolled out further into other agencies working with the family, and b) that earlier engagement with treatment services led to better outcomes and should be promoted. These recommendations will be rolled out through the subsequent learning practice group.

3.8. **Inpatient detoxification**

- 3.8.1. Inpatient detoxification (IPD) is used for a number of reasons, including as preparation for residential rehabilitation, or as an alternative to community detoxification where there are too many risks to carrying out the detox in the community. Currently, substance misuse IPD is provided from one of five beds located on Burbage Ward. There is always a high demand for alcohol detoxification in the specialist provision. Even more²⁷ individuals receive alcohol detoxification on wards of STH following an unplanned admission where the patient has been found to be alcohol dependent. This is placing significant resource pressures on STH. Protocols for STH to identify patients on site, and direct them to the liaison workers will be prioritised during this strategy period. Rapid access back to community treatment provision is a key area for focus in addressing this particular issue, as well as prevention of admissions and readmissions through actions identified in Theme 1. The audit carried out on the sample of 142 patients of the gastroenterology ward that were admitted with alcoholic liver disease for detoxification and treatment, indicated a significant proportion were readmitted within a year, and relapsed (see Section 1).

3.9. **Residential rehabilitation**

Sheffield DACT manages the annual budget for purchasing substance misuse related residential rehabilitation on behalf of SCC. Places are spot purchased on a case by case basis.

²⁷ STH estimates this to be around 800 per annum as a minimum.

3.10. **Treatment outcomes** - NICE guidance²⁸ states commissioning should focus the on outcomes of treatment, which supports the Government's Alcohol Strategy 2012 aim to increase the effectiveness of treatment for dependent drinkers. However, there is an on-going debate both nationally and locally about what constitutes successful outcomes from alcohol treatment and whether this is based solely on a successfully completed treatment episode, or should be a longer term measure including not re-presenting to treatment within a set time period. The PHOF indicator for substance misuse measures re-presentation within a 6 month period.

3.10.1. From 1 October 2016 community treatment services will be required to seek consent from people successfully discharged from treatment to contact them at 3 and 6 months post treatment to check whether they have remained in recovery. This data will be collected during the strategy period to build a local evidence base for the efficacy of treatment interventions.

3.11. Mutual aid and recovery in Sheffield

3.11.1. Mutual aid is peer led, open access support which is used by those who do not wish to attend formal structured treatment, in addition to formally commissioned treatment, or by those who have completed treatment for relapse prevention and on-going recovery. Sheffield currently offers over 47 discrete mutual aid groups including AA and SMART Recovery. Links to all mutual aid groups are available on DACT website and the list is updated regularly²⁹.

3.11.2. Mutual aid is not formally commissioned, therefore SCC does not have a commissioner / provider relationship with these groups, nor does it have any responsibility for the governance of these services. However, the benefits of mutual aid for recovery are numerous, and the Advisory Council on the Misuse of Drugs wrote to the Government in 2013³⁰ and asked 'that the roles of recovery community organisations and mutual aid, including Alcoholics Anonymous... and SMART Recovery, are to be welcomed and supported as evidence indicates they play a valuable role in recovery'. Work is currently being undertaken by SCC in partnership with other stakeholders, to create a vibrant recovery culture in the city of Sheffield, for all recovering and recovered individuals with substance misuse issues. Engagement with these groups and the recovery offer in the city gives individuals the opportunity to build emotional wellbeing and resilience, which in turn increase the chance of sustainable recovery.

3.11.3. DACT chairs a regular Service User Recovery Reference Group (SURRG), which brings together service users and providers; this now has regular attendance from mutual aid group leads in Sheffield. Part of the remit of this group is to plan recovery activity for Sheffield to ensure it remains visible and inspiring. They also attend Sheffield Addiction Research Recovery Group (SARRG) which is a peer led group aiming to support recovery focus groups and promote their activities. SARRG's longer term vision is that Sheffield becomes known as the recovery capital of the UK, providing a model of advanced recovery research and action for others to follow³¹.

3.11.4. SCC and its commissioned providers have strong links with Sheffield Alcohol Support Service (SASS), a third sector provider working specifically on alcohol and recovery. The Alcohol Recovery Community (ARC) is an established recovery community in Sheffield and SASS is supportive of commissioned

²⁸ Services for the identification and treatment of hazardous drinking , harmful drinking and alcohol dependence in children, young people and adults – commissioning guide – NICE

²⁹ <http://sheffielddact.org.uk/drugs-alcohol/help-and-support/mutual-aid-support-groups-for-drugs-and-alcohol>

³⁰ Letter from the Advisory Council on the Misuse of Drugs (ACMD) to Norman Baker MP, 28 November 2013

³¹ www.shu.ac.uk/faculties/ds/slc/sarrg.html

treatment services, attending monthly Provider and Referrer Group meetings and planning joint work to ensure service users are offered formal treatment interventions and mutual aid.

3.12. Young people and alcohol treatment

- 3.12.1. Treatment for young people aged 18 and under is provided by 'The Corner'. Alongside the specialist substance misuse support and treatment offered in partnership with the Youth Justice Service and Community Youth Teams to under 18s, the service provides education and support to young people as part of the prevention agenda in young people's services. This includes delivery of targeted educational group work sessions in schools, youth clubs and community centres focusing on alcohol and its effects alongside the range of other drugs as relevant to the young people concerned. During 2014-15, 556 young people accessed targeted group work programmes. The service also delivered the alcohol awareness agenda as part of 'Crucial Crew', the personal safety educational programme delivered to Key Stage 2 pupils in Year 6 of primary school (10 and 11-year-olds) at the Lifewise Centre in Rotherham. During 2014-15, 5,835 young people received this intervention. Going forward this will no longer be delivered by the Corner, however, this will be picked up by Police Community Support Officers (PCSOs) supported by the service.
- 3.12.2. The Corner and adult substance misuse services have an agreed transitions protocol to manage the transition from young people's to adult services if and when this is required. Between 2011/12 and 2012/13 there was a 22% reduction in the total number of young people treated for alcohol misuse. The trend in numbers reducing for young people presenting for treatment is also seen nationally.

Section 4: Theme 3 – Licensing, Trading Standards and the Night Time Economy

- 4.1 Throughout this theme there will be a balance between supporting Sheffield to achieve the strong economy identified as a goal in the Corporate Plan (which will be encouraged by a night time economy which diversifies itself), and minimising harms from alcohol use in the night time economy, to ensure the health and well-being of its citizens. Below are some examples of what has already been achieved in this area in Sheffield:
- 4.2 **Purple Flag** - In 2011, Sheffield was the first city in Yorkshire to be awarded 'Purple Flag' status. This is a national accreditation status given to 'town centres that meet or surpass the standards of excellence in managing the evening and night-time economy'³².
- 4.3. **Best Bar None** is a Home Office supported accreditation scheme for responsible practice by licensed premises, and its assessment is based on the principles of licensing practice. Currently in its 7th year, 39 premises are accredited. In 2016, Sheffield was awarded 'Best Overall Scheme' and 'Most Innovative Scheme' at the national Best Bar None awards.
- 4.4. Intelligence gathered at the March 2015 expert group indicated that one of the concerns about the work being done in the night time economy and alcohol in Sheffield is not visible enough. Addressing this is a priority for the Business Improvement District (BID) work³³.
- 4.5. Work on alcohol and the night time economy (NTE) in Sheffield must be pragmatic: people use alcohol as part of their leisure time and social life, to discourage this completely would be unrealistic. What is realistic, however, is to influence overall reductions in alcohol consumption in the city by implementing

³² http://www.atcm.org/programmes/purple_flag/WelcometoPurpleFlag

³³ www.sheffieldbid.com

high level policy changes, for example, through work with Licensing on a number of policy areas, and reducing alcohol related harm.

4.6. **Pre-loading**

4.6.1 This is a term applied to the consumption of alcohol prior to visiting licensed premises. Often this can be a cheaper option. Intelligence from local license holders suggests that the impact of pre-loading on their businesses is significant: people buy fewer drinks, but are just as intoxicated as if they had been drinking all night; this then creates a risk for the venue to manage that they have not been instrumental in creating.

4.7. **Anti-social behaviour** has an impact on the night time economy in Sheffield – this is covered in Theme 4 – Alcohol and Crime. However, it is worth noting that during 2013/14 the main location that incidents took place outside of the home, was at a bar or club (reporting 503 incidents across the year). Harm reduction measures such as the provision of polycarbonate glasses have had some success: glassing related incidents reduced in the last strategy period from 44 in 2011/12 by 52% to 23 in 2013/14. The majority of incidents take place on Friday, Saturday and Sunday evenings (83%), between the hours of 10pm and 3am. The victim is usually aged between 18-29 years of age, and over half are male.

4.8. **Alcohol and new psychoactive substances**

4.8.1. Public Policy Exchange³⁴ suggests there is a newly emergent night time economy in the UK, where the focus is the use of New Psychoactive Substances (NPS) or 'legal highs' alongside alcohol, rather than solely excessive/competitive alcohol consumption as has been seen in the past. Evidence is cited from the Office of National Statistics³⁵ (ONS), suggesting there has been a marked reduction in binge drinking among 18-24 year olds, with 40% more of this age group stating they did not drink alcohol when asked in 2013, than the same group when asked in 2005.

4.8.2. There is very little data available about prevalence of NPS use either nationally or locally, however, anecdotal information from licensees, drug treatment services and the popularity of 'head shops' in the city indicate use is prevalent. On completion of a recent audit provided by PHE on what action local drug and alcohol teams are taking addressing NPS, the importance of out-reach into the night time economy and licensed premises, taking information to where users are, was highlighted. This will be an action in the implementation plan. Sheffield Trading Standards continues to work to seize NPS sold in Sheffield retailers. There is new legislation being implemented during 2015 on NPS and the strategy will reflect the national work on this.

4.9. **Licensing and alcohol**

4.9.1. Anyone operating premises or holding events involving the sale or supply of alcohol must have a licence. SCC's Licensing Service administers the Licensing Act 2003 and requires by law that licensed premises are compliant with licensing legislation. DACT have input into the regular 'Statement of Licensing Policy' prepared by Licensing. In summer 2016 Licensing advised it had been asked by Cabinet to prepare a 10 year Citywide Licensing Strategy and would be holding workshops to consult with key stakeholders on the content of said strategy. The content of the Licensing Strategy should be

³⁴ <http://www.publicpolicyexchange.co.uk/>

³⁵ <http://www.ons.gov.uk/ons/rel/ghs/opinions-and-lifestyle-survey/adult-drinking-habits-in-great-britain-2013/stb-drinking-2013.html>

informed by the Sheffield Alcohol Strategy and key members of the strategy implementation group should be involved in the work to ensure the agenda of licensing policy and its impact on alcohol related harms remains a priority.

4.9.2. The purpose of the system of licensing is to promote four fundamental objectives (“the licensing objectives”).

Those objectives are –

- The prevention of crime and disorder;
- Public safety;
- The prevention of public nuisance;
- The protection of children from harm.

4.9.3. There are a number of ‘responsible authorities’ under the Licensing Act 2003; public bodies that must be notified of applications and are entitled to make relevant representations in relation to applications. They include the local area police, the fire service, the environmental health authority, the enforcing authority under the Health and Safety at Work etc. Act 1974, the local authority’s Director of Public Health and the Safeguarding Children Board, amongst others.

4.9.4. There should be much more joint work between Licensing, DACT and Public Health during the strategy period. Current processes are not adequately joined up: licensing oversee much of the activity taking place in the night time economy, and the strategy being implemented is dependent on an access point to influence licensing activity. A shared strategic direction would be useful in long term planning about management of the night time economy and those implementing this strategy would seek to lobby for implementation of policy tools to reduce alcohol related harm. For example, local approaches to cumulative impact policy (CIP) will be determined through these processes and there is a strong evidence base to suggest that CIPs are effective in impacting whole population alcohol consumption and also positively impacting on alcohol related health harms, anti-social behaviour and crime, and other impacts of alcohol use³⁶. At present, Sheffield does not implement a CIP.

4.10. **Cumulative Impact Policy (CIP)**

4.10.1. The issue - A high density of premises selling alcohol or providing late night refreshment can lead to alcohol related harms and nuisance. These problems occur as a result of large numbers of drinkers being concentrated in an area, for example when leaving premises at peak times or when queuing at fast food outlets or for public transport. CIPs are not referred to in the 2003 Licencing Act specifically but in Home Office guidance issued under the Act. The Act requires a licensing authority to publish a statement of licensing policy at least 5 yearly, and the statement can (following consultation), include a CIP.

4.10.2. The response - The planned work on a 10 year Licensing Statement would be an opportune time to evaluate such a proposal for Sheffield. In order to do so, robust data would need to be provided by key organisations to evidence a need, and acquiring buy in from those agencies would be an action for the implementation group. The Licensing Act 2003 presumes that any application for a new licence/variation on an existing licence will be granted unless to do so would contravene the licensing objectives. A CIP ‘creates a rebuttable presumption’ that applications for licences which are likely to

³⁶ Alcohol:cumulative impact policies, Briefing Paper July 2015, fileL:///C:/Users/HP028280/Downloads

add to the existing cumulative impact will be refused or subject to limitations ‘unless the applicant can demonstrate that there will be no negative cumulative impact on the licencing objectives’. However, it should also be noted that a special policy can never be absolute and should allow for the circumstances of each application to be considered properly, and every application must be considered individually. There is a significant process to implement in order to evidence need for, and consult on a CIP and ensure it is implemented fairly and legally, and it should be the aim of this strategy to explore all options regarding this as a policy response to alcohol harms in Sheffield.

4.11. **Minimum Unit Pricing and Reducing the Strength**

4.11.1. The issue - In 2012 the Government committed to introducing a minimum unit price (MUP) for alcohol³⁷. This means a baseline price for alcohol, below which it legally couldn't be sold. This approach targets predominantly high strength alcoholic drinks that are sold very cheaply, and that are often consumed by high risk drinkers and younger people. The Government called for a minimum unit price of 45p per unit, however, organisations such as Alcohol Concern cite 50p per unit as being more likely to reduce consumption and therefore harm. The Government has not introduced the MUP, despite a consultation being held nationally on it at the time of the proposal. As such it is left to local authorities to decide on their approach to this issue.

4.11.2. The response – Given that the Government has not introduced a national minimum unit price at this time, one of the actions of the Sheffield strategy will be to explore alternative policy measures to achieve the same objectives. We are aware that other areas have considered a range of policy approaches to achieve this and we will consider these on their merits and the available evidence during the strategy implementation period.

4.12. **Test purchasing**

4.12.1. The issue - South Yorkshire Police, Trading Standards, young people's services and the Licensing Project Manager from Sheffield's Safeguarding Children Board deliver training for staff working in licensed premises in the city in relation to underage/proxy sales and the need to safeguard children from harm. This training also aims to educate those selling alcohol about the importance of responsible sales due to the harms caused by alcohol. There is often a high turnover of staff in licensed premises, which does pose a challenge. Staff of any new premises granted a license are offered the training. Sheffield also has a 'Children's Charter' created through joint working, challenging irresponsible licensing behaviour.

4.12.2. The response - Regular test purchasing is carried out to ensure that underage young people are not able to buy age restricted products in Sheffield. Criteria to select premises include being a new business, in a 'hotspot area', not having been tested for a period of time, or having recently failed a test purchase and being re-tested. Test purchasing can also be done in response to complaints or intelligence. Regular sharing of data on outcomes of test purchasing would allow DACT to oversee levels of underage sales in the city.

4.13. **Festivals, sports and major city events** - In most cases, large events in Sheffield will engage the Safety Advisory Group (SAG), a multi-agency group established to provide specialist advice and guidance in relation to safety at concerts, festivals and other events. SYP have substance misuse on the agenda for event organisers to consider and an organiser pack is given out which includes a risk assessment template – this is good practice and unique to Sheffield. Conditions are attached to the

³⁷ <http://www.alcoholconcern.org.uk/what-we-do/campaigns/minimum-unit-pricing/>

granting of a temporary licence to run an event where appropriate, which may include attending training. This allows Safeguarding Children to influence the event's running and ensure it is adequately protective of young people, and SYP to ensure it is protecting all potential attendees. Often commissioned substance misuse treatment providers will attend large organised events to promote awareness and education about substance misuse and encourage engagement with treatment where needed. SCC's Health and Safety enforcement team will review applications to hold an event and where necessary advise to ensure safety issues such as alcohol related harm are covered.

4.14 **Responsible retailers** - This scheme has been running since 2001 and recognises responsible retailers, providing education and staff training on avoiding illegal sales. Retailers that meet the criteria and have approval from South Yorkshire Police receive certificates of merit. The scheme is a benefit to participants as it allows access to staff training, and recognises positive behaviour. It has also been proven to discourage requests for underage sales in shops where the scheme has been in place for some time.

4.15. **Illicit / Counterfeit alcohol**

4.15.1. The issue - Trading Standards also work on the issue of illicit alcohol– this is either fake alcohol that is being sold in counterfeit bottles replicating known brands, or genuine branded alcohol that is being sold without any payment of duty. Counterfeit alcohol can be very dangerous to the individuals drinking it, as it contains substances used in industrial alcohol that are not fit for human consumption. Over 2000 bottles were seized in Sheffield between April and August 2013, and targeted work has been carried out to address this risk.

4.15.2. The response - In 2012/13 Sheffield DACT worked with Trading Standards on a campaign named 'Stamp it Out' to raise awareness of counterfeit alcohol and prevent its sale and use. The campaign focused on both retailers and consumers and sent a clear message about the risks being posed by selling or using this counterfeit project. This work has been effective: 21% of premises inspected in 2011/12 having illicit alcohol seized, compared with 8.3% in 2014/15.³⁸ No counterfeit alcohol was found either most recently. This project was shortlisted for a Ministry of Justice award in 2015 in the Trading Standards and Environmental Health category.

4.16. **Impact of alcohol on the Sheffield workforce and overall economy**

4.16.1. The issue - In addition to the significant impact alcohol use has in and on the night time economy of a city, the general economy is also impacted. Survey data suggests that in recent years, an increasing proportion of working people have been drinking above recommended guidelines. Impact assessment work has calculated that lost productivity due to alcohol in the UK costs the economy around £7.3bn per year. Up to 17 million working days are lost annually because of alcohol-related sick leave, at a cost of £1.7bn. This also links to the night time economy due to a study identifying a causal link between 'opening hours and absence' in the last decade. Nationally, a third of employees taking part in a survey admitted to having been to work with a hangover. 77% of the employers interviewed identified alcohol as a 'major threat' to employee wellbeing, and impacting on sickness absence levels.³⁹

³⁸ Data provided by Sheffield City Council Trading Standards, 2015

³⁹ www.ias.org.uk/.../Alcohol%20in%20th%20workplace%20factsheet%2...

4.16.2. The response - Work must be undertaken locally to address the impact of alcohol use on employees, employers, and the economy locally by engaging large employers in the city and raising their awareness of the issues, ensuring they have appropriate substance misuse workforce policies, and supporting them to intervene and support their employees to the right support if they need it.

Section 5: Theme 4 – Alcohol and Crime

- 5.1. There is a direct link between amounts of alcohol used and offending, and, an ‘Offending Crime and Justice’ survey found that adults who binge drink were significantly more likely to have offended in the past 12 months than other groups – a smaller scale study supporting this showed that individuals ‘pre-loading’ before they went out, were 2.5 times more likely to be involved in violence. Alcohol and crime are part of Local Alcohol Profiles for England (LAPE) performance indicators: Sheffield has levels of alcohol related crime record (in 2014 – last available data) at 5.37 per 100,000 populations – ranked 200 out of 326 cities.
- 5.2. Local responses to reducing incidents of crime, but ensuring reporting is encouraged, and there is the need to maintain awareness of the following issues⁴⁰: the more alcohol consumed will increase the likelihood of violence and that violence will lead to more serious injury, alcohol misuse can be used as a tool to prepare for violence, and alcohol consumption can change cognitive behaviours which impacts the ability to recognise warning signs of violence. The aims of this section of the strategy are to prevent where possible, reduce, and address alcohol related crime with appropriate interventions.
- 5.3. In Sheffield the highest levels of alcohol related crime⁴¹ occur in Central Sheffield (646 incidents in 2013/14), Burngreave (129 incidents), Firth Park (124 incidents), Walkley (107 incidents) and Southey (105 incidents). By far the majority of alcohol related crime takes place in Central Sheffield – this is the area with the highest concentration of licensed premises, retailers selling alcohol, and offers the main leisure opportunities involving alcohol. Targeted work has been done to address alcohol related anti-social behaviour and associated crimes in community settings:
- 5.4. **Designated Public Place Orders (DPPOs)**
- 5.4.1. Currently in place in the city centre, Woodhouse and Shiregreen, and made under s13 (2) of the Criminal Justice and Police Act 2001. A DPPO permits South Yorkshire Police (SYP), where they have reasonable belief that a person is or has been consuming intoxicating liquor in a designated public place, to require the person not to consume anything which they believe to be alcohol and/or to surrender the alcohol. It further permits SYP to dispose of the alcohol. Anyone failing to comply with this is committing an offence and will likely be issued a fine.
- 5.4.2. The power to make DPPOs was revoked by the Anti-Social Behaviour, Crime and Policing Act 2014. The 2014 Act gave the Council a new power to make Public Space Protection Orders (PSPO). PSPOs restrict the consumption of alcohol in a public place if it has, or is likely to have a detrimental effect on the quality of life of those in the locality. In the event of a future PSPO the order would allow SYP to issue those failing to comply with a Fixed Penalty Notice or to prosecute.

⁴⁰ Protecting People Promoting Health, 2012, citing Chaplin.R/et al,2011.

⁴¹ 2013/14 full year data – alcohol needs assessment.

- 5.4.3. Intelligence from officers enforcing the DPPO is that it has been a useful tool in reducing alcohol related incidents in areas that they work; particularly during the hours the night time economy is operational. In the city centre it can be difficult to separate problematic 'street drinking' incidents from those general night time economy incidents. However, the city's response to a particularly vulnerable group must be specialist and account for the cohort's vulnerabilities – therefore this is addressed under Theme 5 – Community Responses and Vulnerable Groups.
- 5.5. Substance Misuse Steering Groups** - These multi-agency groups are held in Sheffield wards where substance misuse has been identified as a priority. The DACT chair the group which provides a coordinated partnership response. Issues covered include street drinking, underage drinking, anti-social behaviour and illegal alcohol.
- 5.6. **Alcohol, domestic abuse and sexual offences** - Alcohol has links to domestic and sexual violence. ONS data published from the Crime Survey of England and Wales for 2013/14 suggested that 36% of victims of domestic violence and 36% of victims of sexual offences believed the perpetrator was under the influence of alcohol at the time of the offence. Recent local analysis of domestic abuse cases discussed at the Multi Agency Risk Assessment Conferences (MARAC – system of managing domestic abuse cases where this high risk of serious harm or homicide) showed 22% of victims had alcohol misuse issues: 50% of these were in treatment, but 50% of the perpetrators had alcohol misuse issues, of which only 20% were in treatment.
- 5.7. **Perpetrators of domestic abuse** - In 2014, the Institute of Alcohol Studies⁴² estimated between 25-50% of perpetrators of domestic abuse had been drinking at the time they attacked their victim, and that in cases where severe violence is inflicted are twice as likely to involve alcohol. Alcohol is more strongly linked to physical violence than emotional abuse or coercive control. At the time of writing the strategy there is no voluntary perpetrator programme in Sheffield however, a business case is under consideration. There is a court mandated programme, Building Better Relationships (BBR), provided by the Community Rehabilitation Company (CRC). Numbers attending the BBR programme will be significantly fewer than those who can potentially be identified as being under the influence of alcohol as a perpetrator among domestic abuse calls that the police attend.
- 5.7.1. SYP record an 'intoxication flag' for the perpetrators of domestic abuse crimes and incidents. Where the substance is an aggravating factor, this is recorded in 100% of crimes. In 2013/14 723 Sheffield domestic abuse offences were recorded as being aggravated by alcohol. Work is ongoing with SYP to implement a 'consent to contact' scheme whereby the victim and / or perpetrator in a domestic abuse incident will be offered a follow up phone call from alcohol services if they consent.
- 5.7.2. Alcohol is NOT the cause of domestic or sexual abuse, however, for perpetrators who have alcohol misuse issues that are not being recognised or addressed; identification and support offered at the time of an incident or as part of a sentence could provide a constructive way of addressing a potential aggravating factor. It is also important to note that being abused or assaulted while under the influence of alcohol does not make the victim culpable; it is always the perpetrator that must be held responsible as it is their choice to target an individual made more vulnerable through being intoxicated. Integrated Offender Management (IOM) criteria is being expanded in Sheffield during 2015 to include the perpetrators of domestic abuse. This will also offer an opportunity for joint working between domestic abuse, criminal justice, and substance misuse treatment agencies.

⁴² Institute of Alcohol Studies, 'Alcohol, Domestic Abuse and Sexual Violence', 2013.

5.8. **Victims of domestic and sexual abuse** - An increased likelihood of domestic abuse victims misusing alcohol is supported by NICE guidance⁴³ on domestic violence and abuse. It is important to recognise this and the impact it is likely to have on victims at all stages from a first incident to receiving support from domestic abuse services, or entering a refuge. In 2014, Sheffield's commissioned alcohol treatment service provided an induction to domestic abuse services on the use of the tool with the aim of increasing awareness for the need to screen victims for alcohol misuse. However, no referrals have been made into alcohol treatment.

5.8.1. Commissioners will address this issue with domestic abuse services as part of performance management and the induction into alcohol screening will be extended to local sexual abuse services. It is particularly key that this is addressed due to the identified 'Trilogy of Risk' identified by Ofsted in families with safeguarding children issues – the common combination of mental health issues, substance misuse and domestic abuse led to situations of high risk and potential harm for young people (see Theme 5 – Community Responses and Vulnerable Groups).

5.8.1. NICE guidance on domestic abuse recommends the following with regard to alcohol misuse:

- Domestic abuse support services should refer victims to relevant alcohol support services;
- Substance misuse support services are able to identify and refer appropriately victims of domestic abuse into support services for the abuse.

5.8.2. It is also important to look at the impact of alcohol use on both victims and perpetrators of cases that meet the threshold for Adult Safeguarding interventions. Local intelligence indicates that there are a significant number of cases in which an adult causing harm has alcohol misuse issues, as well as victims of financial abuse, sexual abuse or self-neglect with alcohol misuse issues. At the time of writing the strategy, SCC and South Yorkshire Police are exploring a 'consent to contact' scheme for officers to offer to both victims and perpetrators of domestic abuse when attending alcohol aggravated incidents.

5.9. **Criminal Justice routes to alcohol treatment** - There are a number of schemes in place in Sheffield to ensure that individuals committing alcohol related offences have access to treatment. These have been implemented during the last strategy period as a response to alcohol related offending. The schemes work well, but there is further development work to ensure the schemes are more widely known about, applied by criminal justice agencies, and complied with.

5.9.1. **Fixed Penalty Notice Waiver (FPNW)** - applied by SYP for incidents of low level alcohol related anti-social behaviour (for example, drunk and disorderly). The offender must pay a £90 fine or attend a one hour session with SCC's commissioned treatment provider. The scheme has a completion rate of 92% and allows access screening and advice among a cohort who would be unlikely to approach treatment. Repeat issue of tickets is low, and indicates a preventative success. At present the scheme is only operated in the city centre. Some force areas will cease to allow disposals such as this from 2015 onwards; should this happen in South Yorkshire, alternative approaches for addressing low level alcohol related offending will be sought.

⁴³ NICE, 'Domestic violence and abuse: how health services, social care and the organisations they work with can respond effectively', 2014

- 5.9.2. **Alcohol Conditional Bail (ACB)** -applied in cases of more serious alcohol related offences (for example, assault and drink driving). When bailed from the custody suite, the offender is made an appointment with the alcohol treatment provider who will assess for alcohol misuse / dependence and make a recommendation as to whether the offence was linked and further interventions are required. This recommendation can then be used in the sentencing process and further treatment can be mandated. ACB has an 80% attendance rate when applied, but numbers commencing structured treatment as a result are low, as are the number issued by South Yorkshire Police.
- 5.9.3. **Alcohol Treatment Requirements (ATR)** - used for offenders with severe alcohol misuse or dependency who are at high risk of re-offending because of their alcohol use. Individuals are identified by the probation service (now provided by Community Rehabilitation Company and National Probation Service) and their alcohol misuse is assessed while awaiting a court appearance; the treatment providers' recommendation is then included in the pre-sentence report and an ATR can be mandated as part of a community sentence. The treatment element of the ATR is delivered by the alcohol treatment provider in the form of psychosocial interventions. Probation Officers are likely to have contact with a significant number of individuals that have alcohol misuse issues; often this may not have been previously identified. Senior officers for the CRC have expressed a willingness to embed the electronic screening tool in their routine practice.
- 5.9.4. **Bailment scheme** for young offenders using false identification - Security and retail staff have been trained to scrutinise ID offered at the point of sale/admission to licensed premises and to recognise and report false documentation. A restorative justice process is in place to refer young offenders to the Police and Safeguarding Children Board so they are educated about the health and personal safety risks of underage drinking and then potential legal consequences of using false ID.
- 5.9.5. **Restorative justice South Yorkshire** - Work is being done via the local Criminal Justice Board and the Office of the Police and Crime Commissioner to offer victims of crime the opportunity to self-refer to restorative justice interventions if they feel this would help them recover. It would be useful to offer access to screening and support.
- 5.9.6. **Custody Suites** - Staff working for Sheffield's Arrest Referral team provide custody suite cover on a daily basis working with offenders who test positive for drugs. These workers also screen those individuals they work with for alcohol use, using the electronic screening tool. They also conduct 'cell sweeps' in quiet times to identify substance misuse issues among those in custody who were not referred to them after a positive drug test, to identify any missed cases. Sheffield is currently developing a Liaison and Diversion service which will be delivered from the new custody suite covering both Sheffield and Rotherham Districts, which aims to ensure that any person (of any age) coming into contact with the criminal justice system has access to appropriate health assessment and associated support services.
- 5.9.7. **Prison** - The Institute of Alcohol Studies states⁴⁴ that there is a failure within the prison service to address alcohol misuse in prisons, despite warnings by the Prison Reform Trust about its harmful impact on re-offending rates and alcohol related crime. In a sample of 13,000 prisoners, 19% reported having an alcohol misuse issue when they entered prison. However, they also identified that in each stage of a prison sentence, the alcohol related needs of a prisoner were less likely to be assessed or

⁴⁴ <http://www.ias.org.uk/Alcohol-Knowledge-centre/Crime-and-social-impacts/Factsheets/Alcohol-and-prison-services.aspx>

addressed, than needs relating to illicit drug use. Whereas individuals with drug misuse issues in prison are released back to priority community drug treatment appointments, there is no such provision for prisoners with alcohol misuse issues. There will be Sheffield residents serving sentences in local prisons with alcohol misuse issues that need identification and support, and may need referral to treatment post release in order to prevent relapse and re-offending.

- 5.9.8. **Victims of crime** - It is likely that there are individuals who start to misuse alcohol in the aftermath of a crime committed against them. A study⁴⁵ has indicated that victims of crime will often increase their use of alcohol (or drugs), without realising. Many participants responded that they were using the alcohol to try and control the feelings of trauma after the incident. Rather than focusing purely on the perpetrators of crime, the study recommends an equal focus on addressing substance misuse among victims. Victim support services provide support to victims of crime in Sheffield. The 'Witness' Service in addition provides support to witnesses of crime. Both of these services will be seeing individuals that are misusing alcohol wholly or in part due to their involvement with the criminal justice system as a non-offender.

Section 6: Theme 5 – Community Responses and Vulnerable Groups / Individuals

- 6.1. There are numerous vulnerabilities which make certain groups or individuals more likely to drink, misuse alcohol, or be disproportionately adversely affected by the harms caused by alcohol misuse. It is impossible to capture every one of them in a strategy, and one of the overarching principles of this strategy is that it should be responsive to emerging issues, and flexible enough to change its focus should priorities change during the four year strategy period. As such, and reflected in other themes; the initial action for this theme is for alcohol awareness and routes to support interventions being rolled out to organisations working with vulnerable groups and individuals, so that they may effectively support the agenda. That being said, there are some specific groups that have been identified for the 2016-2010 strategy that will be looked at specifically.
- 6.2. **'Street Culture'** - Historically referred to as 'street drinkers', this group of individuals have multiple and complex needs including, though not limited to, poly substance use, treatment resistance, rough sleeping and begging. The term 'street culture' for individuals engaged in these behaviours acknowledges the issue is wider than solely alcohol use, and this group presents a particular challenge in Sheffield. Multiple issues make this group difficult to engage and responses must be tailored to their needs. Sheffield DACT has commenced a piece of work in 2015 which provides a targeted response to this group and involves a regular meeting of core agencies, and planning their support in an holistic manner through partnership working and information sharing. This includes an anti-begging campaign for Sheffield launched in September 2015 as part of National Recovery Month. The majority of individuals who meet the criteria for this group have alcohol misuse issues, which is why it is essential the strategy supports and promotes the use of this group and the partnership working. The Sheffield Vulnerable Adults Risk Management Model (VARMM) supports the management of risks for this group.
- 6.3. Whilst some of the individuals in the group are referred to as 'treatment resistant', further exploration is needed about the specific barriers to treatment and recovery for those in this group. For example, individuals who are chronic alcohol misusers and engaged in a street based lifestyle may not be 'refusing' treatment, but rather, are not equipped to accept or engage in it for numerous reasons, including the likelihood of alcohol related brain injury (covered in Theme 1) or the impact of other

⁴⁵ <http://www.abc.net.au/news/2015-04-06/study-finds-crime-victims-rely-on-more-alcohol-drugs/6373422>

physical health problems. Often individuals are given information on the right service to access, but feel unable to access without any support, and the support role, or advocacy, does not fit into any agency role. Advocacy and support for individuals involved in street culture could make a big difference in engagement levels.

- 6.4. This issue also links to alcohol and homelessness; individuals presenting as homeless or requiring supported accommodation regularly present with alcohol misuse issues, and complex individuals that are difficult to house, such as the cohort above, in particular. Approaches to management of alcohol within general needs level homelessness and management of complex cases/support provision should be reviewed during the strategy period with SCC ensuring that alcohol misuse is prioritised for action in the new Homelessness Strategy being scoped at the time of writing this strategy.
- 6.5. **Young People** - Young people have been referred to in each of the previous sections as for every theme there is a specific tailored response that should be in place for younger people. However, it is worth noting that there is a particular vulnerability among young people using alcohol which are the legal implications of using fake identification for buying alcohol, anti-social behaviour, physical health issues developed early due to misusing alcohol, and the associated risks of unplanned sexual contact (though this is applicable to all age groups and not solely young people – see action plan). Sheffield's LAPE measure for under 18s alcohol related hospital admissions are significantly better than the England average; this is positive and work should continue.
- 6.6. **Children and young people living with alcohol misusing parents / inter-generational alcohol misuse** - The misuse of alcohol by parents negatively affects the lives and harms the wellbeing of more children than the misuse of illegal drugs does. However, parental alcohol misuse is often not taken as seriously in spite of alcohol being addictive, easier to obtain, and legal. The effects of parental alcohol misuse on children may be hidden for years, whilst children try to cope with the impact on them and manage the consequences for their families.⁴⁶
- 6.6.1. Sheffield's Safeguarding Children Board Manager chairs a quarterly meeting on 'Hidden Harm'. This specifically addresses the issue of safeguarding children and young people who live in households with parental/family member substance misuse.
- 6.6.2. Much of the work of Sheffield's services, including substance misuse services, in relation to hidden harm and supporting children and young people whose parents misuse drugs and alcohol is contained in the Sheffield Hidden Harm Strategy 2013-2016.⁴⁷ This strategy is currently being updated and it will be linked directly to this strategy through its strategic and specific aims for alcohol misusing parents, families, and the children in those households.
- 6.6.3. In Sheffield (2013/14), around 20% of child protection conferences had parental alcohol misuse as a significant factor in the family. In addition, 18% of pregnant mothers disclosing drug and alcohol misuse that were discussed at the SSCB Multi-Agency Pregnancy Liaison and Assessment Group (MAPLAG) were known to be misusing alcohol; it is recognised that this is likely to be lower than the true number. Ofsted noted in their evaluation⁴⁸ of Serious Case Reviews that the most common combination of issues within families for the parents were domestic abuse, mental health and substance misuse. This combination is considered to suggest a risk of harm and in a sample of

⁴⁶ Silent Voices, 2012, <http://www.google.co.uk/#q=silent+voices+report+2012>

⁴⁷ www.safeguardingsheffieldchildren.org.uk/welcome/sheffield-safeguarding-children-board/safeguarding-children-substance-misuse-service/hidden-harm.html

⁴⁸ <https://www.safeguardingsheffieldchildren.org.uk/.../SSCB%20Annual%20Report%20..>

national cases the issues were present as a 'significant' factor as follows and are referred to as the 'Trilogy of Risk':

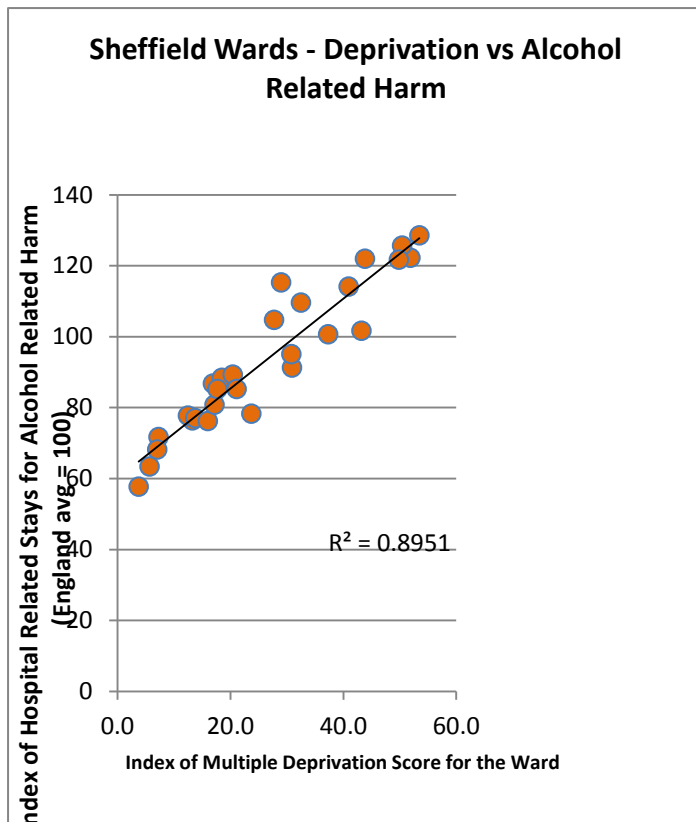
- 63% cases had parental mental health problems;
- 53% cases had domestic abuse in the home;
- 33% cases had parental substance misuse in the home.

The Theme 5 action plan will be written with attention to identifying this trilogy of risk in a family situation.

- 6.7. **Mental ill health** - There is strong evidence linking alcohol misuse and mental ill health, with alcohol misuse among those with a psychiatric disorder twice as high as within the general population⁴⁹. Individuals with mental ill health and alcohol misuse problems are described as having a 'dual diagnosis', and this group are traditionally seen as difficult to treat. Almost half (47%) of individuals with a mental health issue will abuse alcohol or drugs at some point, and it is estimated that 1 in 5 people diagnosed with depression will have recently abused drugs or alcohol.
- 6.7.1. It is important that this message is conveyed widely in Sheffield as part of the alcohol strategy – individuals dealing with mental health symptoms and diagnoses are particularly vulnerable to the use of substances to self-medicate their symptoms, and awareness should be raised both among individuals with mental health issues and practitioners involved in their support. LAPE data from 2015 also tells us that Sheffield performs worse than the England average for admission episodes for alcohol related mental and behavioural disorders so an improvement in performance against this indicator will evidence effectiveness of planned interventions.
- 6.8. **Poly substance use** - During 2014/15, 31.4% of new alcohol treatment journeys were for individuals that stated they used an illicit drug alongside their primary alcohol misuse. The most common drug of misuse alongside alcohol was cannabis. This is a significant proportion of those seeking treatment for their alcohol misuse, and as such it would be safe to acknowledge the probability that there is a significant amount of poly-substance use on-going among those who have not yet, or don't plan to, seek support for alcohol misuse. All of the services have thorough assessment provision to allow for identification of the substance of primary misuse and where an individual will be best treated. Commissioned drug services carry out the electronic screening tool as part of their assessment process.
- 6.9. **Responding to alcohol misuse in communities** - NICE Guidance issued in 2015⁵⁰ provides four guiding statements about best practice in addressing alcohol misuse in communities. These are as follows:
- Use of local crime and related trauma data to map the extent of alcohol-related problems to inform policy;
 - Trading Standards, the Safeguarding Children Board and the police to identify and take action against premises that sell alcohol to people under the age of 18;
 - Schools and colleges to ensure that alcohol education is included in the curriculum;
 - Schools and colleges involve parents, carers, children and young people in initiatives to reduce alcohol use.

⁴⁹ Mental Health Foundation, 'Understanding the relationship between alcohol and mental health', 2013

⁵⁰ NICE, 'Alcohol: preventing harmful alcohol use in the community', March 2015



6.10. Alcohol misuse and socio economic status - Health inequalities impact alcohol misuse and its harms⁵¹ – evidence shows that wealthier socio-economic groups consume more alcohol overall, however, individuals in more deprived socio-economic groups who consume higher levels of alcohol have more alcohol related health issues. Hospital admissions related to alcohol and deprivation levels by area in Sheffield, as illustrated in the diagram to the left, indicate a direct correlation between deprivation and alcohol related health harms: this requires action.

The World Health Organisation (WHO)⁵² reports higher levels of alcohol related harm in deprived socio economic groups. In the UK, the number of alcohol related deaths for

males is high among deprived groups, creating a social gradient. In Sheffield this is mirrored, with one of the worst performing indicators in Sheffield being ‘alcohol related deaths – males’ and ‘alcohol related admissions-males’ and with a significant proportion of the deaths being from deprived areas. PHE⁵³ ranks Sheffield as a ‘4’ on health inequalities deprivation ranking where ‘5’ is most deprived.

6.12. Older People - It is estimated that 1.4 million individuals in the UK aged over 65 exceed alcohol unit recommendations, and that 3% of men and 0.6% of women between the ages of 65-74 are dependent drinkers. 39% of the Sheffield treatment population are males aged between 45-64. LAPE 2015 data indicated that for the 2014/15 period, Sheffield performed significantly worse than the England average for hospital admissions for all persons aged 40-64 for alcohol related conditions. In quarter 1 of 2015/16, 9.1% of individuals in alcohol treatment were aged over 60 years. Sheffield has been selected as a demonstration area for the Big Lottery funded ‘Drink Wise Age Well’ project, which aims to reduce alcohol related harm in the over 50s by awareness raising and campaigning, resilience building activities and age appropriate alcohol interventions and support.

6.13. Diversity and alcohol treatment - Commissioned alcohol services are all expected to provide a flexible, sensitive treatment package to individuals based on their own unique needs. As such, there is no specific alcohol treatment commissioned for any one group of demographics in Sheffield. 85% of the alcohol treatment population in Sheffield identify as ‘white British’, which is similar to national

⁵¹ 2014, Sheffield DACT, Alcohol Needs Assessment

⁵² World Health Organisation, ‘Alcohol and Inequalities: Guidance for addressing inequalities in alcohol related harm’, 2012

⁵³ PHE, Longer Lives, Healthier Lives, 2012

figures. Sheffield drug treatment services do work into BME communities and have specific links to community leaders and groups. Embedding screening for alcohol misuse as standard into universal settings is the best way to ensure that screening is applied fairly and will provide a 'catch all' assessment of alcohol misuse within different cohorts. The annual needs assessment carried out by Sheffield DACT identifies the demographics of the treatment population and identifies any gaps that need to be addressed.

Appendix 1 - Action Plan- Alcohol Strategy 2016-2020

The action plan below will form the working plan for the Alcohol Strategy Implementation Group to be formed after the strategy has been through Cabinet: the group will be chaired by the Director of Public Health and will have membership across all key organisations and agencies identified as having actions in the strategy period.

Action number	Action	Outcome/indicator of success	Deadline	Owner
<p><i>The outcomes below highlighted in grey are outcomes measures which can reflect the successes of actions taken in the implementation of the alcohol strategy through national data published annually – <u>Local Alcohol Profiles for England (LAPE)</u>.</i></p> <p><i>All of the actions below these will impact either directly or indirectly on these. However, there will be some actions for which the outcomes will be difficult to quantify, for example, universal screening can be justified through the strong evidence base, but difficult to prove the outcome of in terms of numbers accessing further interventions or not, etc. Therefore the measures monitored by LAPE give the most reliable indication of longer term city wide health outcomes from the culmination of actions across all 5 themes of the strategy and work undertaken in delivery of the strategy.</i></p>				
	Improve Sheffield rates of alcohol specific mortality which are currently significantly worse than the England average (for all persons and specifically males).	LAPE data to indicate Sheffield rate at similar to or better than the England average.	End of strategy period 2020 LAPE data published June 2020	Strategy implementation group (SIG)
	Improve Sheffield rates of alcohol admission Episodes which are currently significantly worse than the England average (for all persons and specifically females).	LAPE data to indicate Sheffield rate at similar to or better than the England average.	End of strategy period 2020 LAPE data published June 2020	SIG
	Improve Sheffield rates of alcohol admissions by the age group 40-64 (for all persons, males and females) which are currently significantly worse than the England average.	LAPE data to indicate Sheffield rate as similar to or better than the England average.	End of strategy period 2020 LAPE data published June 2020	SIG
	Improve Sheffield's performance on the following indicators from 'similar to the England average': * Alcohol related mortality; * Admission episodes for alcohol related	LAPE data to indicate Sheffield rate at better than the England average.	End of strategy period 2020. LAPE data published June 2020	SIG

Action number	Action	Outcome/indicator of success	Deadline	Owner
	<p>conditions (broad);</p> <ul style="list-style-type: none"> * Alcohol specific mortality among females; * Mortality from chronic liver disease; * Alcohol related mortality (all persons) 			
	<p>Improve Sheffield's rates of 'Admission episodes for mental and behavioural disorders due to use of alcohol conditions' from significantly worse than the England average.</p>	<p>LAPE data to indicate Sheffield rate at similar to or better than the England average.</p>	<p>End of strategy period 2020.</p> <p>LAPE data published June 2020</p>	SIG
	<p>Improve Sheffield's rate of 'benefit claimants due to alcohol use disorder' from significantly worse than the national average.</p>	<p>LAPE to indicate Sheffield rate at similar to or better than the England average.</p>	<p>End of strategy period 2020.</p> <p>LAPE data published June 2020</p>	SIG
	<p>Maintain Sheffield's ranking as significantly better than the national average on the following indicators:</p> <ul style="list-style-type: none"> * Persons admitted to hospital for alcohol specific conditions; * Persons under 18 admitted to hospital for specific conditions; * Persons admitted to hospital for alcohol related conditions. 	<p>LAPE to indicate Sheffield rate at similar to or better than the England average.</p>	<p>End of strategy period 2020.</p> <p>LAPE data published June 2020</p>	SIG
	<p>Set up 'Alcohol Strategy Implementation Group' with Director of Public Health and key implementation stakeholders represented including: Public Health, DACT, Licensing, Trading Standards, SHSC, STH, CCG, YAS, SYFR, primary care, pharmacy etc.</p>	<p>Membership agreed with Chair.</p> <p>First meeting of group and terms of reference agreed.</p>	<p>December 2016</p> <p>January 2017</p>	HPJ and Chair

Theme 1 – Alcohol and Health

Action number	Action	Outcome/indicator of success	Deadline	Owner
1	Health Awareness Campaigning Implement Sheffield wide health awareness campaigns about the physical and mental health impacts of alcohol use. Include condition specific campaigns and reference to current renewed Department of Health guidance.	Number of campaigns run during strategy period. Geographical spread of campaigns across the city to prioritise deprived socio-economic areas experiencing high levels of alcohol related hospital admissions.	Routinely throughout the strategy period 2016-2020.	SIG
2	Links between ill health from alcohol and tobacco use Explore the opportunity for smoking cessation services in Sheffield to offer as standard, screening for alcohol use using the electronic screening tool and covering tobacco use during alcohol screening.	Standardised screening in smoking services. Number of individuals screened. Number of individuals receiving a brief intervention. Number of individuals referred to treatment services.	April 2017 On-going	DACT
3	Community pharmacies and alcohol Implement pharmacy based screening and brief interventions using the alcohol screening tool to access a wider reach of individuals that are self-managing health problems.	Agreed screening protocol. Numbers of individuals screened. Numbers of individuals receiving a brief intervention. Number of individuals referred to treatment services.	January 2018 On-going	SIG
4	Pathways to support Publicity exercise to ensure primary healthcare and other universal providers are aware of the opportunity to use the screening tool and the referral pathway to access community services.	100% pharmacies receive pathway. 100% GP surgeries receive pathway. Increased contacts and referrals from pharmacy and GP settings.	January 2017 On-going	DACT
5	Renew Alcohol Liaison Nurse offer During mobilisation of the community alcohol treatment contract: create revised offer based on winning bid for service, in agreement with Sheffield Teaching Hospitals and implement.	Revised liaison offer in place. Feedback from SHSC and STH on effectiveness of liaison pathway.	October 2016 On-going	SIG

Action number	Action	Outcome/indicator of success	Deadline	Owner
	Implement protocol for STH to identify individuals requiring support from liaison team through standard screening processes.	Increase in patients identified and routed to Alcohol Liaison Team.	July 2017	
6	Rapid access back to community treatment Agree protocol between STH and community treatment for staff to identify individuals who could be medically discharged from hospital and into community treatment either before or during an unplanned inpatient detoxification.	Protocol in place. Numbers accessing community treatment subject to the protocol.	April 2017 On-going	SIG
7	Reduce readmission and relapse rates among patients receiving detoxification at STH Focused work on post discharge offer from community services, community support workers and peer mentor schemes to improve levels of sustained recovery post discharge and reduce levels of disengagement with community treatment post discharge.	Implement agreed post discharge protocol. Re-audit a cohort of patients discharged 6 months after protocol is implemented.	July 2017 February 2018	SIG
8	Alcohol related deaths Explore the feasibility of implementing a local alcohol related deaths process in Sheffield if national guidance is released to support this.	National guidance issued. Local process agreed.	Open – ended during 4 year strategy period.	SIG
9	Yorkshire Ambulance Service Agreed data sharing with YAS to give the SIG intelligence on alcohol related call outs in Sheffield.	Invite YAS to sit on SIG. Receipt of regular data.	December 2016. July 2017.	SIG
10	Young people admission notification Notification process to be agreed between Sheffield Children’s Hospital and young people’s substance misuse treatment services where alcohol related admissions occur.	Invite SCH to sit on SIG with Hidden Harm SGC Substance Misuse Manager. Oversee implementation of notification system.	December 2016 September 2017	SIG
11	Alcohol screening for pregnant women Standardised screening of all pregnant women in Sheffield using electronic screening tool. All	Standard screening in place. Monitor impact on potential reduced	September 2016 End of strategy period 2020.	SIG

Action number	Action	Outcome/indicator of success	Deadline	Owner
	indicated to be referred to Vulnerabilities midwives.	child protection processes instigated through life of strategy.		
12	Hospital data sharing Agree data sharing protocol between SIG and STH to allow access to accurate and timely alcohol related admission data to inform needs assessment and allow responsive action during the strategy period.	Agree data sharing protocol. Focus activity in action plan in response to data picture of admissions in a 'real time' manner.	April 2017 On-going	SIG
13	Local alcoholic liver disease index Scope local clinician led alcoholic liver disease index for use in identification of LD across Sheffield health services.	Lead clinician identified Index agreed and consulted on Index implemented across health services.	January 2017 September 2017 January 2018	SIG
14	Health checks Mandatory health checks for the over 40s in Sheffield offers an opportunity to screen using local tools, thousands of individuals in an 'at risk' age group and provide brief interventions and onward referral.	Agreement with CCG to deliver alcohol screening as part of health checks using local screening tool. Implementation of screening during health checks.	April 2017 To be decided.	SIG
15	Development of electronic screening tool Develop the electronic screening tool to be utilised as a self-screening tool (web based) for the wider Sheffield population as a Public Health campaign to self-screen, receive brief interventions and advice, and to keep an alcohol diary/monitoring record.	Development of tool capacity. Roll out as local Public Health campaign using PH's dedicated Communications team encouraging people to self-screen and recommend to others. Evaluate the use of the tool as a response to this over an agreed period and impact on referrals to treatment / numbers self-screening and their feedback on the tool.	September 2017 2018 After self-screening is launched.	SIG
16	Research into screening and health harms	Invite representative of SCHaRR to sit	December 2016	

Action number	Action	Outcome/indicator of success	Deadline	Owner
	Explore partnership working with the University of Sheffield's School of Health and Related Research (SCHaRR) in evaluating the widespread policy impact of screening and brief intervention, and using data to map alcohol harms across Sheffield to choose targets for intensive screening and BI.	on the SIG. Agree terms of evaluations and mapping. Target interventions accordingly in response to evidenced need.	2017 Throughout 4 year strategy period.	
17	Workforce impacts of alcohol harm Initiate engagement with large employers in Sheffield in order to offer support to: <ul style="list-style-type: none"> - Understand the impact of alcohol on productivity in the workforce; - Support fit for purpose workforce policy; - Screen and BI across workforces. 	Number of employers receiving information, training policy advice. Numbers of individuals screened through workforce initiatives.	Throughout 4 year strategy period.	
Theme 2 – Alcohol, Treatment and Recovery				
18	New alcohol community contract period to be used to build a local evidence base for the efficacy of treatment by implementing 3 and 6 month post successful discharge outcome checks and collating the evidence over the contract period.	Commence collection of post discharge clients in all successful treatment exits. Annual summary reports to be prepared and submitted to SIG. Outcome to influence future service commissioning plans.	1 October 2016 Annually at the end of each full contract year. Current contract period ends September 2021.	SIG
19	On-going commissioning of Safeguarding Children's Substance Misuse Service : working with treatment providers in Sheffield to prioritise the safeguarding of the children of substance misusing parents or 'Hidden Harm' and involvement with the Hidden Harm Board.	Strategic Commissioning Manager to continue to sit on Hidden Harm Board. Hidden Harm Strategy and Alcohol Strategy to identify the same strategic aims addressing parental alcohol use and its impact on children.	On-going December 2016 (both Alcohol Strategy and Hidden Harm Strategy currently being reviewed)	SIG

Action number	Action	Outcome/indicator of success	Deadline	Owner
		Further implementation of the use of electronic screening tool in services such as MAST and health visiting to prioritise the needs of the family through identifying parental alcohol misuse.	On-going through 4 year strategy period.	
20	Inpatient detoxification for alcohol dependency Review commissioning arrangements for the 5 substance misuse specialist inpatient detox beds currently based on Burbage Ward at the Michael Carlisle Centre to evaluate how Sheffield offers this provision and could offer better outcomes.	Review commissioning process and make a recommendation. Implement recommendations for inpatient detox. provision (planned)	By beginning end of 2017/18 2018/19	SIG
21	Recovery community Continue to develop and enhance the 'recovery community' in Sheffield and work with Sheffield Hallam University's 'Sheffield Addiction Recovery Research Group' to achieve their goal of making Sheffield the recovery capital of the UK through:	Attendance at SARRG meetings Regular recovery events and meetings Annual recovery month activities (each September) to raise the profile of recovery in Sheffield. Promotion of mutual aid, peer mentor schemes, and 'visible' recovery in treatment and universal settings in the city.	On-going On-going September 2016, 2017, 2018, 2019 On-going	SIG
22	Sustainable recovery in the community: work to improve the recovery capital of individuals leaving treatment or hospital to maximise successful outcomes by linking them with Community Support Workers in their locality who can support them to attend their follow up community treatment appointments but in addition broker access to other community initiatives and activities making lapse and relapse less likely.	Agree discharge protocol between community services/hospital and Community Support Workers (with consent). Implement protocol. Monitor impact on sustainable recovery outcomes.	April 2017 July 2017 On-going	SIG

Action number	Action	Outcome/indicator of success	Deadline	Owner
Theme 3 – Licensing, Trading Standards and the Night Time Economy				
23	<p>Continued implementation of successful night time economy based initiatives:</p> <ol style="list-style-type: none"> 1. Best Bar None 2. Purple Flag accreditation 3. Re-publicise BBN app to increase downloads and increase access to safe licensed premises identified through the BBN scheme. 	<p>Maintain Sheffield reputation from National BBN awards 2016</p> <p>Promote a safe, profitable and diverse night time economy.</p> <p>Number of app downloads during strategy period.</p>	<p>Annually</p> <p>2016/17 2017/18 2018/19</p> <p>On-going</p>	SIG
24	Evaluate approaches to and explore implementation of policy measures in Sheffield to support reduced alcohol consumption across the Sheffield population.	Evaluate potential as part of work with Licensing.	On-going	SIG
25	<p>Explore Cumulative Impact Policy/Zone implementation in Sheffield in response to its evidence base in reducing alcohol related harm and overall population consumption within all appropriate guidance.</p> <p>Use crime, anti-social behaviour, hospital and ambulance data to evidence where there is a need for a CIP to be considered.</p>	<p>Gather relevant data from authorities to evidence an area/s where a CIP may be effective in Sheffield.</p> <p>Explore this during work on the 10 year Licensing Strategy.</p>	<p>January-April 2017</p> <p>January – April 2017</p>	SIG
26	<p>New Psychoactive Substances and alcohol</p> <p>Raise the issue of poly alcohol and NPS use at the NPS Strategy group and explore actions in response to this, including outreach by staff based in the Non-Opiate treatment service into night time economy venues to engage people and raise awareness of</p>	<p>Ensure linkage between NPS and alcohol strategy.</p> <p>Number of outreach operations delivered/individuals worked with.</p>	<p>January 2017</p> <p>On-going</p>	SIG

Action number	Action	Outcome/indicator of success	Deadline	Owner
	health harms.	Roll out of the DUDIT (Drug Use Disorders Identification Tool) across agencies with access to the electronic screening tool (offered on same IT platform) to allow city wide screening for both alcohol and non-opiate drugs. Numbers of individuals screened, given a brief intervention and referred into treatment where a need is identified.	2017 On-going	
27	Involvement in 10 year licensing strategy and statements of intent Key members of the Alcohol Strategy Implementation Group to attend consultations and working group forming the 10 year licensing statement to ensure all of the actions regarding licensing in this plan are kept on the agenda and fully explored and evaluated.	Full involvement in consultation process. Full involvement in working groups/policy groups. Implementation of Licensing based responses to reducing alcohol related harm and cross population health harms.	2016/17 2016/17 onwards On-going	SIG
28	Public Health and Licensing applications As standard, new license applications are sent to the LA office of PH. At present there is not standard response / consideration process to ensure all applications are considered fully from a PH point of view. Agree a meaningful protocol through which this can be achieved which is acceptable to both Licensing and Public Health.	Agenda item at Strategy Implementation Group and consultation for 10 year licensing policy. Agree protocol. Protocol implemented.	January 2017 June 2017 July 2017	SIG
29	Test purchasing Under the South Yorkshire Police Test Purchase protocol for multi-agency working, undertake on-	On-going test purchasing operations. Intelligence shared and reported at	On-going Quarterly throughout strategy	SIG

Action number	Action	Outcome/indicator of success	Deadline	Owner
	going test purchase operations and intelligence sharing to target high risk retailers selling alcohol to underage individuals or selling illicit/counterfeit alcohol.	Strategy Implementation Group meetings. Reduction in positive test purchase outcomes as a proportion of operations conducted on an annual basis.	period 2017/18 2018/19 2019/20	
30	Reduce the Strength Evaluate the need for a 'Reduce the Strength' pilot in Sheffield. Encourage voluntary participation through increasing awareness of alcohol related harm among retailers in Sheffield.	Evaluation completed and conclusions drawn. Implemented if agreed.	December 2017 Post evaluation	SIG
31	Increased fines for licensing breaches Support Trading Standards to lobby for increased fines for retailers that breach their license conditions to act as a deterrent to breaching conditions.	Method to challenge low fines to be agreed. Impact on increased fines.	2017/18 If lobbying is successful.	SIG
Theme 4 – Alcohol and Crime				
32	Ward based meetings SCC Communities Officer to continue to co-ordinate multi-agency meetings in communities to respond quickly to locality based alcohol related anti-social behaviour issues.	Meetings held quarterly	On-going	SIG
33	Domestic abuse perpetrators Any funded domestic abuse perpetrator programme to include education about the impact of alcohol, identification of alcohol misuse and referrals to support or treatment where indicated. Address domestic abuse among offenders through	All domestic abuse perpetrators attending the programme to be screened using the alcohol screening tool. 100% of attendees to receive information on the impact of alcohol use on their offending.	To be confirmed – domestic abuse perpetrator funding is currently being sourced. On-going once implemented.	SIG

Action number	Action	Outcome/indicator of success	Deadline	Owner
	new Integrated Offender Management (IOM) arrangements.	Protocol agreed for addressing DA perpetration through IOM case management.	2017	
34	Domestic abuse incidents attended by SYP officers Agree a 'consent to contact' protocol where officers attending a domestic abuse incident aggravated by alcohol offer the victim and/or perpetrator a call back from alcohol services to talk about their alcohol use. This will offer an opportunity to engage people who may not ordinarily approach services.	Protocol agreed between SCC and SYP Protocol implemented force-wide. 100% of individuals at these incidents offered a callback. Monitor numbers accepting referral and translation onto treatment caseload.	April 2017 Summer 2017 On-going after implementation On-going	
35	Domestic abuse victims and alcohol Offer refresher training on use of electronic screening tool to staff of domestic abuse services and implement service wide screening where appropriate.	Refresher training completed. 100% of appropriate (i.e. once risk management has been addressed) victims of domestic abuse to be screened for alcohol use.	July 2017 September 2017 onwards.	SIG
36	Fixed penalty notice waiver Expand the fixed penalty notice waiver scheme outside of the city centre and into localities to address low level alcohol related offending in communities, increasing access to education and awareness.	Invite SYP to sit on implementation group. Agree localities for expanding scheme. Implement expansion Monitoring of use and outcomes of those issued with a fixed penalty notice.	December 2016 July 2017 October 2017 On-going from implementation - quarterly	SIG
37	Alcohol conditional bail Review alcohol conditional bail, develop to include	Review the current offences included in the alcohol conditional bail scheme.	July 2017	SIG

Action number	Action	Outcome/indicator of success	Deadline	Owner
	more offences and ensure the system is implemented in the sole custody suite for Sheffield and Rotherham, Shepcote Lane.	<p>Renew the scheme's conditions.</p> <p>Implement at Shepcote Lane in agreement with alcohol treatment and CJIT provider.</p> <p>Monitoring of use rates and trends to inform local intelligence on alcohol and offending.</p>	<p>September 2017</p> <p>January 2018</p> <p>Ongoing from January 2018</p>	
38	Standardised screening of offenders on license Embed the electronic screening tool into National Probation Service (NPS) and Community Rehabilitation Company (CRC) standard assessment/initial appointment processes to identify alcohol misuse among offenders and address re-offending risk associated with substance misuse.	<p>Agreed standardised screening with NPS and CRC.</p> <p>Implementation of process.</p> <p>100% on caseload screened.</p> <p>Reduced re-offending rates among screened positive offenders.</p>	<p>September 2017</p> <p>January 2018</p> <p>January 2018 onwards</p> <p>Data for 2019 and 2020</p>	SIG
39	Local prisons Develop protocols between community treatment and regional prisons to ensure prisoners with alcohol use disorders are identified, receive support during their sentence and are referred into community treatment on release in the same structured manner as they are if they are opiate using substance misusers.	<p>Identify key link person working in regional prison provision.</p> <p>Scope what is offered to current prisoners with alcohol misuse issues including how this is identified.</p> <p>Agree protocol for Sheffield residents being released from prison with identified alcohol use disorders to allow them access to community support on release and reduce the risk of alcohol related reoffending.</p>	<p>January 2017</p> <p>Summer 2017</p> <p>January 2018</p>	SIG
40	Victims of crime			SIG

Action number	Action	Outcome/indicator of success	Deadline	Owner
	<p>Explore screening of victims / witnesses of crime accessing support services in order to gain access to a cohort of individuals vulnerable to alcohol misuse but likely under-identified.</p> <p>Scope out the offer of alcohol discussions/screening with victims of crime engaged in restorative justice interventions.</p>	<p>Identify key link person in agencies.</p> <p>Agree process/pathway.</p> <p>Implement pathway and monitor number of individuals screened and prevalence of those meeting threshold and referred.</p>	<p>September 2017</p> <p>January 2018</p> <p>April 2018 onwards</p>	
Theme 5 – Community Responses and Vulnerable Groups and Individuals				
41	<p>Vulnerable individuals entrenched in ‘street culture’</p> <p>Continue to oversee case management conferences for vulnerable alcohol users entrenched in ‘street culture’ in Sheffield through multi agency case conferencing and trouble-shooting to improve outcomes.</p> <p>Continue anti-begging campaign work and promotion of ‘positive giving’ in Sheffield.</p>	<p>On-going risk management and case resolution for vulnerable alcohol users engaged in ‘street culture’ in the city centre.</p> <p>On-going promotion of this campaign which seeks to encourage ‘positive’ giving to charities supporting this cohort rather than giving money directly. Reduction in street begging activity and increased charitable giving.</p>	<p>On-going, bi-monthly</p> <p>On-going</p>	<p>DACT</p> <p>DACT</p>
42	<p>Social Impact Bond funding</p> <p>Scope opportunities to use social impact funding to provide up front intensive interventions to vulnerable alcohol users who are frequent users of costly interventions across the NHS and Local Authority in order to minimise use of services and ensure there is a community/closer to home offer they can access</p>	<p>Identify social impact bond project.</p> <p>Apply for funding and identify deliverable outcomes.</p> <p>Secure funding and implement.</p>	<p>This is an open ended action which could be used during the life of the strategy.</p>	<p>SIG</p>

Action number	Action	Outcome/indicator of success	Deadline	Owner
	when in crisis.	Evaluate outcomes.		
43	<p>Alcohol and sexual health Explore opportunities to promote safe alcohol use and screen individuals seeking support with sexual health related matters such as:</p> <p>Emergency contraception; GUM clinic.</p>	Agreed screening process and standard screening / educational information issued on safe alcohol use.	2017/18	SIG
44	<p>Trilogy of risk Prioritise intensive intervention planning for families subject to the 'trilogy of risk' where substance misuse, domestic abuse and mental health are identified within the family unit, include linking into 'Building Successful Families' project work where appropriate.</p>	To be decided at Strategy Implementation Group as this requires a number of departments involved.	To be decided.	SIG
45	<p>Alcohol and mental health / liaison psychiatry Standardise screening of all individuals accessing support from Community Mental Health teams to identify any contributory alcohol related factors to mental health presentations.</p> <p>Promote pathway awareness and screening to professionals delivering IAPT interventions.</p> <p>When the CCG commissioned Liaison Psychiatry service starts in Jan 2017, SIG members should be included on their working group and be able to feed into the process of ensuring alcohol is given the attention it needs across hospital sites by those delivering the Liaison Psychiatry service.</p>	<p>100% screening rate across CMHTs.</p> <p>Active signposting from IAPT to alcohol screening and support.</p> <p>SIG involvement in Liaison Psychiatry action plan and a member of the management of Liaison Psychiatry to be offered a place on the strategy implementation group.</p>	<p>October 2017</p> <p>October 2017</p> <p>January 2017</p>	SIG
46	<p>Socio economic deprivation and alcohol harms Work with SCHaRR to map health harms by socio-</p>	Invite SCHaRR to sit on SIG.	January 2017	SIG

Action number	Action	Outcome/indicator of success	Deadline	Owner
	economic status across Sheffield and target specific actions listed above in particularly deprived areas.	Accurate profile of health harms in most deprived areas in Sheffield agreed. Targeted interventions agreed in response.	September 2017 September 2017 onwards (see specific interventions above)	
47	Alcohol and older people Continue partnership work with Drink Wise Age Well and support referrals to and from treatment and vice versa. Explore screening in settings with access to older and retired cohorts in Sheffield.	Increased targeted support offered to over 50s with alcohol use disorders which can be tailored to the age group. Implement screening and early identification, ultimately will reduce alcohol related ill health among this cohort and should reduce alcohol admissions in the 40-64 age bracket on which Sheffield performs worse than the national average.	On-going October 2017	SIG
48	Alcohol and housing services Facilitate access to screening for housing support staff and staff working in floating support, supported housing provision and other specialist housing provision to support them identify alcohol use disorders early, screen, deliver brief interventions and refer to support where indicated.	Invite Housing/Housing Independence Service representation onto SIG. Implement housing wide awareness and screening across the city, again with a focus on deprived areas.	January 2017 On-going	SIG

Appendix 2 – Attendees at Alcohol Strategy Expert Group and core consultation group – 30 March 2015

Ian Ashmore – Trading Standards – Sheffield City Council

Julie Colleyshaw – Team Manager – Community Rehabilitation Company

Benita Mumby – Force Licensing Lead – South Yorkshire Police

Sue Smith – Ben’s Centre

Daryl Bishop – Ben’s Centre

Dr Jeremy Wight – Director of Public Health

Dr Dermot Gleeson – Consultant Hepatologist – Sheffield Teaching Hospitals

Dr David Best – Professor and Recovery lead – Sheffield Hallam University

Dr Gurjit Barn – General Practitioner, special interest alcohol

Dr Karen O’Connor – General Practitioner

Sergeant Sowerby – South Yorkshire Police

Mike Simms – Alcohol Liaison Nurse – SHSC

Nick Simmonite – city centre licensee and chair of ‘U-Night’ group

Quentin Marris – Service Manager – Addaction DIP

Emma Wells – Service Manager – Drink Wise Age Well

Councillor Geoff Smith – Chair of Licensing Board – Sheffield City Council

Susan Hird – Public Health Consultant – Sheffield CCG

Theresa Ward – Service Manager – High Risk Domestic Abuse Services

Rachel Dillon – Commissioning Manager – Sheffield CCG

Josie Soutar – Chief Executive, Sheffield Alcohol Support Service (SASS)

Carl Cundall – Alcohol Recovery Community Manager – SASS

Elise Gilwhite – Public Health – Sheffield City Council

Sam Pryor – Cathedral Archer Project

Dr Olawale Lagundoye – Clinical Director for substance misuse services – SHSC

Chris Wood – Service Manager, SHSC substance misuse services

Adele Rowett – Service Manager, SHSC Opiate Service

Wendy Fowler – Team Leader, SHSC Alcohol Service

Julie Woodhead – Helpline Team Leader, Sheffield Domestic Abuse Outreach Service

Carol Fordham – Commissioning Manager for Young People – Sheffield City Council

Loretta Keenan – Ben’s Centre

Danny McDonald – Ben’s Centre

Abdul Abas – Ben’s Centre

DACT team members

Helen Phillips-Jackson – Commissioning Manager

Alison Higgins - Domestic Abuse Strategy Manager

Simon Finney – Criminal Justice Services Manager

Linda Darwent – Commissioning Officer

Tracey Ford – Communities Officer

James Newcomb – Information and Performance Analyst

Bradley Spencer – Information and Performance Assistant

Andrew Rodgers – MARAC administrator

Suzanne Williams – Senior Business Support Officer

**** Invitations were issued to a number of individuals who were unable to attend. All invitees were e mailed the presentation after the event and given a two week period within which to submit feedback.***