



Sustainable Communities Overview and Scrutiny Committee

Supplemental Agenda

Date:	Thursday, 10 March 2011
Time:	6.00 pm
Venue:	Committee Room 1 - Wallasey Town Hall

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AGENDA

7.1 Alcohol Scrutiny Report

At its meeting on 5 January, the Scrutiny Programme Board referred the attached Alcohol Scrutiny Report to the appropriate overview and scrutiny committees. The committee is requested to consider this report in conjunction with agenda item 7.

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**SCRUTINY REVIEW
of
ACCESS TO ALCOHOL BY YOUNG PEOPLE IN WIRRAL**



**A report produced by
THE SCRUTINY PROGRAMME BOARD**

DECEMBER 2010

WIRRAL BOROUGH COUNCIL

‘ACCESS TO ALCOHOL BY YOUNG PEOPLE IN WIRRAL’ SCRUTINY REVIEW

FINAL REPORT

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1. EXECUTIVE SUMMARY AND RECOMMENDATIONS

Significant evidence of the impact of alcohol on young people in Wirral is available from the Joint Strategic Needs Assessment document, produced by Wirral NHS, which states that in the period between 2001 and 2008, there were 131 deaths of young people in the 16 to 24 age range. Of that total, 26 were specified as alcohol related deaths. “Mortality of cohorts younger than 40 years of age are related to bouts of heavy / binge drinking and end in acute consequences such as accidents rather than chronic conditions”.

Furthermore, the Local Alcohol Profiles for England (LAPE), published by the North West Public Health Observatory in September 2010, ranks Wirral as 323 out of 326 local authority areas for alcohol-specific hospital admissions for under-18s (with a rank of ‘1’ being the best performer in the country). However, it is equally significant to note that, since 2006/7, there has been a continual reduction in such hospital admissions for young people. This is to be welcomed and reflects the significant amount of work that has been done through the Wirral Alcohol Harm Reduction Strategy during this period. It was apparent during the review that a huge amount of work is taking place in an effort to both educate and guide young people away from alcohol misuse, as well as to reduce the supply of alcohol to young people wherever possible. Panel Members would like to highlight a letter regarding ‘Wirral’s Young People Specialist Substance Misuse Treatment Plan Submission’, dated 4th January 2010, sent from the National Treatment Agency for Substance Misuse to the Chair of Wirral DAAT (Drug and Alcohol Action Team). The letter is fulsome in praise for the work taking place in Wirral: “The Wirral submission is an excellent example of a fit for purpose and knowledgeable needs assessment and plan. All who have been involved in the process should be proud of their involvement and effort”. Nevertheless, although substantial progress has been made, significant challenges clearly remain.

The current Wirral Alcohol Harm Reduction Strategy was launched in 2007 to cover a period up to and including 2010. The three priorities of the existing strategy (2007-10) are:

- Young People’s Alcohol Misuse
- Alcohol Related Identification and Treatment
- Alcohol Crime, Disorder and Communities

The implementation of the overall strategy is coordinated by Wirral DAAT (Drug and Alcohol Action Team) in conjunction with a number of key partners in a multi-agency collaboration. However, with specific regard to the delivery of the element relating to young people, the Children and Young People Department of Wirral Borough Council plays a major strategic role. Key to the strategy is a recognition that long-term success is likely to rely on both a reduction in the supply of alcohol to young people as well as a decrease in the demand for alcohol among some young people by changing their behaviour patterns. A third aspect of the Action Plan is an understanding of the need to tackle some of the negative outcomes that arise from alcohol consumption among young people.

Within the context of Wirral, it is also important to note that ‘Tackle alcohol harm’ is a Priority for Improvement in the Council’s Corporate Plan for 2010/11. It is hoped that this will result in the subject of alcohol and young people remaining high among the priorities of the Council in the future.

Multi-agency working is a cornerstone on which the delivery of the Wirral Alcohol Harm Reduction Strategy is built. Examples of partners working together constructively have been very impressive throughout this Scrutiny Review process and some of these are highlighted later in the report. Although the NHS proportion of the funding (£194,000) to deliver the alcohol element of the Wirral Prevention Plan is in place until 2013, due to the extensive multi-agency involvement in the alcohol

programme, funding has been provided from a number of different sources, often covering relatively short time periods. Overall, this does not promote long-term stability in service provision. In the future, longer-term budgeting would enable more long-term planning for the delivery of the service.

It is important that there is a process of measurement and performance monitoring in place to evaluate the outcomes of any programme or project. It is recognised that there is a cost associated with the collection of monitoring data and that the measurement of the outcomes of preventative work is not easy. Although some performance indicators are already in place, specific measurements of some further outcomes from the Alcohol Harm Reduction Strategy, and especially with relevance to young people, would enable the decision-makers to make better informed decisions. Further development of suitable data-sharing arrangements among the partners would be beneficial.

It is worth noting that, as with many parts of the public sector, this service area is likely to be subject to change in the coming months. The change is already underway in the form of new Government strategy, the Home Office consultation on licensing policy and subsequent publication of the Police Reform and Social Responsibility Bill, the increasing interest in the proposal for minimum pricing of alcohol as well as the drive to secure more efficient services. Separate management structures and physical locations can very easily create unintentional barriers. It is, therefore, worth noting that the Government's stated intention to transfer public health to Local Authorities may mean that, in the longer-term, opportunities could arise to consolidate some of the reporting structures to provide an even more focused unit.

Licensing for the sale of alcohol is currently governed by the Licensing Act 2003. Since the Coalition Government was formed in May 2010, the Home Office launched a review of the licensing laws pertinent to the sale of alcohol through the consultation document, 'Rebalancing the Licensing Act'. Subsequently, the Police Reform and Social Responsibility Bill has been introduced to the House of Commons on 30 November 2010.

The Scrutiny Review in Wirral revealed clear frustrations with the current legislative framework. The impact of the proposed changes to both legislation and statutory guidance, as detailed later in the report, will influence outcomes for the foreseeable future. The intention is to give local authorities and the Police stronger powers to remove licenses from, or refuse to grant licenses to, any premises that are causing problems. In addition, the proposed reforms include the option of those premises found to be persistently selling alcohol to children being fined a maximum of £20,000. Whether these proposed reforms are found to go far enough remains to be seen. For example, the British Medical Association has called for a ban on all alcohol advertising, including sports and music sponsorship as well as an end to cut-price deals on alcohol. Meanwhile, the debate on the impact of a possible minimum unit price for alcohol continues. In his Annual Report for 2008, the Chief Medical Officer, Sir Liam Donaldson, called for the introduction of minimum pricing, stating: "Cheap alcohol is killing people and it's undermining our way of life. In my report price and access are two crucial factors affecting alcohol consumption. I recommend action taken on both but particularly on price". Subsequently, the Cheshire and Merseyside Public Health Network (CHAMPs) is consulting on the proposal as is the Liverpool City Region Cabinet. The members of the Scrutiny Panel support the principle of a minimum unit price for alcohol.

A key element in the Wirral Alcohol Harm Reduction Strategy is to reduce the supply of alcohol to young people wherever possible. Both the Trading Standards and the Licensing Divisions at Wirral Borough Council play a key role in monitoring the framework within which businesses must operate. The work of Trading Standards, however, is a combination of "carrot and stick". In addition to enforcement action, the team is also involved in educating the owners / managers of off licences.

Although it may be possible to take steps to reduce the supply of alcohol to young people in the relatively short-term, it is considered to be a longer-term objective to reduce their demand for alcohol. Key to the reducing some young people's desire to consume alcohol is the role of education and parental influence and engagement. Although there is confidence that the overall education programme does produce positive outcomes, the extension of the scheme to include more primary school children would be beneficial.

It is recognised that it is very difficult to engage some parents in general, not just on issues regarding alcohol. The involvement of parents is critical as there is a need to educate children about alcohol misuse. It is obvious that parents have a very important role in this education process. However, the influence of parents goes well beyond the education of young people regarding alcohol. One alcohol worker, who works actively with young people commented directly that "many young people think that parents are hypocrites over alcohol". Therefore, it is the role of parents as role models that is just as important.

In considering the evidence found during the review, the Panel Members have formulated the recommendations identified on pages 6 and 7.

RECOMMENDATIONS

A. Wirral Alcohol Harm Reduction Strategy as a Council priority

It is recognised that 'Tackle alcohol harm' is a Priority for Improvement in the Council's Corporate Plan for 2010/11 and an Aim for 2008-2013. Given the statistical evidence of alcohol harm in Wirral, the Cabinet is encouraged to ensure that alcohol misuse remains a priority among the Council's objectives for the foreseeable future. Financial support for the service should follow its recognition as a priority service.

(Reference Section 6.3.1, page 21)

B. Funding

In the past, the alcohol harm reduction services have been provided from a variety of short-term funding streams. This does not promote long-term stability in service provision. In the future, Cabinet is urged to promote long-term planning for the delivery of service by encouraging budgeting for the service over a longer time-frame.

(Reference Section 6.3.3, page 23)

C. Performance Management

Cabinet is urged to support the implementation of a series of performance indicators which will measure the outcomes of the Alcohol Harm Reduction Strategy, including the preventative aspects of the work and the impact on young people. Further development of suitable data-sharing arrangements among the partners, using a single set of data wherever possible, would be beneficial.

(Reference Section 6.3.4, page 25)

D. Education of young people

Council is requested to recognise the importance and continued priority of education for young people regarding the dangers of alcohol misuse. Education is recognised as a cornerstone of the Alcohol Harm Reduction Strategy. The support of all agencies, including schools, health authorities, the Police, Fire & Rescue Service and the voluntary sector, as well as Wirral Council, is fundamental to the delivery of this service. There is concern that appropriate alcohol awareness education should be available to young people in Years 5 and 6 at primary school. Research shows children aged ten and eleven are the most vulnerable age group regarding alcohol.

(Reference Section 6.5.1, page 31)

E. Legislative framework

Wirral Council Cabinet is encouraged to lobby the Home Office for changes in the law aimed at reducing the supply of alcohol to young people by:

- Limiting the promotion of the sale of alcohol, for example, through 'happy hours'
- Restricting the use of alcohol as a 'loss leader' by supermarkets and other retail outlets
- Reducing the promotion of alcohol through advertising
- Reducing the scale of proxy sales by imposing greater fines on those purchasing alcohol on behalf of under-age drinkers

(Reference Section 6.2, page 18)

F. Minimum unit pricing for alcohol

The Review Panel supports the principle of minimum unit pricing for alcohol. Council is requested to engage positively in the process to introduce a regional minimum price for alcohol in the Merseyside region.

(Reference Section 6.4.3, page 30)

G. Cumulative Impact Policy

Council should actively seek to introduce a Cumulative Impact Policy, as has been introduced by Local Authorities such as Liverpool and Brighton, in order to tackle the increase in outlets in specific hotspot areas.

(Reference Section 6.4.2, page 27)

H. Trading Standards

The work of Trading Standards is considered an important element in combating the sale of alcohol to young people. An additional £40,000 was included in the 2010/11 budget of the Council to enable Trading Standards to continue tackling under-age sales of alcohol using a number of methods, including test purchasing, which had led to a reduction in sales to under-age young people. Cabinet is urged to retain that financial support.

(Reference Section 6.4.1, page 26)

I. Alcohol-related hospital admissions

All agencies, including Wirral DAAT, are encouraged to ensure that the excellent advice services currently available to support young people who are subject to alcohol-related hospital admissions are continued and, if necessary, expanded.

(Reference Section 6.1.2, page 15)

J. Relationship with Magistrates

The Council is encouraged to further develop a tripartite relationship with magistrates and the Police in order to cultivate a mutual understanding of issues relating to the application of licensing laws in the courts.

(Reference Section 6.4.2, page 27)

K. Multi-agency working

Wirral Council Cabinet is invited to congratulate all of the agencies and staff involved in the delivery of the Wirral Alcohol Harm Reduction Strategy. Although much progress remains to be made in tackling the problem of alcohol misuse in Wirral, the impressive partnership working already in place provides a firm foundation for future progress. The Outreach Workers are among the key front-line staff who engage directly with young people and are responsible for the delivery of the Alcohol Harm Reduction Strategy. In the current difficult financial circumstances for public services, the protection of the front-line staff should be recognised as a priority in the onward delivery of the strategy. The approach of strong multi-agency working should continue to be supported in the future.

(Reference Section 6.3.2, page 23)

2. ACKNOWLEDGEMENTS

This report presents the findings of a Scrutiny Review into the 'Access to Alcohol by Young People in Wirral'. The Review was undertaken by a Working Group which was set up by the Scrutiny Programme Board. It is hoped that the recommendations which form part of the report will further develop the good practice that exists within the Council and with our partners. It was apparent during the review that a huge amount of work is happening in both an effort to educate and guide young people away from alcohol misuse as well as to reduce the supply of alcohol to young people wherever possible.

The Panel would like to thank all those people who willingly agreed to contribute and to provide information to this review. In particular, the Panel thanks all of the staff with whom they have met and exchanged ideas. There were many varied contributions to the review process. In addition, all of the Panel Members had the opportunity to take part in visits into our streets, parks and local communities wherever young people congregate. These visits were in the company of the dedicated Outreach Workers of the Response team from the Children and Young People Department. All of the members found these visits enlightening and gave a first hand view of the challenges that alcohol misuse among young people provides for the Council and our local communities in the Borough.

It is worth noting that, as with many parts of the public sector, this service area is likely to be subject to change in the coming months. The change is already underway in the form of new Government strategy, the Home Office consultation on licensing policy and subsequent publication of the Police Reform and Social Responsibility Bill, the increasing interest in the proposal for minimum pricing of alcohol as well as the drive to secure more efficient services. The constantly changing background has, therefore, made the review more difficult.

Thank you to the Panel Members who have all contributed fully to the review, which I hope will contribute to the development of service provision in this area. In the future, it is important that the impact of all of the recommendations is reviewed and that progress is monitored.

Thank you to all for your participation and contributions to this Review.



Councillor Dave Mitchell (Chair of the Members' Panel)

3. PANEL MEMBERSHIP

The Alcohol Scrutiny Panel was appointed by the Scrutiny Programme Board on 14th January 2010. The purpose of the Panel is to carry out a Scrutiny Review of the impact that alcohol consumption by young people is having on those young people and the wider community. The Panel will make any relevant recommendations for changes which, in the first instance will be discussed by the Scrutiny Programme Board. The following members volunteered to be members of the Panel:

Councillor Dave Mitchell (Chair)



Councillor Chris Meaden



Councillor Ann Bridson



Councillor Sue Taylor



The Scrutiny Support Officer for this Scrutiny Review was Alan Veitch.

4. BACKGROUND AND ORIGINAL BRIEF

At the meeting of the Scrutiny Programme Board held on 14th September 2009, Members agreed to undertake an in-depth Scrutiny Review regarding progress towards implementation of the Alcohol Strategy in Wirral. The Board Members agreed that volunteers should be sought from among Scrutiny members to form a panel. It was agreed that the review should be managed by the Scrutiny Programme Board due to the cross-cutting nature of the topic and the impact on a number of areas such as health, young people, trading standards, licensing, anti-social behaviour and community safety.

Due to the enormous breadth of the topic, it was agreed to focus on specific areas, concentrating particularly on those issues which are within the direct responsibility of the Council. The Panel Members proposed that, due to the high profile and significance of excessive drinking among young people, the central focus of the review should be the “access to alcohol by young people in Wirral”.

The Scope Document for the review, attached as Appendix 1 to this report, was agreed by the Scrutiny Programme Board in January 2010. It was agreed that the review would concentrate on the following issues:

- What is the impact of alcohol on young people in Wirral?
- What is the impact of young people drinking alcohol having on other residents of Wirral?
- What is already being done to enable young people to make good choices regarding alcohol?
- What are the key issues relating to access and availability: Where? Price? Promotions?
- What restrictions of access to alcohol exist at present?
- What additional restrictions of access are available and which have been successfully used elsewhere?
- Can Council policies be sensibly amended relating to the access and availability of alcohol, particularly with respect to young people?

The Panel commenced work in attempting to find answers to these questions.

5. METHODOLOGY FOR THE REVIEW

The Panel has employed a number of methods to gather evidence.

5.1 Meetings / Visits with Officers

A series of individual meetings has taken place at which the Panel Members could discuss relevant issues with key Officers from each of Wirral Borough Council, Wirral NHS (PCT), Wirral Drug and Alcohol Action Team (Wirral DAAT) and Merseyside Police. Those interviewed during the course of the review were:

Wirral Drug and Alcohol Action Team (DAAT)

Terry White (Young Persons Programme Manager)

Gary Rickwood (Manager, Wirral DAAT)

Bev McAteer (Wirral Alcohol Strategy Manager)

Wirral Borough Council

John Malone (Manager, Trading Standards)

Margaret O'Donnell (Manager, Licensing)

Pat Rice (Head of Response, Children & Young Peoples Department)

Donna Callaghan (Young Persons Alcohol Intervention Worker, Response, Children & Young People Department)

Steve McGilvray (Community Safety Team)

Wirral NHS

Sue Drew (Deputy Director of Public Health)

Mindy Rutherford (Alcohol Programme Manager)

Anne Tattersall (Head of Health & Wellbeing, Children and Young People)

Merseyside Police

Sgt Dave Peers (Licensing Sergeant)

Sgt Simon Barrigan (Community Engagement Officer)

Third Sector

Carol Gillam (a worker from the Life Education Wirral Caravan)

5.2 Panel Members' visits with Outreach Workers

During the review, each of the Panel Members undertook visits to street locations, parks and some youth clubs in order to engage directly with young people who were most likely to consume alcohol. Each of the members produced a short report, identifying relevant issues. These reports are attached as Appendix 2 to the main report.

5.3 Written Evidence

Written evidence was received from a variety of sources. Details are shown in Appendix 3 to this report.

6. EVIDENCE AND RECOMMENDATIONS

6.1 Alcohol Consumption in Wirral

6.1.1 The Scale of the Problem in Wirral

The World Health Organisation categorises alcohol use disorders into three categories:

- Hazardous drinking: people drinking above recognised ‘sensible’ levels (14 units a week for females or more than 21 units a week for males) but not yet experiencing harm
- Harmful drinking: people drinking above ‘sensible’ levels and experiencing harm
- Alcohol dependence: people drinking above ‘sensible’ levels and experiencing harm and symptoms of dependence

The ‘Joint Strategic Needs Assessment’ for Wirral, produced by Wirral NHS for 2009/10, estimates that in the 16+ age range, there are:

- 57,220 drinkers or 22.7% of the 16+ population who are categorised as ‘hazardous’
- 16,500 drinkers or 6.6% of the 16+ population who are categorised as ‘harmful’
- 11,852 drinkers or 4.6% of the 16+ population who are categorised as ‘dependent’

Therefore, the total number of adults (16 years+) estimated to have an alcohol use disorder in Wirral is approximately 74,000. Furthermore, it is estimated that alcohol dependence is higher in younger age groups, with in excess of 2,000 young people in the 16 to 19 age range who are dependent drinkers, with a further 2,400 in the 20 to 24 age range.

Another measure of the impact of alcohol is National Indicator 39 (NI39), which is defined as “The rate of alcohol related hospital admissions per 100,000 of the population over the age of 18”. Table 1 displays NI39 statistics for Wirral alongside a number of geographical neighbours. As can be seen, the rate of alcohol-related admissions in Wirral is currently third highest relative to the comparators; Liverpool plus Halton & St Helens being higher.

Table 1: Alcohol related admissions to hospital per 100,000 of the adult population – historical and geographical neighbour comparisons

PCT Name	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10
Knowsley	1595	1726	1810	1985	2177	2480	2607	2803
Sefton	1215	1299	1413	1671	1771	1939	1999	2338
Wirral	1261	1374	1630	1856	2196	2384	2427	2428
Liverpool	1699	1833	1992	2330	2642	2613	2853	3125
Halton and St Helens	1667	1833	1804	1842	1963	2144	2399	2528
Western Cheshire	1031	1147	1262	1377	1518	1585	1667	1864
Central and Eastern Cheshire	983	1087	1180	1441	1550	1498	1611	1746

Source: NHS Information Centre data released on 7th October 2010, as presented in the report of the Director of Public Health, ‘Alcohol related admissions to hospital’, to Wirral Council Health and Wellbeing Overview and Scrutiny Committee, 1st November 2010

The performance of Wirral NHS is measured against a trajectory or target figure, whereby an estimate is calculated for future years. It is noteworthy that, relative to the trajectory figure, Wirral has performed well in 2008/9 and again in 2009/10. In the year 2009/10, the NI39 target rate was 2,762 admissions per 100,000 of the adult population. The actual rate was 2,428. This may well suggest that the work being done through the Wirral Alcohol Harm Reduction Strategy is having a positive impact. The report of the Director of Public Health, ‘Alcohol related admissions to hospital’, to Wirral Council Health and Wellbeing Overview and Scrutiny Committee, 1st November 2010, states that **“the average cost of an admission to hospital is approximately £1,200”**. Therefore, based on that figure, an estimated cost of 2,428 admissions per year is approaching £3million to the NHS.

Although this Scrutiny Review has primarily investigated the implications of alcohol for young people, it is worth noting that The Local Alcohol Profiles for England (LAPE), published by the North West Public Health Observatory in September 2010 ranked Wirral as having the poorest record in England for alcohol-specific hospital admissions among women. Professor Mark Bellis, Director of the Observatory is quoted:

“The price we pay for turning a blind eye to the real extent of alcohol abuse across England is reflected in the new Local Alcohol Profiles for England and it is a price that is paid especially by the poorest communities”.

Given the data for the adult population, it is, therefore, perhaps not surprising that Wirral records high level of alcohol misuse among young people too. The Local Alcohol Profiles for England (LAPE), published by the North West Public Health Observatory in September 2010 ranks Wirral as 323 out of 326 local authority areas for alcohol-specific hospital admissions for under-18s (with a rank of ‘1’ being the best performer in the country). Only the Local Authority areas of Copeland, Halton and Liverpool are ranked below Wirral. However, as with the analysis of all-age alcohol-related hospital admissions discussed above, the rate of reductions for young people since 2006/7, reported in Table 4 below, is very welcome.

Table 2: Hospital admissions for alcohol-specific conditions among young people in Wirral, North West and England – 2009/10

Age 0 – 17	Rate per 100,000 population		
	Wirral	North West average	National average
Total	158*	109	65

*Wirral’s national rank = 323 out of 326

Source: North West Public Health Observatory (NWPHO)- Local Alcohol Profiles for England (LAPE)

Table 3: Hospital admissions for alcohol-specific conditions among young people (0 – 17) in Wirral and neighbouring authorities – 2009/2010

Local Authority Area	Rate per 100,000 population (Age 0 – 17)	Local Authority Area	Rate per 100,000 population (Age 0 – 17)
Cheshire East	98.2	Sefton	132.7
Cheshire West	88.9	St Helens	132.4
Halton	165.8	Warrington	111.6
Knowsley	136.1	Wirral	158.4
Liverpool	168.6		

Source: North West Public Health Observatory (NWPHO)- Local Alcohol Profiles for England (LAPE)

Table 4: Hospital admissions for alcohol-related conditions among young people (0 – 17) in Wirral – Historical trend analysis

Year	Wirral rate per 100,000 population
2006/7	181.9
2007/8	161.8
2008/9	144.6
2009/10	128.5

Source: Wirral DAAT – Young People’s Specialist Substance Misuse Needs Assessment 2009/2010 and the Hospital Episode Statistics, NHS Wirral

It is worth noting that the data shown in Table 3 (LAPE – North West Public Health Observatory) and in Table 4 (Hospital Episode Statistics, Wirral NHS) are not consistent in terms of the actual figure shown for Wirral. This is due to differing criteria that are used to compile the data. It would clearly be advantageous to have a standard form of data collection, an issue that is now under review by Wirral DAAT.

At a national level, an ICM poll conducted in August 2010 on behalf of the alcohol awareness charity, Drinkaware, found that, of 2,000 young adults aged 18 to 24, 36% of those questioned went out drinking with the specific intention of getting drunk. The survey also found that one in three young adults thought that it was acceptable to wake up without knowing how they got home after a drinking session and one in 25 believed it was acceptable to end up in hospital.

The Wirral Joint Strategic Needs Assessment (JSNA) reports the results of the School Health Education Unit Survey (SHEU), which provides information about alcohol use amongst young people and was gathered during the summer term in 2008. The survey involved 2,054 Year 8 and Year 10 pupils across ten Wirral schools. Key findings include:

- 94% of Year 10 girls have ever drunk alcohol compared to 86% of males; Year 8 boys are least likely to have ever drunk alcohol (76%).
- 16% of the sample report regular drinking (at least once per week). This includes 7% who drink enough to get drunk once a week and 2% who get drunk enough to be sick once a week.
- 33% of the sample had an alcoholic drink in the week preceding completion of the survey. This is in line with the national figure for schools completing the survey in the Spring/Summer terms.
- Of those who had an alcoholic drink in the last seven days, over half (53%) had been drunk on at least one day.
- 23% said they would probably give in and drink alcohol if at a party and encouraged to by friends. This was highest for Year 10 boys (27%).

Tellus4 is a survey of children and young people across England which asks for their views about their local area, and includes questions covering the five ‘Every Child Matters’ outcomes. The most recent survey for which data is available was undertaken in Wirral in 2009 and assessed the views of a combination of Year 6, 8 and 10 pupils. With regard to views on alcohol, the responses for Wirral, with national and statistical neighbour comparators, were as follows:

Table 5: Results of the Tellus4 survey regarding pupil attitudes to alcohol consumption, 2009

Table 5a

Response	Wirral (%)	National (%)	Statistical neighbours (%)
Have you ever had an alcoholic drink – a whole drink not just a sip?			
Yes	49	42	47
No	44	51	46
I don't want to say	7	7	7

Source: Tellus4 survey results for Wirral, 2009

Table 5b

Response	Wirral (%)	National (%)	Statistical neighbours (%)
In the last four weeks, how many times have you been drunk?			
None / never had an alcoholic drink	63	68	65
Once	7	6	7
Twice	5	4	5
Three or more times	7	5	6
Don't want to say	9	8	9
Don't know / can't remember	3	2	3
I have never been drunk	6	6	6

Source: Tellus4 survey results for Wirral, 2009

Within Wirral, alcohol workers report that the hotspots for young drinkers include Seacombe, Wallasey, Birkenhead and Rock Ferry. However, a senior alcohol worker did comment that, regarding alcohol misuse among young people:

“The problem is everywhere; it is not about social class or geographical area”.

6.1.2 The Consequences of Young People Drinking

A publication ‘What is the scale of the alcohol problem in Merseyside?’, produced in 2009 by the Centre for Public Health at Liverpool John Moores University estimated the following consequences of alcohol consumption for the United Kingdom:

- 530,000 hospital admissions
- 331,248 recorded violent crimes
- 6,514 sexual offences
- 40,940 incapacity benefits claimants
- £20billion cost to the economy in the UK

Stark evidence of the impact of alcohol on young people in Wirral is available from the Joint Strategic Needs Assessment document which states that, in the period between 2001 and 2008, there were 131 deaths of young people in the 16 to 24 age range. Of that total, 26 were specified as alcohol related deaths. “Mortality of cohorts younger than 40 years of age are related to bouts of heavy / binge drinking and end in acute consequences such as accidents rather than chronic conditions”.

Data regarding alcohol-related hospital admissions of young people under the age of 18 are detailed earlier in this report (see Section 6.1.1 – ‘The Scale of the Problem in Wirral’). As stated, the Local Alcohol Profiles for England (LAPE), published by the North West Public Health Observatory in September 2010 ranks Wirral as 323 out of 326 local authority areas for alcohol-specific hospital admissions for under-18’s (with a rank of 1 being the best performer in the country).

A recent study conducted by the charity Alcohol Concern found that, between 2002 and 2007 alcohol-related hospital admissions for under-18s increased by 32%. The report, ‘Right time, right place: Alcohol-harm reduction strategies with children and young people’, estimates that an average of 36 children a day are admitted to hospital for alcohol related conditions. Among the recommendations of that report are requests for earlier identification of young people engaged in “risky” drinking such as young people attending A&E or getting into trouble with the Police for alcohol, so they can access information, advice and support.

An innovative response to the level of alcohol-related hospital admissions among young people has been the introduction of an Alcohol Worker who delivers targeted interventions to young people who misuse alcohol. This worker takes referrals from across Wirral including the Police, schools and parents, as well as attending A&E at Arrowe Park on a Friday evening to offer advice and support, particularly to the parents / carers of young people who have been drunk. This intervention can result in referrals and home visits. The service is managed by the Youth Service’s Response team. There have been 356 alcohol-related hospital admissions of young people to Arrowe Park in 2009/10. The largest group to receive this service is 13 to 16 year-olds in Children’s A&E. Those aged 16 and over are admitted to Adult A&E. For those young people who are admitted to Children’s A&E, the vast majority of parents / carers are in attendance, which provides the opportunity to engage with them. The Alcohol Worker post has been funded through Wirral Drug and Alcohol Action Team (DAAT), supported by funding from the Area Based Grant and Wirral NHS. It provides an excellent example of the partnership working that has been delivered through the Alcohol Harm Reduction Strategy. It is also an example of the early identification of young people that is recommended in the Alcohol Concern report, ‘Right time, right place’.

In terms of long-term health consequences, a manager of the alcohol programme remarked that: “The rate of increase for cirrhosis of the liver among young people is going through the roof. Much of the access to alcohol is through adults getting it from shops for the young people. There are no consequences for the adults”.

RECOMMENDATION 1 Alcohol-related hospital admissions

All agencies, including Wirral DAAT, are encouraged to ensure that the excellent advice services currently available to support young people who are subject to alcohol-related hospital admissions are continued and, if necessary, expanded.

With regard to the impact of alcohol on the levels of crime and anti-social behaviour, it is generally understood that not all incidents come to the attention of agencies and are, therefore, unrecorded. However, Arresting and Custody Suite officers are able to identify those young people who they believe to be under the influence of alcohol. Therefore, an estimate can be given of the number of young people who have been arrested where alcohol has been a factor in that arrest. Table 6 shows the number of such arrests:

Table 6: Number of arrests of young people (under 18 years of age) in Wirral, who were reported to be under the influence of alcohol 2009/2010

Year	Number of arrests
2006 – 2007	137
2007 – 2008	131
2008 - 2009	257

Source: Report of the Director of Regeneration, 'Young People and Community Safety', to Wirral Council Sustainable Communities Overview and Scrutiny Committee, 18th November 2009

As with the Alcohol Intervention worker who works closely with Arrowe Park hospital, in the case of alcohol-related hospital admissions, a similar approach has been implemented for the arrest of young people. The Young Persons Alcohol Intervention Programme (YAIP) provides a full-time youth worker who operates in partnership with Merseyside Police and the Youth Offending Service (YOS) and the service is managed by the Youth Service's Response team. Funding for the YAIP, provided by Wirral NHS, is available until 2013. The strategy of the YAIP is to provide a graded response relevant to the seriousness of the initial incident.

When young people are picked up, it may result in them being taken to A&E, arrested, given a warning or taken to a place of safety. The worker provides support to those young people who have been arrested by the Police for an alcohol-related offense. Interventions take place with family members and young people in an attempt to prevent repeat arrests and a reduction in alcohol consumption. Initially, the YAIP provided interventions to those young people who were arrested or stopped by the Police for alcohol-related issues or offenses. However, due to the low number of referrals from the Police for 'Stop' incidents, it was decided in June 2010 to continue with referrals only in the case of arrests.

With regard to the YAIP project, a manager of the alcohol programme told the Members' Panel that: "The YAIP helps to coordinate a programme of work to target young people on the streets and is seen as a model of good practice".

While another commented that:

"The YAIP has been very successful at providing interventions for young people who have been arrested or stopped by the Police for an alcohol-related offence".

The YAIP provides a link between the enforcement action taken by the Police and the support / intervention services which can prevent or reduce the possibility of repetitive behaviour in the future. The apparent success of the project may be due to the double-headed role with the Police providing a fear of arrest running alongside the educational aspects of the programme. The education involves messages regarding the impact of alcohol on health, risky behaviour, the increased risk of violence or sexual behaviour and so on. However, it is essential that, for the YAIP to prosper in the future, information regarding arrests must be passed quickly to Response and, wherever possible, shared data should be used. Under these circumstances, more effective interventions may be expected. Another key issue for the future of the programme is to ensure that there is more effective work and engagement with parents and carers.

A further issue is the anti-social behaviour which excessive drinking generates, much of which goes unreported to the Police. Considerable investment has been made by Wirral Borough Council through the Community Safety Unit and the Anti-Social Behaviour Team in order to combat the impact on communities. Further consequences of young people drinking were seen by Panel Members during their visits with the Outreach Workers. There was evidence of young people aged 12 years old who

were drunk in local parks at 8.30 in the evening. It was noticeable that there were younger girls (who were drunk) in the company of older boys. Indeed, a survey of 13,000 young people aged between 14 and 17, undertaken by Trading Standards North West in 2009 revealed that one in six teenagers regretted having sex after drinking. The impact of risky behaviour can be demonstrated starkly by a case in Wirral where a group of young people were drinking heavily and concluded in a young teenage girl being raped. An officer remarked:

“The consequence is two wrecked families”.

6.2 The Legislative Framework

Licensing for the sale of alcohol is currently governed by the Licensing Act 2003, which became law in November 2005. Since the Coalition Government was formed in May 2010, responsibility for licensing law relevant to the sale of alcohol (and the Licensing Act 2003) has moved from the Department of Culture, Media and Sport to the Home Office. Consequently, the Home Office began a review with a formal consultation document, ‘Rebalancing the Licensing Act’, being formally launched by the Home Office in July 2010, with the intention to review the Licensing Act of 2003. Subsequently, the Police Reform and Social Responsibility Bill has been introduced to the House of Commons on 30 November 2010.

On taking office, the Coalition Government’s programme on alcohol, as outlined by the Home Office, included commitments to:

- overhaul the Licensing Act 2003 to give local authorities and the Police much stronger powers to remove licences from, or refuse to grant licences to, any premises that are causing problems
- allow councils and the Police to shut down permanently any shop or bar found persistently selling alcohol to children
- double the maximum fine for underage alcohol sales to £20,000
- permit local councils to charge more for late night licences to pay for additional policing
- ban the sale of alcohol below cost price
- review alcohol taxation and pricing to ensure it tackles binge drinking without unfairly penalising responsible drinkers, pubs and important local industries

Some of these and other proposals form the basis of the Government’s Police Reform and Social Responsibility Bill. It is, therefore, reasonable to assume that most or all of these measures will become law at some stage in the future. Under the provisions of the 2003 Licensing Act there is a basic presumption in favour of granting an application for a licence to sell alcohol. In turn, this makes it difficult for Local Authorities to refuse applications. The Government’s consultation document and subsequent Bill proposes to alter the emphasis of the law whereby Local Authorities will be given more flexibility to decline or revoke a licence.

Among the provisions of the Police Reform and Social Responsibility Bill, the Government has signalled its intention to make provisions which include the following:

- Overhaul the Licensing Act 2003 to give local authorities and the Police much stronger powers to remove licenses from, or refuse to grant licenses to, any premises that are causing problems by:
 - giving licensing authorities the power to refuse licence applications or apply for a licence review without requiring relevant representations from a responsible authority. This will help licensing authorities to pro-actively target irresponsible businesses.
 - lowering the evidential hurdle for licensing authorities when making licensing decisions by requiring that they make decisions which are ‘appropriate’ rather than necessary for the

promotion of the licensing objectives. This will help ensure that licensing authorities are able to better reflect the needs of the local area.

- increasing the opportunities for local residents or their representative groups to be involved in licensing decisions by removing the requirement to show vicinity. This means that any person, body or business will be able to make a relevant representation, regardless of where they live.
- Enable more involvement of local health bodies in licensing decisions by designating Primary Care Trusts (PCTs or their future equivalents) in England as a responsible authority.
- Amend the Statutory Guidance to make it clear to licensing authorities that there should be a presumption that all reasonable recommendations from the Police should be accepted unless there is clear evidence to the contrary.
- Amend the Statutory Guidance to require licence applicants to give further consideration to the interests of the local community when setting out the steps they will take to promote the licensing objectives.
- Local Authorities will be permitted to charge a late-night levy to pay for policing the night-time economy and other services related to the consequences of alcohol on the night-time economy. The levy will be set at a national level and will be an annual charge. However, local authorities will be able to specify the hours (between midnight and 6.00am) during which the levy will apply.

However, on the issue of banning below cost sales, it worth noting that the Government has stated in the document 'Responses to Consultation: Rebalancing the Licensing Act', that "We are committed to taking forward proposals to implement the ban on sales below cost without delay; however they will not form part of the Police Reform and Social Responsibility Bill". It is, therefore, currently unclear how the issue of alcohol pricing will develop in the future. Section 6.4.3, later in this report, investigates the issue of minimum pricing further.

With specific regard to 'Protecting Children from the Harm of Alcohol', the Government's consultation document stated that "Despite the growing problem of children's alcohol misuse and the increasing impact on public services, not enough has been done at the local level to limit the availability of alcohol to children. The current powers do not go far enough to prevent selling alcohol to children. Although pupils' access to alcohol is typically by being given it by friends or parents, about half of pupils who have ever drunk also say that they do buy alcohol, despite being well below the age when they can legally do so". It is the Government's intention to take tougher action to penalise those premises found to be persistently selling alcohol to children. Currently, if a licence holder pleads not guilty to persistent underage selling and is prosecuted, they can face a fine of up to three months suspension of their alcohol licence.

At a national level, in 2008 there were nine prosecutions with four fines issued. The average fine issued was £1,713. However, as an alternative to prosecution, the Police can give the licence holder the option to voluntarily accept a 48 hour closure notice. The 48 hour suspension of alcohol sales was given 54 times in 2008/09. In addition, the Police can ask the licensing authority to review the licence. The Police Reform and Social Responsibility Bill therefore proposes to increase the maximum fine to £20,000 and to provide for a longer period for closure notices, with a minimum of 48 hours and a maximum closure period of two weeks. The Government is also proposing to amend the statutory guidance to encourage licensing authorities to review licenses of all premises found to be persistently selling alcohol to children.

Indeed, during this Scrutiny Review, prior to the launch of the Government’s consultation document, the frustration of some of the professionals involved in delivering the Wirral Alcohol Harm Reduction Strategy was summarised by the comment:

“What is needed is for the Government to give Local Authorities the tools to do the job”.

In fact, there are organisations who go further than the proposals laid out in the Government’s Police Reform and Social Responsibility Bill. As an example, the British Medical Association has called for a ban on all alcohol advertising, including sports and music sponsorship as well as an end to cut-price deals on alcohol. The cost to the NHS for treating injury and illness linked to alcohol has been estimated to be anything up to £3billion a year. It is of interest to note that the Alcohol Bill recently put before the Scottish Parliament includes provisions for a ban on irresponsible drink promotions at off licences, an introduction of a “social responsibility fee” on retailers who sell alcohol while licenced premises will also be required to operate an age verification policy based on the age of 25.

Beyond legislation, there have been government guidelines on alcohol for adults for many years. They say that men should drink no more than three-four units per day and women two-three units. However, it wasn’t until December 2009 that the Chief Medical Officer for England and Wales, Sir Liam Donaldson, issued guidelines on alcohol for under-18s and their parents. The ‘headlines’ of the guidance says:

- Children and their parents and carers are advised that an alcohol-free childhood is the healthiest and best option. However, if children drink alcohol, it should not be until at least the age of 15 years.
- If young people aged 15 to 17 years consume alcohol, it should always be with the guidance of a parent or carer or in a supervised environment.
- Parents and young people should be aware that drinking, even at age 15 or older, can put your health at risk and that not drinking is the healthiest option for young people. If 15 to 17 year olds do consume alcohol, they should do so infrequently and certainly on no more than one day a week. Young people aged 15 to 17 years should never exceed recommended adult daily limits and, on days when they drink, consumption should usually be below such levels.
- The importance of parental influences on children’s alcohol use should be communicated to parents, carers and professionals. Parents and carers require advice on how to respond to alcohol use and misuse by children.
- Support services must be available for children and young people who have alcohol-related problems and their parents.

The consequences of the legislative framework can be demonstrated by the comments of a manager:

“There are a number of dimensions resulting in the number of alcohol-related hospital admissions being a significant problem in Wirral. Three key issues are Price, Promotion and Availability”.

RECOMMENDATION 2 Legislative framework

Wirral Council Cabinet is encouraged to lobby the Home Office for changes in the law aimed at reducing the supply of alcohol to young people by:

- limiting the promotion of the sale of alcohol, for example, through ‘happy hours’**
- restricting the use of alcohol as a ‘loss leader’ by supermarkets and other retail outlets**
- reducing the promotion of alcohol through advertising**
- reducing the scale of proxy sales by imposing greater fines on those purchasing alcohol on behalf of under-age drinkers**

6.3 Strategy and Resources

6.3.1 The Wirral Alcohol Harm Reduction Strategy

The current Wirral Alcohol Harm Reduction Strategy was launched in 2007 to cover a period up to and including 2010. The three priorities of the existing strategy (2007-10) are:

- Young People’s Alcohol Misuse
- Alcohol Related Identification and Treatment
- Alcohol Crime, Disorder and Communities

The implementation of the overall strategy is coordinated by Wirral DAAT (Drug and Alcohol Action Team) in conjunction with a number of key partners in a multi-agency collaboration. However, with specific regard to the delivery of the element relating to young people, the Children and Young People Department of Wirral Borough Council plays a major strategic role. The Strategy document recommended the delivery of 10 action points regarding young people. The actions, relevant to ‘Young People’s Alcohol Misuse’ were documented in the original strategy document along with those partner organisations responsible for the delivery of that action point in the strategy:

Table 7: Wirral’s Alcohol Harm Reduction Strategy 2007-2010: Identified Actions related to ‘Young People’s Alcohol Misuse’

	ACTION	RESPONSIBLE PARTNER ORGANISATION
1	To ensure that young people, families, carers and professionals are provided with clear accessible information and education, to allow them to make informed choices about alcohol	Children’s and Young Peoples Department - Response, Youth Service, Anti Social Behaviour Team Churches Action on Substance Misuse, Connexions, Voluntary and Community Sector
2	To increase the number of professionals trained to address alcohol misuse amongst young people	Children’s and Young Peoples Department - Response, Youth Service, Youth Offending Service
3	To tackle, address and reduce alcohol related ‘youth’ anti-social behaviour	Wirral Joint Community Safety Team, Children’s and Young Peoples Department – Response and Wirral Outreach Team, Youth Offending Service
4	To reduce the rate of alcohol related under 18 years teenage conceptions and Sexually Transmitted Infections (STIs)	Wirral Primary Care Trust - Public Health, Children’s and Young Peoples Department
5	To reduce admission and re-admission rates amongst young people presenting at Wirral Hospital Trust as a consequence of alcohol misuse	Wirral Hospital Trust, Children’s and Young Peoples Department – Response, Child and Adolescent Mental Health Service, Wirral Primary Care Trust – Public Health
6	To improve access into alcohol interventions and specialist alcohol programmes for young people	Children’s and Young Peoples Department – Response, Child and Adolescent Mental Health Service, Youth Offending Service Wirral Alcohol Service
7	To secure compliance with relevant legislation within the licenced trade and promote the licensing objectives with a focus on young people and alcohol misuse	Wirral Trading Standards, Wirral Primary Care Trust – Public Health, Connexions

Continued...

	ACTION	RESPONSIBLE PARTNER ORGANISATION
8	To address alcohol misuse amongst young people within Criminal Justice settings	Youth Offending Service, Merseyside Police, Wirral Joint Community Safety Team
9	To engage more young people in diversionary activities as an alternative to misusing alcohol	Sport and Recreation, Wirral Borough Council, Wirral Primary Care Trust – Public Health, Children’s and Young Peoples Department – Youth Service, Connexions
10	Develop and implement a multi partnership performance management framework to measure and monitor alcohol misuse amongst young people	Wirral Drug and Alcohol Action Team, National Treatment Agency, Government Office North West, Wirral Joint Community Safety Team

Source: Wirral’s Alcohol Harm Reduction Strategy 2007 – 2010

Key to the Strategy is a recognition that long-term success is likely to rely on both a reduction in the supply of alcohol to young people as well as a decrease in the demand for alcohol among some young people by changing their behaviour patterns. A third aspect of the action plan is an understanding of the need to tackle some of the negative outcomes that arise from alcohol consumption among young people. Indeed, a manager responsible for one of the teams delivering the Action Plan commented that:

“It is important that there are activities aimed at young people but there is also a need to stifle the supply of alcohol too”.

Before adding that:

“The issues for Wirral are consistent with other areas. However, without the hard work and effort put into reducing alcohol consumption amongst young people, Wirral could be in a lot worse position”.

Within the context of Wirral, it also important to note that ‘Tackle alcohol harm’ is a Priority for Improvement in the Council’s Corporate Plan for 2010/11 and an Aim for 2008 – 2013. It is hoped that this will result in the subject of alcohol and young people remaining high among the priorities of the Council.

It is also worth noting that the current version of Wirral’s Alcohol Harm Reduction Strategy ends in 2010. A new strategy is currently in the process of being developed. The original planned launch was due in autumn 2010. However, it has been decided to delay the publication until 2011 due to the amount of change that is underway in the form of new Government strategy, Home Office consultation on licensing policy and the increasing interest in the proposal for minimum pricing of alcohol. It is intended that the same three priorities will be the focus for, and inform the structure of, the new strategy, namely:

- Young People
- Identification and Treatment
- Crime, Disorder and Communities

RECOMMENDATION 3 Wirral Alcohol Harm Reduction Strategy as a Council priority

It is recognised that ‘Tackle alcohol harm’ is a priority for Improvement in the Council’s Corporate Plan for 2010/11 and an Aim for 2008 – 2013. Given the statistical evidence of alcohol harm in Wirral, the Cabinet is encouraged to ensure that alcohol misuse remains a priority among the Council’s objectives for the foreseeable future. Financial support for the service should follow its recognition as a priority service.

6.3.2 Multi-agency Working

As can be seen from the previous section, multi-agency working is a cornerstone on which the delivery of the Wirral Alcohol Harm Reduction Strategy is built. Examples of partners working together constructively have been very impressive throughout this Scrutiny Review process. Wirral Drug and Alcohol Action Team (DAAT), an organisation that has now existed for twelve years, is integral to the partnership. Partnership working in Wirral is seen to be very successful due to the active input of all of the partners. There has been a consistent high level of co-operation, first on drug use and, more latterly, on alcohol misuse. Historically, the major focus for Wirral DAAT was drug usage. However, during the last five years, the focus for Wirral DAAT has been increasingly on alcohol misuse. It is now estimated that fifty percent of young people who receive support from DAAT is for alcohol-related issues.

Two examples of the partnership working were detailed in Section 6.1.2 of this report in the form of the Response's alcohol worker attending A&E at Arrowe Park on a Friday evening as well as the YAIP project (Young People's Alcohol Intervention Programme), in which Merseyside Police and Response work together closely. Operation Stay Safe, tackling the issues of young people, alcohol and anti-social behaviour provides another example of Merseyside Police working alongside the Council's Community Safety team. Operation Stay Safe has been a multi-agency operation removing young people at risk from the streets to a place of safety and after school Police patrols. A further example is provided by the partnership between Merseyside Police and Wirral Council's Anti-Social Behaviour Team, which sees a dedicated patrol of Police officers specifically focused on removing alcohol from young people, under the title 'Confiscation Cops'. This initiative, which has operated at peak times particularly during the summer months, has targeted hot-spot locations of alcohol fuelled anti-social behaviour, identified by analysis of Police and partner data which includes calls from the public.

The level of positive multi-agency working is impressive. Nevertheless, separate management structures and physical locations can very easily create unintentional barriers. It is, therefore, worth noting that the Coalition Government's stated intention to transfer public health to Local Authorities may mean that, in the longer-term, opportunities could arise to consolidate some of the reporting structures to provide an even more focused unit.

RECOMMENDATION 4 Multi-agency working

Wirral Council Cabinet is invited to congratulate all of the agencies and staff involved in the delivery of the Wirral Alcohol Reduction Strategy. Although much progress remains to be made in tackling the problem of alcohol misuse in Wirral, the impressive partnership working already in place, provides a firm foundation for future progress. The Outreach Workers are among the key front-line staff who engage directly with young people and are responsible for the delivery of the Alcohol Harm Reduction Strategy. In the current difficult financial circumstances for public services, the protection of the front-line staff should be recognised as a priority in the onward delivery of the strategy. The approach of strong multi-agency working should continue to be supported in the future.

6.3.3 Future Funding

As with many areas of the public sector, uncertainty over future funding and organisation is currently a significant issue for those involved in the provision of alcohol services. There is a degree of concern regarding the impact of the likely removal of Wirral NHS (PCT). In the past, a significant amount of

core funding has come via Wirral NHS for both drug and, more latterly, alcohol services. In addition, Wirral has received substantial direct grants, ring-fenced specifically to fund drug treatment services. The level of this funding has grown over the past three years, determined by Wirral's past success at getting high numbers of drug users into treatment.

In recent years, much of this increase in funding has been used to develop services to support people out of treatment and help them avoid relapse. These services have been available to work with those recovering from both drug and alcohol misuse, so the drug funding has indirectly supported the alcohol programme in this vital area.

As the GP Commissioning role is developed, it is not yet clear whether drug and alcohol provision will be commissioned on a central basis and, if so, by whom. The future of the previously ring-fenced drug budgets is also not known and this too has major implications for the alcohol programme.

A manager working within the alcohol programme summarised some of these concerns:

"It is important that alcohol remains a priority in the Young People's Plan. If the Area Based Grant funding is diverted elsewhere (now that it is no longer ring-fenced), there is a danger that alcohol will not be seen as a high priority. In addition, alcohol also impacts on other areas of priority, for example, teenage pregnancy. Currently, both the NHS and the Police regard alcohol as a priority area. There is a risk that, if funding cannot be secured, the services available will be impacted".

Although the NHS proportion of the funding (£194,000) to deliver the alcohol element of the Wirral Prevention Plan is in place until 2013, due to the extensive multi-agency involvement in the alcohol programme, funding has been provided from a number of different sources, often covering relatively short time periods. This does not promote long-term stability in service provision. In the future, budgeting over a more extensive timeframe would enable more long-term planning for the delivery of the service. As can be implied from the previous section, due to the extensive multi-agency involvement in the alcohol programme, funding has been provided from a number of different sources, often covering relatively short time periods. The manager continued:

"We need a sense of being able to plan long-term in order to have the ability for the work to be continued.

It is important to establish the true cost of providing alcohol services. In order to do so, there is need to recognise that the preventative work on alcohol is an investment as savings are made further down the track. In terms of estimating and measuring the savings achieved in the long-term by preventative work, NI39 is the national indicator that measures a reduction in hospital admissions. Although this data is available for Wirral, in addition, research is available at a national level. As an example, based on figures obtained by Alcohol Concern relating only to ambulance call-outs, hospital admissions and visits to emergency departments by young people under the age of 18, the total estimated cost to health services is almost £19million per annum. The Alcohol Concern report, 'Right time, right place' therefore concludes that:

"In order to reduce this financial cost health services need to move collaboratively from simple 'response' towards prevention, working in partnership with local specialist services where possible".

It is this type of partnership working, delivered locally through the Wirral Alcohol Harm Reduction Strategy, that provides the long-term opportunity for these costs to be driven-down locally.

Table 8: Estimated cost of underage drinkers to primary health care services 2007/8

	Annual alcohol-related incidents	Average cost per incident	Total annual costs
Ambulance call-outs	23,254	£198	£4,604,292
Hospital admissions	14,501	£532	£7,714,532
Emergency Department attendances	64,750	£100	£6,475,000
			Estimated Total Cost: £18,793,824

Source: Alcohol Concern Report, 'Right time, right place', October 2010

RECOMMENDATION 5 Funding

In the past, the alcohol harm reduction services have been provided from a variety of short-term funding streams. This does not promote long-term stability in service provision. In the future, Cabinet is urged to promote long-term planning for the delivery of service by encouraging budgeting for the service over a longer time-frame.

6.3.4 Performance Management

Although other Performance Indicators have been used in the past, the only indicators provided by Wirral Borough Council currently in place specifically regarding alcohol are the following:

- NI20 Number of “assaults with less serious injury” (including racially and religiously aggravated) offences per 1,000 population as a proxy for alcohol related violent offences
- NI39 Alcohol-harm related hospital admission rates
- NI115 The percentage of young people reporting either frequent misuse of drugs, volatile substances or alcohol in the Tellus survey
- L7031 Percentage of under-age sales of alcohol during test purchase exercises

Indeed, the data collected in support of these indicators has informed some of the analysis in this report. However, of these indicators, only NI115 and L7031 relate specifically to young people. As the “Tell Us” survey process has been withdrawn by the Coalition Government in September 2010, the requirement for Local Authorities to maintain NI115 data has also recently been removed and will not be updated in the future. Nevertheless, Children and Young People Department are currently devising a new method of capturing equivalent information in Wirral.

In addition, Wirral DAAT do report a number of performance indicators regarding specialist substance misuse treatment, although not specifically for alcohol misuse. Therefore, there are currently few performance indicators that appear to adequately measure the work exclusively done regarding young people and alcohol. As an example, one professional in the field commented:

“It is known that young people are committing serious violence offences, often with alcohol as a cause. However, without clear performance measures in place, it is very difficult to measure the success of specific programmes”.

The College of Emergency Medicine issued a Position Statement of Alcohol-related Harm in September 2010. While emphasising the harm attributable to alcohol, particularly those relating to short and long-term health, crime and disorder, the College noted that often the brunt fell on the ambulance service and emergency departments. As a result, the College urged policy-makers to take coordinated action to, among other activities, “improve data collection from emergency departments,

and sharing at a local level to inform and drive community action”. At a local level, an officer involved in this process commented:

“TIG information (trauma and injury) is recorded and made available to the Police. However, that information is only as good as the hospital staff are told”.

It is important that there is a process of measurement and performance monitoring in place to measure the outcomes of any programme or project. It is recognised that there is a cost associated with the collection of monitoring data and that the measurement of the outcomes of preventative work is not easy. However, specific measurements of some outcomes from the Alcohol Harm Reduction Strategy, and especially with relevance to young people, would enable the decision-makers to make better informed decisions. Otherwise, how does the Council (and other partners) know that funding is being spent effectively?

RECOMMENDATION 6 Performance Management

Cabinet is urged to support the implementation of a series of performance indicators which will measure the outcomes of the Alcohol Harm Reduction Strategy, including the preventative aspects of the work and the impact on young people. Further development of suitable data-sharing arrangements among the partners, using a single set of data wherever possible, would be beneficial.

6.4 Stifling the Supply of Alcohol to Young People

A key element in the Alcohol Harm Reduction Strategy is to reduce the supply of alcohol to young people wherever possible. A senior manager in public health remarked that:

“Key issues regarding access to alcohol for young people relate to supermarkets and access to alcohol via adults”.

Both the Trading Standards and the Licensing Divisions at Wirral Borough Council play a key role in monitoring the framework within which businesses must operate.

6.4.1 Trading Standards

One recognisable problem is that of proxy sales on behalf of young people, whereby adults are organised as the “middle-man” to buy alcohol for young people. Indeed, a survey carried out in June 2010 on behalf of the charity, Drinkaware, found that nearly 36% of parents would give their 16 and 17-year-olds alcohol rather than them obtain it from an unknown source. A manager involved in the field in Wirral commented:

“Parents supplying young people with booze to get them out of the house is a significant problem”.

In general, ‘proxy buying’ is a serious problem and is often either conducted by:

- adults who are selected to buy for young people, for example, older brothers / sisters or neighbours
- adults who are randomly asked by young people

Work is done, alongside the Police, to identify those people involved in Proxy Sales Operations. However, ‘proxy buying’ is difficult to deal with as authority is required under the RIPA legislation (Regulation of Investigatory Powers Act) to enable a surveillance operation to be carried out. Local

evidence suggests that it is sometimes very difficult to obtain firm evidence of where the alcohol is from. Some young people will swap the carrier bags to throw the Police off the trail of the true source. Nevertheless, the Local Authority has undertaken a considerable amount of work to combat proxy sales.

One option available to combat the problem of under-age sales is that of ‘test purchasing’. Volunteers, aged 15 or 16, can be used to conduct test purchases. However, evidence must be admissible in court. In addition, the volunteer young people must be kept safe. It is considered locally that the ‘Test Purchasing’ scheme has been a great success. In 2008, there were 184 Test Purchases carried out at off licences, of which 46 (or 25%) were failures. In the 12 months from April 2009 to April 2010, there were 175 Test Purchases carried out at off licences, of which 19 (or less than 10%) were failures. The scheme, therefore, appears to be working as shops are increasingly fearful of failing. The ‘test purchasing’ scheme relies on a close working relationship between Trading Standards and the Licensing Sergeant of Merseyside Police and is evidently a good example of successful partnership working. However, some obstacles to test purchasing are encountered. For instance, there may be particular off licences who will sell alcohol to young people who they know. Therefore, if young people who are unknown to the shopkeeper try to buy alcohol, the shopkeeper will become suspicious in case they are a test purchaser. In these circumstances, Test Purchasing is not successful. Nevertheless, a senior officer informed the review Panel that:

“In many ways, Wirral is seen as providing best practice, for example, in Test Purchasing”.

The work of Trading Standards, however, is a combination of “carrot and stick”. In addition to the enforcement action, the team is also involved in educating the owners / managers of off licences. It was reported that the vast majority of off licences are “on board with the process”. Indeed, during 2009, over 180 off-licence staff received training and 46 advisory visits were carried out by the Trading Standards team. The education process encourages the off-licence operators to accept both their legal and moral responsibilities. Further activity undertaken by Trading Standards includes promoting the use of the PASS identification card to businesses so that young people can be requested to show their card when buying alcohol.

Additional resources have been provided for Trading Standards, which has enabled greater support / advice to be given to licenced premises. This financial support came initially from Wirral NHS and, more recently, from Wirral Council. This additional funding has been used specifically to enable more under-age sale detections.

RECOMMENDATION 7 Trading Standards

The work of Trading Standards is considered an important element in combating the sale of alcohol to young people. An additional £40,000 was included in the 2010/11 budget of the Council to enable Trading Standards to continue tackling under-age sales of alcohol using a number of methods, including test purchasing, which had led to a reduction in sales to under-age young people. Cabinet is urged to retain that financial support.

6.4.2 Licensing

As a Licensing Authority, Wirral Borough Council is responsible for promoting the Licensing Objectives, which are:

- The prevention of crime and disorder
- Public safety

- The prevention of public nuisance
- The protection of children from harm

In relation to young people and the sale of alcohol, the Licensing team works closely with the Trading Standards team and with the Licensing team at Merseyside Police. In determination of a licence application, the primary principle to be used by the Licensing Authority is to determine each application on its own merits.

With specific regard to the sale of alcohol to young people, as of the first of October 2010, it is a legal requirement that all premises licenced to sell alcohol must have an “age verification” policy. Previously, premises, although encouraged to always ask for identification when selling alcohol to anyone who looked under the age of 21, were not legally required to do so. It is interesting to note that some localities, such as Blackpool, have been able to introduce a successful electronic ID scheme with the support of club owners. By contrast, it has not been possible to gain the support of the majority of club owners in Birkenhead and, therefore, a similar scheme has not been possible. In terms of generating a constructive dialogue with bar owners, there are plans to put in place conflict training for bar staff using Birkenhead as a pilot. For example, training will be given in how to avoid conflict when refusing under-age sales and how to stop selling alcohol to customers who are already drunk. It is recognised that there are very few prosecutions for selling to customers who are already drunk. The licensees can obviously side-step the issue by asking “How do I know that they are drunk?”

Under the provision of the Licensing Act 2003, it is possible for a licence to be brought into review if alcohol is sold to under-eighteens. Nine reviews were undertaken in Wirral during 2009 into the sale of alcohol to people aged under-eighteen. However, an added complication relates to young people looking older than their actual age.

In recent times, successful objections have been lodged against a number of new licenses, but it is very difficult. The onus is on the Licensing Committee to grant a licence unless there is evidence to the contrary. Without significant objections from responsible authorities, such as the Police or the Children’s Safeguarding Board, it is difficult for members to reject applications. As a senior manager rightly pointed out:

“It is a business and is therefore entitled to trade”.

A member of the Licensing Committee told Panel Members:

“If the Local Authority rejects a licence application, the Authority loses out financially on the assumption that the appellant is successful. The appeals are heard by magistrates and it is the case that they often succeed. This is a problem and is very frustrating”.

Meanwhile, an officer involved in the licensing process observed that:

“The Licensing Act assumes a clean slate for a new applicant. Therefore, any clever solicitor can ensure that it is very difficult to get conditions appended to the licence”.

Cumulative Impact Policies can be introduced as a tool for licensing authorities to limit the growth of licenced premises in a problem area. The effect of adopting a Cumulative Impact Policy is to create a presumption that applications for new licenses will normally be refused (if relevant representations are received to that effect) unless the operator of the premises will not add to the cumulative impact already being experienced. By adopting a Cumulative Impact Policy, it is, therefore, not up to the Responsible Authority to provide evidence that the new or varied licence conflicts with one or more of the four Licensing Objectives as the reasons have already been laid out in the Policy. The burden of proof of

evidence is in effect shifted from the Responsible Authority to the applicant to provide evidence that their premises will not add to the problems generated by the concentration of licenced premises in that area.

In reality, evidence shows that they are often considered to be bureaucratic for licensing authorities as the link to the licensing objectives means that there is a high evidential burden on the authority before one can be introduced. As a result, as of November 2010, the Government estimated that only 134 Cumulative Impact Policies were in place in England and Wales. It is for this reason that, despite requests for the introduction of Cumulative Impact Policies in specific parts of Wirral, for example, Hoylake, sufficient evidence relating alcohol to crime and disorder in the locality was not available. However, an alcohol strategy manager commented to the Panel Members that:

“Our experience from public consultation is that we are frequently asked the question of why a system cannot be introduced whereby a limit on the density of off-sales in a particular area can be imposed. This is a recurring issue”.

Meanwhile, a senior alcohol worker remarked:

“The amount of licenses granted should be given consideration which in turn might help reduce availability”.

The current situation was summed up by one witness who described the current situation as follows:

“The problem occurs due to possible restriction of trade, for example, where there are two potential off licences next door to each other. If there are no representations from the Police, it is likely that the application will get approved. If the Police have no record of crime, disturbance or law breaking relevant to the application, then they cannot put in a representation”.

Indeed, one of the Panel Members drew attention to a particular part of New Chester Road where there are seven outlets in close proximity. In recent months, a Cumulative Impact Policy has been introduced by Liverpool City Council in the Allerton Road area of Liverpool. The success of this and other schemes will be watched with interest.

In the longer term, the Government’s consultation document, ‘Rebalancing the Licensing Act’ proposed to simplify Cumulative Impact Policies and “make them more responsive to local needs”. The Government intends to remove the evidential burden on licensing authorities and encourage greater use of them. Therefore, the intention is to give greater weight to the views of local people as the licensing authority will no longer “be constrained by the requirements to provide detailed additional evidence where such evidence is unavailable”. On 30th November 2010, the Government announced that statutory guidance will be amended to this effect.

RECOMMENDATION 8 Cumulative Impact Policy

Council should actively seek to introduce a Cumulative Impact Policy, as has been introduced by Local Authorities such as Liverpool and Brighton, in order to tackle the increase in outlets in specific hotspot areas.

With respect to the appeals process, the Panel Members appreciate the distinct yet inter-connected roles of Licensing officers, Merseyside Police and the Magistrates in implementing the provisions of the Licensing Act 2003. It appears to be the case that, since Local Authorities became responsible for licensing, the relationship with the magistrates has altered. It is, therefore, considered appropriate to recommend that tripartite meetings be held, involving officers / members of Wirral Council, Merseyside Police and representatives of the magistrates. The purpose of the meetings would be to consider the most appropriate application of the Licensing legislation on behalf of the residents of

Wirral. It is important that all three parties remain actively involved in licensing matters, despite the magistrate's role having reduced following the implementation of the Licensing Act 2003.

RECOMMENDATION 9 Relationship with Magistrates

The Council is encouraged to further develop a tripartite relationship with magistrates and the Police in order to cultivate a mutual understanding of issues relating to the application of licensing laws in the courts.

6.4.3 Minimum Pricing

In recent years, there has been increasing recognition among health professionals of cheap alcohol as a major concern. As a result, minimum pricing of alcohol has been gaining credibility as a policy option. During this Scrutiny Review, the issue of price became stark when a particular cider product, popular with many young drinkers, was identified to the Panel Members as being sold for less than £3 for a 3 litre bottle. The cider is 7.5% volume and a bottle contains 22 units of alcohol. The price of a unit of such alcohol equates to less than 15 pence per unit. Such a product is high on the list of those readily accessible to young people.

In his Annual Report for 2008, the Chief Medical Officer, Sir Liam Donaldson, called for the introduction of minimum pricing, stating:

“Cheap alcohol is killing people and it's undermining our way of life. In my report price and access are two crucial factors affecting alcohol consumption. I recommend action taken on both but particularly on price”.

He continued:

“Introducing a minimum price of 50 pence per unit would mean that a typical bottle of wine could be sold for no less than £4.50 and a typical six-pack of lager for no less than £6. Research has shown that this would hardly impact upon those who drink at low-risk levels. It would significantly affect those who drink at high-risk levels, helping them to reduce their own drinking and reducing the harms of passive drinking. Within 10 years of introducing this 50 pence policy, there would be major benefits. We would expect to see over 3,000 fewer deaths a year, 46,000 fewer crimes, 300,000 fewer sick days and 100,000 fewer hospital admissions. The total benefit could be as high as over £1 billion per year”.

(Note: The reference to passive drinking in the above statement refers to the impact on behaviour which results in an estimated 39,000 serious sexual assaults every year and one and a quarter million instances of alcohol-related vandalism). Furthermore, it is estimated that making alcohol less affordable will have a greater impact on young people than on the rest of the population. According to Department of Health statistics, one in five young people between 11 and 15 drink more than 600 units a year. A minimum price of 50 pence would significantly affect the price of some of those drinks favoured by young people. In 2009, the University of Sheffield carried out a study, funded by the department of health, with the aim of quantifying the potential impact of policies targeting price and promotion on alcohol related harm in England. One of the many findings of the study was that, among the 11 to 18 year-old cohort, a 40 pence minimum price would be estimated to result in a 4% decrease in consumption, whereas a 50 pence minimum price would lead to a 7.3% reduction.

The issue of minimum pricing has subsequently been endorsed by a number of high profile organisations, which have included NICE (National Institute for Health and Clinical Excellence), the House of Commons Health Select Committee, the British Medical Association and NHS Public Health

Directors. Although the Coalition Government is committed to “review alcohol taxation and pricing”, it appears that there is no Government consensus in favour of a national minimum price for alcohol. However, in August 2010, the Prime Minister appeared sympathetic towards the principle of a minimum price being implemented on a regional basis if local authorities chose to do so.

Detailed work towards the implementation of minimum pricing for alcohol has taken place in Scotland, Blackpool and Oldham. In the latter case, Oldham has acted as a pilot case for the ten Greater Manchester local authorities, who acting together as the Association of Greater Manchester Authorities, are considering the introduction of a byelaw which would require pubs, restaurants, supermarkets and off-licenses to price alcoholic drinks based on the number of units they contain.

Subsequently, the Cheshire and Merseyside Public Health Network (CHAMPs) is consulting on the proposal as is the Liverpool City Region Cabinet. At Wirral Council, a report entitled ‘Consultation – Minimum Price for Alcohol’ was discussed by the Licensing, Health and Safety and General Purposes Committee on 13th September 2010. The committee resolved unanimously:

- (1) that the Council seeks views on the introduction of minimum pricing of alcohol from the public, partner agencies, those organisations that support individuals with alcohol addiction and community and voluntary groups and that the results of consultations be brought to the next meeting of the Licensing, Health and Safety and General Purposes Committee.
- (2) that Members endorse the usage of Section 235 of the Local Government Act 1972 for the introduction of a local byelaw to deal with this issue if appropriate.

RECOMMENDATION 10 Minimum unit pricing for alcohol

The review Panel supports the principle of minimum unit pricing for alcohol. Council is requested to engage positively in the process to introduce a regional minimum price for alcohol in the Merseyside region.

6.5 Reducing the Demand for Alcohol by Young People

Although it may be possible to take steps to reduce the supply of alcohol to young people in the relatively short-term, it is considered to be a longer-term objective to reduce their demand for alcohol. Key to the reducing some young people’s desire to consume alcohol is the role of education and parental influence and engagement.

6.5.1 Education of Young People

An officer working directly with young people commented simply that:

“It is not possible to do too much publicity. It is so important to get the message across about the harm of drinking”.

The Local Authority and the partner organisations involved in the delivery of the Alcohol Harm Reduction Strategy in Wirral have made great efforts in terms of publicity aimed at both adults and young people. Much of the work with young people has been delivered through schools. The work will be reinforced shortly by the commissioning by the Children and Young People Department (Wirral Borough Council), with financial support from Wirral NHS, of an Alcohol Guidance document for use by schools. The new guidance for schools has been re-written and is due to be rolled out in December 2010.

With regard to secondary schools, the Response team is central to much of the work that is done. Wirral DAAT work very closely with Response who provide the ‘Bite-size’ programme or workshops. Issues such as bullying, healthy eating and alcohol are covered. The information is delivered through targeted group sessions aimed at Years 7 to 10. This work is very well received in the schools. A worker from Connexions is also commissioned to support the preventative part of the substance misuse programme. All agencies are working together in a coordinated approach. In addition, the Health Service in Schools initiative delivers services such as the clinic points in schools. These were described by a programme manager as having been “an astounding success”. The issues raised are reported to have demonstrated a surprising level of need. At present, CASM (Churches Action on Substance Misuse) also attend a limited number of schools by invitation.

Outside of the schools, the Youth Crime Action Plan ensures outreach work is available on Friday and Saturday nights, supported by targeted funding. In addition, Outreach teams provide the constructive street work, which was witnessed by the Panel Members who undertook individual visits with a variety of Outreach Workers across different locations within the borough. Those visits showed the tremendous value of this work and are further documented in Appendix 2 of this report.

As part of the overall education programme provided within the umbrella of the Alcohol Harm Reduction Strategy, Life Education Wirral has been commissioned to promote healthy choices on a holistic basis to primary school children. The sessions include education on alcohol, smoking and emotional health issues. 55 infant and primary schools have been visited in the last year, aiming at children from nursery age up to Year 6. However, some schools may not participate as they have to pay for the service. An alcohol programme manager informed the Panel Members:

“Research shows that children aged ten and eleven are the most vulnerable age group regarding alcohol”.

While an alcohol worker commented:

“The younger age is good as children at that age are more impressionable”.

An impression of the overall impact of the alcohol education process in schools can be given by the results of a question in the Tellus4 national survey of Year 6, 8 and 10 pupils.

Table 9: Results of the Tellus4 survey regarding pupil attitudes to alcohol advice, 2009

Response	Wirral (%)	National (%)	Statistical neighbours (%)
How helpful is the information and advice you get in school on alcohol?			
Helpful	64	58	60
Not helpful	17	20	20
Don't know	10	11	10
Haven't received any	8	11	10

Source: Tellus4 survey results for Wirral, 2009

It is noteworthy that the satisfaction rate for young people in Wirral is higher than both the national average and the rate among statistical neighbours. Therefore, although there is confidence that the

outcomes from the overall education programme are positive, the extension of the scheme to include more primary school children would be beneficial.

RECOMMENDATION 11 Education of young people

Council is requested to recognise the importance and continued priority of education for young people regarding the dangers of alcohol misuse. Education is recognised as a cornerstone of the Alcohol Harm Reduction Strategy. The support of all agencies, including schools, health authorities, the Police, Fire & Rescue Service and the voluntary sector, as well as Wirral Council, is fundamental to the delivery of this service. There is concern that appropriate alcohol awareness education should be available to young people in Years 5 and 6 at primary school. Research shows children aged ten and eleven are the most vulnerable age group regarding alcohol.

6.5.2 Engagement of Parents / Carers

The Children and Young People's Department at Wirral Borough Council have developed a Parenting Strategy. This includes issues regarding parental engagement. However, it is recognised that it is very difficult to engage some parents in general, not only on issues regarding alcohol. The involvement of parents is critical as there is a need to educate children about alcohol misuse. It is obvious that parents have a very important role in the education process. As an example, sessions have been held on parents evenings, specifically with the aim of engaging with parents. However, interest tends to be developed with those parents who are already engaged. The frustration of one professional was apparent in the comment:

“The provision of support to parents is an arm of the strategy. However, there is an element who will refuse to engage”

Therefore, Wirral DAAT commissioned Life Education Wirral to provide workshops at eighteen schools, between October 2009 and April 2010, for parents to cover topics such as bullying, communication with children and the use of role models. The feedback from those sessions showed that it was a useful process for many of the parents who attended. The sessions were split with approximately half of the sessions being held in affluent areas and half in more deprived areas.

Further examples of specific routes for engagement, often with hard-to-reach families, include the Youth Offending Service which has a role in providing support to parents. In addition, the Family Intervention Project in Wirral, which is part of a national scheme, enables intensive work to take place with individual families who have specific issues. Further, in the past two years the DAAT, through the Children and Young People's Department, has commissioned a project that provides a senior social worker to work specifically with specialist drug and alcohol workers where they have cases where there is some degree of concern for the welfare of children due to the drug and alcohol use of their parents. The objective is to minimise the negative impact of the parental behaviour on the children. This project also includes a family support worker who focuses on the individual needs of the children and works to engage them with other projects and organisations that will enable the children to become involved with and enjoy activities and experiences that their family circumstance may otherwise not offer them. This project is aimed at reducing the incidence of trans-generational drug and alcohol use.

Panel Members were also informed by an alcohol programme manager:

“It is also important to focus on young people and general services such as education, training and employment. These services help to protect young people from alcohol tendencies, for example, a young person who is working is statistically less likely to develop alcohol problems”.

However, the influence of parents goes well beyond the education of young people regarding alcohol. One alcohol worker, who works actively with young people commented bluntly:

“Many young people think that parents are hypocrites over alcohol”.

Therefore, it is the role of parents as role models that is just as important. Another alcohol worker added:

“Often the parents drink quite heavily too. Therefore, they are more likely to be dismissive of messages given to young people”.

While another commented:

“Parents are often not aware of the impact of their own drinking behaviour. A major risk factor is permissive parenting as well as adult drinking behaviour which can transfer to children and families”.

At a national level, the impact of parental drinking on young people has given rise to graphic headlines during the last few months. It was reported that ChildLine, the 24-hour helpline, took 5,700 calls between April 2008 and March 2009 from children who were concerned and scared about their parents’ alcohol and drug use. The report, published by the National Society for the Prevention of Cruelty to Children (NSPCC) quotes one ten year-old child as telling a counselor:

“My mum drinks all the time. She leaves me alone lots of the time. I feel scared and lonely. I look after mum when she drinks and put her to bed. She shouts and hits me. I don’t want to feel pain. I want to die”.

Meanwhile, a survey undertaken by Childwise, on behalf of BBC Newsround, during April and May 2010, found that half of the 1,234 10 to 14 year-old participants said they had seen their parents drunk. Nearly a third of those children (30%) felt scared when they see adults drunk or drinking too much; whereas 47% said they were not bothered.

6.5.3 Referral and Treatment

Section 6.1.2 of this report (‘The Consequences of Young People Drinking’) describes the intervention work of the alcohol worker attending A&E on Friday evenings. It was reported by the alcohol worker that, for those young people who are admitted into Children’s A&E there is a considerable acceptance rate of referral to further interventions. However, for those young people admitted to Adult A&E there are many refusals. It is considered that this type of intervention is vital if the number of young people drinking heavily is to be tackled in the long-term. It appears that identification of individuals and then onward referral to the most appropriate service is a key issue. Perhaps one of the strengths of Response is the strong link between their outreach teams and the specialist alcohol workers to whom clients can be readily referred. It was reported that many of the referrals to the specialist side of Response are made via the Outreach team. In the future, it is planned to strengthen the referral processes in the Family Safety Unit to ensure that clients are referred to the correct service.

During the review, Panel Members received anecdotal evidence of the importance of timely and appropriate referral. The impact of referral on a young person can be shown by the recent example of a

thirteen year-old who had been drinking vodka for three months, which resulted in him being picked up by the Police. As a result of the incident and referral he had not drunk since. During a more recent presentation of Bite-size sessions by Response at a local High School, the thirteen year-old was confident and able to peer-educate other young people regarding alcohol-related issues.

The justice system is another source of referrals. In the near future, criminal justice pathways are to be reviewed and updated to improve the identification and treatment of offenders. Within the justice system, conditional cautioning ensures that an offender must take part in a programme. The Panel Members were informed that momentum is moving towards the provision of mandatory or compulsory referrals. Great efforts have already been made to prevent young people from entering the criminal justice system. An officer informed the Panel:

“The prospect of a criminal record is a threat; programmes could be offered as an alternative”.

Inevitably, much of the provision of the Alcohol Dependency Service is aimed at the adult population. NHS Wirral are enhancing the Alcohol Dependency service largely through commissioning additional services with Cheshire and Wirral Partnership Trust (CWP) Alcohol Services, but with some other providers too.

This report was produced by the Alcohol Scrutiny Panel.

Appendix 1 : Scope Document for the Alcohol Scrutiny Review

Date: 14th December 2009

Review Title: Access to Alcohol by Young People in Wirral

Scrutiny Panel Chair: Cllr Dave Mitchell	Contact details: 0151 327 2095
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Departmental Link Officer: Sue Drew	Contact details: 0151 651 3914
Panel members: Cllr Ann Bridson Cllr Chris Meaden Cllr Dave Mitchell Cllr Sue Taylor	Contact details: 0151 201 7310 mobile: 07759 587597 0151 645 1729 0151 327 2095 07736 927201
Other Key Officer contacts:	
<p>1. Which of our strategic corporate objectives does this topic address?</p> <p>1.1 To create a clean, pleasant, safe and sustainable environment, in particular:</p> <ul style="list-style-type: none"> - To reduce alcohol related crime - To reduce levels of anti-social behaviour <p>1.2 To Improve Health and Well-being for all, ensuring people who require support are full participants in mainstream society, in particular:</p> <ul style="list-style-type: none"> - To encourage healthy lifestyles and participation in fulfilling activities - To narrow the mortality gap on Wirral - To tackle all forms of alcohol and drug induced harm 	

<p>2. What are the main issues?</p> <p>2.1 What is the impact of alcohol on young people in Wirral?</p> <p>2.2 What is the impact of young people drinking alcohol having on other residents of Wirral?</p> <p>2.2 What is already being done to enable young people to make good choices regarding alcohol?</p> <p>2.3 What are the key issues relating to access and availability: Where? Price? Promotions?</p> <p>2.4 What restrictions of access to alcohol exist at present?</p> <p>2.5 What additional restrictions of access are available and which have been successfully used elsewhere?</p> <p>2.6 Can Council policies be sensibly amended relating to the access and availability of alcohol, particularly with respect to young people?</p>												
<p>3. The Committee's overall aim/objective in doing this work is:</p> <p>3.1 To understand the impact of alcohol on young people and other residents in Wirral.</p> <p>3.2 To gauge the ease with which young people are able to access alcohol.</p> <p>3.2 To consider the support available to young people enabling them to make positive decisions regarding alcohol.</p>												
<p>4. The possible outputs/outcomes are:</p> <p>4.1 To reduce the ability of young people to access alcohol.</p> <p>4.2 To further enable young people to make positive choices regarding alcohol.</p>												
<p>5. What specific value can scrutiny add to this topic?</p> <p>To use new evidence to enable changes which would lead to the outcomes listed in section 4 above.</p>												
<p>6. Who will the Committee be trying to influence as part of its work?</p> <p>6.1 Appropriate Cabinet members and Directors, Wirral Borough Council</p> <p>6.2 Signatories to the Wirral Alcohol Strategy</p>												
<p>7. Duration of enquiry?</p> <p>Aim to complete by the end of the current municipal year (May 2010)</p>												
<p>8. What category does the review fall into?</p> <table border="0"> <tr> <td>Policy Review</td> <td><input checked="" type="checkbox"/></td> <td>Policy Development</td> <td><input type="checkbox"/></td> </tr> <tr> <td>External Partnership</td> <td><input type="checkbox"/></td> <td>Performance Management</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Holding Executive to Account</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> </table>	Policy Review	<input checked="" type="checkbox"/>	Policy Development	<input type="checkbox"/>	External Partnership	<input type="checkbox"/>	Performance Management	<input type="checkbox"/>	Holding Executive to Account	<input type="checkbox"/>		
Policy Review	<input checked="" type="checkbox"/>	Policy Development	<input type="checkbox"/>									
External Partnership	<input type="checkbox"/>	Performance Management	<input type="checkbox"/>									
Holding Executive to Account	<input type="checkbox"/>											
<p>9. Extra resources needed? Would the investigation benefit from the co-operation of an expert witness?</p> <p>The review will be conducted by councillors with the support of existing officers. However, the Panel are looking for advice from people with expertise on this topic.</p>												

10. What information do we need?	
<p>10.1 Secondary information (background information, existing reports, legislation, central government documents, etc).</p> <p>Wirral Alcohol Strategy (and the Implementation Action Plan)</p> <p>Recent Committee / Cabinet reports.</p> <p>Statistics regarding the scale of the problem in Wirral, comparative to statistical and geographical neighbours.</p> <p>Relevant Government Departmental documents</p> <p>Relevant national documents</p> <p>Reports from other councils into similar topics.</p> <p>Examples of good practice from other Councils</p>	<p>10.2 Primary/new evidence/information</p> <p>Introductory multi-agency presentation to Panel members</p> <p>Interviews with key officers</p> <p>Assessment of the impact on young people</p> <p>Assessment of the impact on Wirral residents</p>
<p>10.3 Who can provide us with further relevant evidence? (Cabinet portfolio holder, officer, service user, general public, expert witness, etc). council officers to include:</p> <p>Peter Edmondson / Steve Pimblett / Terry White (Children and Young People Department / Youth Outreach)</p> <p>Wirral DAAT</p> <p>Wirral NHS</p> <p>Planning Department</p> <p>Licensing Team (Margaret O'Donnell)</p> <p>Trading Standards (John Malone)</p> <p>School Governors Forum</p> <p>Schools Forum</p> <p>Young People Alcohol Prevention Programme</p> <p>Merseyside Police (Dave Peers)</p> <p>Relevant third sector groups</p>	<p>10.4 What specific areas do we want them to cover when they give evidence?</p> <p>How many young people are involved?</p> <p>Where are the hotspots?</p> <p>What activities already take place to encourage young people to make positive choices regarding alcohol?</p> <p>What is the impact on local communities of young people drinking excessive amounts of alcohol?</p> <p>What restrictions to access are currently in place in Wirral?</p> <p>What further restrictions to access are feasible?</p>

11. What processes can we use to feed into the review? (site visits/observations, face-to-face questioning, telephone survey, written questionnaire, etc).

11.1 Meetings with officers

11.2 Visits with Outreach Workers / Response / Respect team

11.3 Desk-top analysis

12. In what ways can we involve the public and at what stages? (consider whole range of consultative mechanisms, local committees and local ward mechanisms).

12.1 Area Forum meetings / Focus groups

12.2 Youth Parliament

Appendix 2 : Reports from the Visits of Panel Members with the Outreach Workers

REPORT FROM COUNCILLOR CHRIS MEADEN

I had the opportunity to go out with the team from Response on two occasions. We visited Victoria Park on the first visit and I met up with two of our workers and also a member of the Brook who, on this occasion, were talking to the young people in the park about how to keep safe. It seems that a number of young girls and boys actually are unaware of the problems that can arise when drinking at an early age and there are problems with underage sex which can unfortunately result in teenage pregnancy. The Brook are there advising about precautionary measures for them, not just to avoid pregnancy but to avoid STDs.

Our response team are not out to stop any anti-social behaviour although they do get involved if there are reports of this and work really closely with our Respect team against anti-social behaviour but are more there to try and keep our children safe.

It really shocked me that there are some young adult males who are over 20 years who are responsible for supplying drink to mainly young vulnerable girls and then use these young girls for their own gratification. This was when I decided to go out again with the team to learn more about what goes on in our parks and what measures our team goes to to gain the trust of the young people.

My second visit took me first to Birkenhead Park where we engaged with a group of about 20 youngsters aging from 12 to 16. They were just walking in a group and talking when they spotted the four of us walking to wards them and I realised then how close they are to our Outreach Team when they called out their names and just came over. They were interested to know who I was and why I was out with the workers and they proceeded to ask if they could have goal posts in the park to play foot ball and also what we as a Council could do to stop them being bored. I asked why they did not use the Youth Hub and they said that they were territorial and felt threatened when they went there. I also asked if they drink in the park and they do when they have money and when someone will go to the shop for them.

They were all very bright and explained that our workers had told them of the dangers of drinking and drugs and what it can do. A few of them said they do it because of peer pressure; some do it to be part of the group; and some said it was because it made them forget a lot of their problems. This gave me cause for concern and speaking to one of the workers later, he said that he had gained a lot of trust with some of them after working with them for a while and that they had opened up and told them of unhappy home lives, unhappy school lives and basically used our team as a sounding block for them to talk out their worries and their fears.

We then talked about what our team's aim is and they have since explained that, along with the Brook, they now have a young women's group that has been formed within the parks and they discuss the problems facing young girls and the young girls themselves are now talking to other groups about their own experiences and hopefully the message will get across.

We then met a group of young pregnant women who are based at The Beacon project within my own ward. These are young girls who have had problems with drink in the past and through our Response team, who first met them while doing their job, made progress through talking to them and getting them a place to live with the help of Forum Housing. They are now on the road to recovery and are advising other young girls by talking about their experiences.

One of the main things that came to light on these visits was that we do not speak to young people early enough. We need to get into primary schools and start talking to years 5 & 6 before the move up to senior schools so they are aware of what is happening. It is not just about drink. It is about drugs and other risks such as unprotected sex and the fear of catching horrible STDs .

As for Wirral Youth Service's Response Team, I have the utmost respect for them. They are doing a fantastic job seven nights a week covering the whole of Wirral talking to and helping our vulnerable young people with limited resources and they are a dedicated, caring set of people who have only one goal and that is to help as many as possible. One of the peer groups I spoke with used to be one of the kids on the streets who was a bully and drank and caused problems who now is married with young children of their own and goes out now and talks to the groups now and explains that there is more to life than drinking and fighting and causing trouble and tells them what he was like at their age and how you can turn your life around.

REPORT FROM COUNCILLOR DAVE MITCHELL

I spent the evening with two Outreach workers. I met them at Eastham Youth Club and we went on a walkabout around the ward. I was very impressed by their ability to approach youths and quickly gain their confidence, through talking with the youths at their level. We met three different groups. The first group was at the local skate park doing BMX bike tricks. As we walked away, from the conversations which had taken place, it was suggested that some of them had been using drugs.

The second group didn't want to know, so both Outreach workers talked to the smaller group, giving advice about condoms; even giving some to one young lady. As they were having a good talk the others joined in, giving both the opportunity to gain information and give advice. This was evident in using the modern language of the youths. I was lost and had to have it explained later. The information gained helped in that they knew what level to pitch the message back, and how to address the local schools when giving talks.

We called into the Youth Club and then went onto Birkenhead Park. They wanted to meet up with a group they had been working with. As we approached them, it was just four young girls; two were totally drunk; two giggly. A group of three walked past two boys and one younger girl keeping their heads down. After a short while, a group of about 8 to 10 boys/youths appeared and started talking to both workers. I just stood back and watched after being introduced to them. I was told later that one boy had agreed to contact the Outreach workers to try to get back into education and they would be having a football match with the rest and another group later in the week. This engages them so as to have one-to-one talks and assist in giving both advice about drugs, drink and sex. I was taken aback when told the very young girls admitted to having sex in the park; this was with older boys as it was a status thing.

I believe this work being done by the team is of the utmost importance, in educating youths about drinking, drugs and sexual habits.

REPORT FROM COUNCILLOR SUE TAYLOR

During the evening, we visited Harrison Park in Wallasey and the Tower Grounds, New Brighton where we found groups of teenagers in possession of cheap lager and cider. It was early, around 2100hrs, and it was fairly obvious that some of the youngsters weren't exactly sober.

Whilst the Police were seizing the alcohol and taking personal details, the Outreach team arrived and immediately became involved and engaged with the teenagers. It was good to see that the young drinkers appeared to be more cooperative with the Outreach workers than the Police. Maybe this was because they didn't appear as authoritative and the kids weren't interested in being so challenging. They seemed to command some respect and began to talk openly about why they drank. Sadly, boredom and 'something to do' seemed to be the reasons. It was all very professionally done in a friendly way but still managing to get the message across about the dangers of alcohol in a non-threatening way and the kids actually seemed to listen, which can only be a good thing....! Quite an eye-opener!

REPORT FROM COUNCILLOR ANN BRIDSON

Ann accompanied Prenton's Outreach Team 6-9pm on a Friday Evening in July; this was an opportunity to observe the work of Alcohol / Street Work members with underage drinkers that takes place in Prenton and the locality.

The Team were acutely aware of the whereabouts of groups of young people/drinkers. On meeting, we discussed the team's previous work done with teenagers in their schools to make them aware of the dangers and also some 'keeping safe' strategies. We went out between 8 and 9.30pm and found groups of drinking teenagers in two local parks beyond the edge of Prenton Ward. The majority of the young drinkers were female, drinking mainly small amounts of cheap vodka and cheap cider. At this time in the evening, they did not appear to be intoxicated. When the workers approached the groups, the young people were friendly and clearly recalled some of the workers from their visits to schools. It was positive that they were happy to take advice from the workers and also they were putting into practice some of the advice previously given (one person not drinking to keep the others safe, going home in groups etc). When I asked the young people what they would prefer to do instead of drinking, they had no response. In Arrowe Park, I noted two groups, one of younger girls and the other boys who looked over 18. I was concerned at leaving these vulnerable young girls open to the approaches of young men. Three previously identified drinking spots within Prenton ward were inspected and found to be empty (on this occasion). Workers had encouraged one group to form a football team, which had successfully diverted them from Friday night drinking. My thanks to Pat Rice and her Team for their efforts.

Appendix 3 References

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