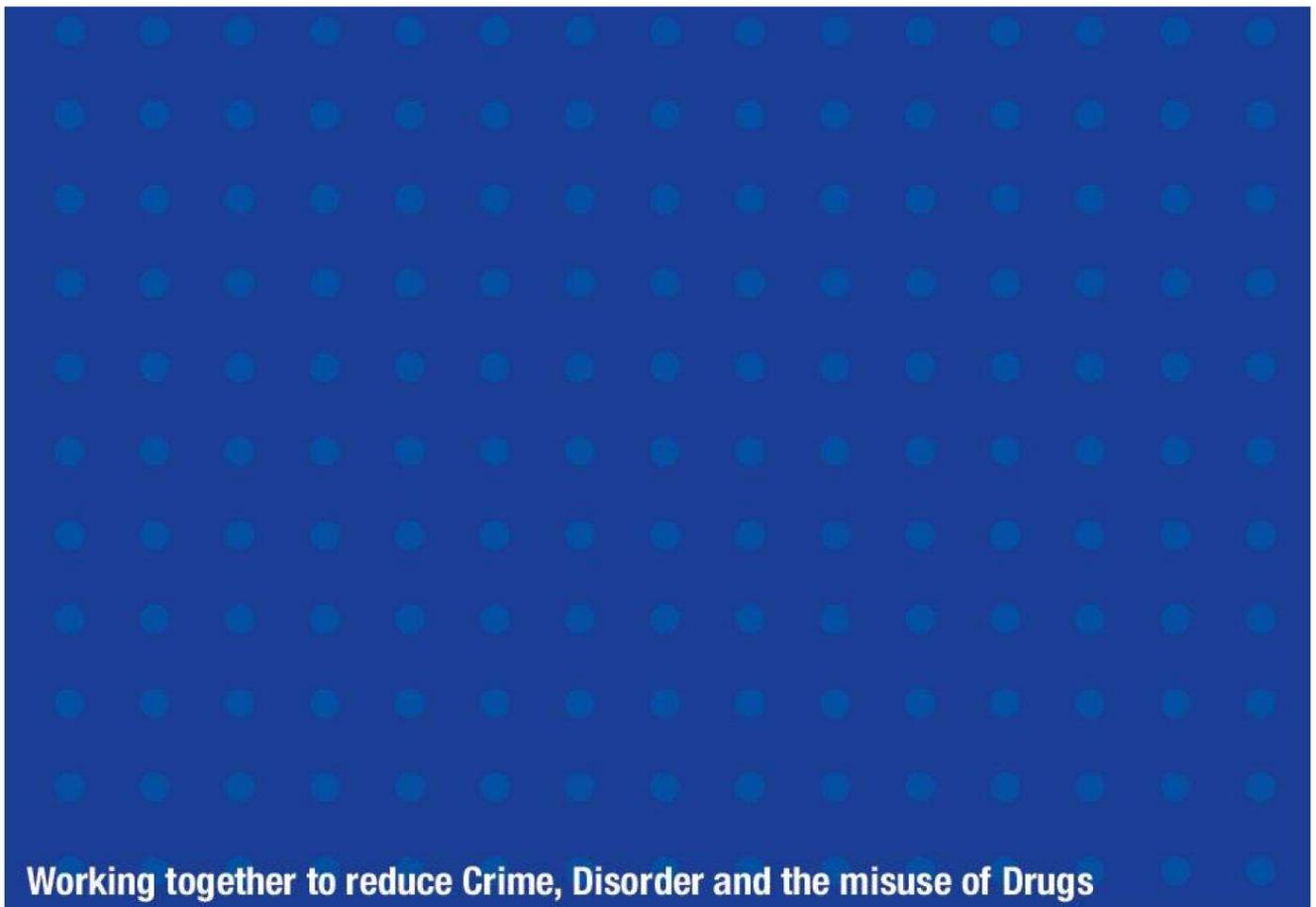


# **Safe. Responsible. Healthy:**

## *Nottingham's approach to alcohol*



Working together to reduce Crime, Disorder and the misuse of Drugs

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# Safe. Responsible. Healthy:

## Nottingham's approach to alcohol

### Executive Summary

This document sets out the overarching strategy to tackle the harms caused by alcohol in Nottingham City. It establishes a single, shared, long-term partnership vision for reducing all alcohol related harm in the city. Our vision is aspirational and ambitious:

Safe Responsible Healthy – Nottingham's Approach to Alcohol

We will work collaboratively with the local alcohol industry to create a night time economy that is **safe** and which all our residents can enjoy without encountering nuisance and drunk and rowdy behaviour. We will reduce alcohol related violence within the city centre, local neighbourhoods and within the home. We will continue to safeguard vulnerable children and families from alcohol related harms.

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We are committed to creating a culture of **responsible** drinking where people drink without causing harm to themselves, their community or others around them. We will support responsible retailers of alcohol and strive to set an example to young people in the city.

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Through education, information and health promotion, we will promote **healthy** attitudes towards drinking, supporting individuals to drink less and less often. We will reduce levels of alcohol related health harms through effective identification and treatment of alcohol misuse and support greater numbers to recover from alcohol dependency.

As alcohol has become increasingly affordable, consumption in the UK has increased significantly (by 121% between 1950 and 2000<sup>1</sup>). One in four adults now drinks above the recommended limits and there has been a corresponding rise in alcohol related disease and mortality, disorder and

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<sup>1</sup> Consumption levels have plateaued since 2000. *Alcohol Harm Reduction Strategy for England*. London. Cabinet Office 2004

violence. Nottingham has particular challenges with regards to alcohol related harm compared with England as a whole with greater numbers drinking at higher risk levels, high rates of alcohol related hospital admissions, a high alcohol related mortality rate and high levels of alcohol related violence.

Alcohol has an important cultural and economic role to play in society. Well-managed community pubs can form the heart of a local community and promote sociability. Nottingham has a vibrant and thriving night time economy that draws in a large number of visitors, making a significant contribution to the local economy. This, however, is tempered by the considerable cost of alcohol on public services; the cost nationally (England and Wales) to the NHS alone is an estimated £2.7 billion a year. The range and level of harms caused by alcohol are significant and wide-reaching encompassing alcohol related illness and injury, crime, disorder, homelessness, domestic violence, teenage pregnancy, loss of workplace productivity and the impact on children affected by alcohol misuse.

At the heart of this strategy is a commitment to deliver **long-term change** and **sustainable improvements**, the impact of which will continue to be seen for many years to come. This is a long-term strategy to 2020, supported initially by a three-year delivery plan to 2015. Working collaboratively with the local alcohol trade to change the face of the city centre's night time economy will be key to achieving this step change. We will work with the alcohol industry and regulators to further improve the control of supply and improve the environment in which alcohol is consumed to influence responsible drinking. In addition, this strategy will place strong emphasis on prevention to reduce the number of individuals drinking at harmful levels and to instil healthier attitudes to drinking across the generations. We will adopt a whole family approach to address the whole range of harms that can be caused by alcohol including truancy, antisocial behaviour, unemployment, domestic violence and the impact of alcohol misuse on children.

## The national vision

With the publication of the new national alcohol strategy in March 2012, the coalition government made a firm commitment to tackle excessive drinking and the “irresponsibility, ignorance and poor habits” that have led to unacceptable levels of nuisance and harm in recent years. A challenge against binge drinking and the resulting disorder, violence and health harms caused to individuals and the community are at the very heart of the government’s approach on alcohol. The new strategy promises tougher action against offenders of alcohol related violence and disorder and businesses encouraging this behaviour, as well as support to individuals to make informed choices to change their own behaviour. The government also creates a commitment to tackle low pricing of alcohol through the introduction of a minimum unit price for alcohol.

The government places strong emphasis on local action and attributes local authorities with greater powers to tackle the issues most affecting their area. The reforming delivery landscape for crime, policing and health will further enable local areas to address local priorities through local action:

- From April 2013, responsibility for alcohol commissioning will transfer over to the local authority within a ring-fenced public health grant
- Health and Wellbeing Boards are being established to bring together local councils, the NHS and local communities to identify and respond to local needs through a Joint Strategic Needs Assessment and a joint Health and Wellbeing Strategy
- From November 2012, directly elected Police and Crime Commissioners will ensure that the public’s priorities will drive local policing activity.

## **One Nottingham's vision: Safe. Clean. Ambitious. Proud.**

Nottingham is a world class city with a long and proud history of innovation and achievement. In 2010, the city's local strategic partnership set out a radical and ambitious 20 year vision for Nottingham City, which is:

### **Safe, clean, ambitious, proud**

The Nottingham Plan is a ten year strategy to take the city forward towards the 'half-way point' to 2020. The Nottingham Plan establishes a number of key strategic priorities for the city for the next decade within the framework of six thematic programmes of action:

- **World Class Nottingham**
- **Neighbourhood Nottingham**
- **Family Nottingham**
- **Working Nottingham**
- **Safer Nottingham**
- **Healthy Nottingham**

The Nottingham Alcohol Strategy 2012-15 will directly contribute to both the Nottingham Plan and the overarching 20 year vision. Specifically, this strategy will:

- Work to reduce alcohol misuse and the impact of alcohol on children and young people, contributing to the **Family Nottingham** programme by raising the aspirations and attainment of the city's children and young people
- Create a commitment amongst partners to work together to improve health and wellbeing within the city by preventing, treating and supporting people affected by alcohol misuse (**Healthy Nottingham**)
- Contribute to a significantly safer city with lower crime, fear of crime and perceptions of lower antisocial behaviour (**Safer Nottingham**).

Other local strategic drivers include:

Vulnerable Adults Plan for Nottingham City 2011-2014

Nottingham's Children and Young People's Plan 2010-2014

## Nottingham's challenges

In preparing for this strategy, a comprehensive needs assessment was carried out to identify the full range and extent of harm caused by alcohol in the city. This fed into the city-wide Joint Strategic Needs Assessment to inform the strategic direction of service delivery based on the needs of the local population. A vast range of information from across all partners was collated and analysed. In addition, the views of many different stakeholders were sought through a wide-reaching consultation event to help shape the local priorities for alcohol for the next three years. All of this information, the challenges identified and the resulting recommendations, provide the foundation of this strategy.

### **Key strategic challenges for Nottingham include:**

- Nottingham has an exceptionally high density of pubs and clubs compared with elsewhere in the region and England and a high density of off-licences
- Nottingham has a significantly higher rate of alcohol related hospital admissions than England and it is increasing by approximately 11% each year
- 20% of all violent crime in the city occurs within the city centre and is linked to the night time economy
- There has been an overall reduction in violent offences with injury within the city centre. However, levels have stagnated in the last year
- Almost half of Nottingham City residents perceive people being drunk or rowdy in the city centre as a fairly or very big problem
- There has been a significant increase in calls to report street drinking to the police in the last year; a third of street drinking incidents were outside of the city centre
- There is a lack of data on the prevalence of alcohol misuse and effectiveness of interventions for young people
- Clearer links between pathways and services for adults, offenders and children and young people are needed.

## Where are we now?

### Progress so far

Activity to reduce alcohol related harm in the city has gone from strength to strength over the course of the last four years and has become more ambitious and more proactive as new and innovative ways to tackle this problem have been sought.

In 2008, the Nottingham Crime and Drugs Partnership published its first major alcohol strategy for the city. The *Nottingham Alcohol Strategy 2008-11* responded directly to the government's call for coordinated, localised action to tackle the harms caused by alcohol. Since 2008, the volume of partnership activity to reduce alcohol related harm has grown significantly and gathered momentum.

Some key achievements include:

- A series of social marketing campaigns to reduce alcohol misuse in Nottingham amongst the highest risks groups
- The DrugAware programme to deliver enhanced drug and alcohol education at each key stage beyond the nationally required Healthy Schools standard
- A new alcohol treatment pathway commissioned in 2010, improving access to treatment through a single point of access
- Widespread training in evidence based identification and brief advice for alcohol misuse
- A dedicated Night Time Economy Partnership Group to establish environmental controls to prevent alcohol related violence and disorder within the city centre
- A review of Nottingham City Council's licensing framework which led to the expansion of the city centre saturation zone
- A new alcohol diversion scheme to encourage offenders of alcohol related violence within the night time economy to attend a training course to moderate their drinking and offending behaviour
- The street drinkers and beggars case conferencing group was set up to identify and intervene in the most prolific cases of street drinking and begging.

## Looking forward

This strategy will build on the solid foundation of best practice and growing momentum developed over the last four years whilst addressing the gaps identified through the most recent needs assessment and in consultation with partners. In addition, this strategy will seek to achieve longer-term, more ambitious solutions to affect radical change.

At the heart of this strategy is a commitment to tackle drunkenness and its impact on the community, the individual, children and families.

Our overall aim and vision is clear: Safe. Responsible. Healthy.

This overarching aim will be delivered through a number of strategic objectives based on national and local priorities. The strategy is divided into three themed areas: prevention, enforcement and treatment, each of which will be supported by a comprehensive delivery plan which will be reviewed annually.

### **Prevention**

Through our prevention work programme we will strive to provide effective information and health promotion to encourage positive changes in drinking habits across the population. Furthermore, in a change from the previous strategy, activity to reduce alcohol misuse amongst children and young people has been incorporated within the prevention strand. This is in recognition of the fact that encouraging healthy drinking behaviour amongst young people is crucial in preventing alcohol related harm as they grow into adults. This strategy places greater focus on prevention and early intervention than previous strategies. As such, in addition to a dedicated thematic area, prevention is a cross-cutting theme across the whole strategy.

### **Enforcement & control**

We will work to reduce alcohol related disorder and violence both in the city centre and in local neighbourhoods. We will continue to take firm action against individuals and businesses that are causing problems, making full use of new tools and powers made available by central government. In addition, we will strive to prevent problems before they occur. We will continue to work with partners, including the licensed trade, to manage the city centre's night time economy to a high standard with successful schemes such as Best Bar None and Purple Flag, and continue to deal with new licensing applications of concern in a concerted partnership approach. Furthermore, we will work to reduce the number of vertical drinking establishments to combat drunkenness in the city

centre. The case conferencing approach to enable prolific street drinkers to exit their lifestyle will be reviewed and strengthened and we will continue to support a pilot scheme to treat and, where appropriate, repatriate A8 nationals who have been street drinking.

### **Treatment**

Through our treatment strand we will support individuals to make positive changes to their drinking behaviour by continuing to enhance the provision of identification and brief advice (IBA) across health and community settings. In addition, we will continue to ensure that alcohol treatment provision in the city is fully effective with accessible pathways into and out of treatment with a strong focus on outcomes by exploring a payment by results (PbR) approach. A key priority will be the development of streamlined alcohol treatment pathways across the criminal justice system, from pre-arrest to release from custody into the community. We will support full recovery for those with suffering from alcohol dependency.

The strategy's key objectives have been directly derived from the national strategy, local strategic plans and the up-to-date needs assessment on alcohol.

Local strategic framework		Nottingham Alcohol Strategy 2012-15 – Summary	
Business Plan	Strategic priority	Strategic outcome	We will achieve this by:
Nottingham Plan 2020	Family Nottingham	Fewer children and young people misusing alcohol	Improving our understanding of the prevalence of alcohol misuse amongst young people
			Providing universal, good quality drug and alcohol education
			Developing effective alcohol harm messages specifically targeted at under-18s
			Improving the effectiveness of alcohol treatment interventions for young people
			Exploring further opportunities for workforce development
		The impact of alcohol misuse on children and young people will be reduced	Ensuring that the impact of parental alcohol misuse is considered and embedded within all prevention approaches
		Fewer adults drinking at harmful levels	Establishing alcohol as a health promotion priority linked to mainstream funding
			Developing a wide-ranging media & communications strategy
	Developing and delivering localised, effective health promotion campaigns targeted at priority groups		
	Tackle the cheap availability of alcohol		
	Enhancing provision of identification and brief advice		
	Healthy Nottingham	Lower levels of alcohol related health harms	Ensuring fully integrated and effective referral pathways between alcohol health promotion, treatment and aftercare services
			Developing streamlined alcohol treatment pathways across the criminal justice system
			Ensuring robust links between young people, adult community and criminal justice alcohol treatment pathways
			Exploring payment by results approach for alcohol treatment
			Developing a new service to address the needs of high volume service users in hospital
			Supporting recovery and addressing the wider factors that reinforce dependency, including housing and social care needs, employability, family support needs and domestic violence.
			Work with partners to reduce the risks associated with the transition of responsibilities under the Health and Social Care Act
			Prevent and tackle violence and disorder caused by excessive drinking within the night time economy
	Safer Nottingham	Levels of alcohol related disorder and violence will be greatly reduced in both the city centre and local neighbourhoods	Continue to develop effective solutions to reduce the impact of licensed premises on antisocial behaviour, crime and disorder
Conduct further work to establish the precise nature and prevalence of alcohol related ASB in order to effectively target resources			
Effectively tackle alcohol related antisocial behaviour and street drinking in the city			
Extend the scope of partnership activity beyond the city centre where specific issues have been identified			
			Develop a joint communications strategy with Nottinghamshire County Council to promote positive perceptions of Nottingham's night time economy and communicate positive events and activities

## Prevention

**By 2015:**

**Fewer adults will be drinking at harmful levels as a result of effective information and health promotion**

**There will be a reduction in alcohol misuse amongst children and young people**

**The impact of alcohol misuse on children and young people will be reduced**

### **Headline targets:**

- To reduce the proportion of adults drinking at increasing or higher risk to 9% or less.\*
- To reduce the proportion of people binge drinking to 18% or less\*  
\* As a proportion of Nottingham residents aged 18 or over who drink alcohol
- To reduce the prevalence of alcohol misuse amongst children and young people (baseline to be established in 2012/13)
- To increase the percentage of new presentations of children and young people into treatment where alcohol is identified as a primary substance to 25% (from a baseline of 17.2%)

### **Lead partner**

The lead partners for coordinating this strategic priority will be NHS Nottingham City and the Nottingham Crime and Drugs Partnership. However, delivery will rely on a number of partners including the Healthy Schools Team, service providers, and both of the city's universities.

### **Key challenges**

The following challenges have been identified:

- Nottingham has a significantly higher rate of alcohol related hospital admissions than England and it is increasing at approximately 11% each year
- Many people don't know how much they are drinking, or the likely impact on their health or wellbeing
- Overall Nottingham City has a much higher proportion of people that fall into the increasing and higher risk segments of drinking, based on the Central Office of Information's geodemographic segmentation work.

- Nottingham has a large student population, approximately 40% of whom report drinking at increasing or higher risk levels
- Health promotion work on alcohol is not currently mainstreamed and is not all recurrently funded
- A third of 8-18 year olds in the city have tried alcohol; a quarter of children surveyed had their first taste of alcohol before they turned 11. By the time they reach 16, two thirds have had a drink
- While fewer young people are drinking than previously, those that do drink consume greater quantities of alcohol
- In Nottingham, a small but significant minority (8%) drink alcohol a few times a month or more (including 3% of 8-11 year olds). This extrapolates to 1096 young people in total across the city
- A quarter of 15-16 year olds have been drunk at least once in the last four weeks
- Use of alcohol amongst vulnerable children is greater
- There is a lack of data on the prevalence of alcohol misuse and effectiveness of interventions for young people

### **Key strategic objectives**

We have identified the following strategic objectives, which we believe will have the greatest impact on the above outcomes:

1. **Establish alcohol as a health promotion priority that is linked to mainstream recurrent funding.** We will ensure that alcohol health promotion work is prioritised and adequately funded such that this work can be commissioned in a way that better considers its sustainability and the longer-term goals of the strategy.
2. **Develop a wide-ranging media & communications strategy to ensure messages are clearly communicated to all partners.** This will be developed under the umbrella of the Decade of Better Health and engage all partners to create safe drinking messages for the wider population, particularly in preparation for major events.
3. **Develop and deliver localised, effective health promotion interventions targeted at priority groups.** We will:
  - Develop and implement campaigns based on social marketing principles to reduce alcohol consumption in the three priority groups identified by geodemographic segmentation work as having the greatest impact on alcohol related hospital admissions

- Work with both universities to deliver awareness campaigns promoting safer drinking messages targeted at students
- Identify and target additional priority groups experiencing high levels of harm as a result of their alcohol use.

Emphasis will be placed on developing localised health messages specifically developed to meet local needs.

4. **Improve our understanding of prevalence of alcohol misuse amongst young people.** We will develop a better understanding of drinking amongst children and young people in Nottingham, including how much they are drinking, what they are drinking, where they are drinking and where they are obtaining their alcohol.
5. **Provide universal, good quality drug and alcohol education.** We will:
  - Continue to provide enhanced alcohol education in schools through the DrugAware programme, encouraging and supporting more schools to achieve the award
  - Develop more reliable data to measure the outcomes of the DrugAware programme.
6. **Develop effective alcohol harm reduction messages specifically targeted at under-18s.** We will develop and deliver alcohol awareness campaigns for under-18s in the city, especially for the 16-17 year old target group in further education colleges who may have missed the benefit of the DrugAware programme. This will be conducted as part of the Decade of Better Health expansion to cover children and young people's-focused health promotion work in the city.
7. **Improve the effectiveness of alcohol treatment interventions for young people.** We will undertake a comprehensive review of the young people's substance misuse treatment system to ensure compliance with national guidance, relevance to local need, increased effectiveness, improved outcomes and improved pathways (including pathways into and out of treatment). This will inform the future direction of young people's substance misuse services from 2013/14.
8. **Explore further opportunities for workforce development** across all partners in contact with young people to ensure early identification and referral into treatment, where appropriate.

9. **Ensure that the impact of parental alcohol misuse is considered and embedded within all prevention approaches.** We will integrate Hidden Harm messages in all alcohol related health promotion campaigns and workforce training.
  
10. **Tackle the cheap availability of alcohol.** We will fully participate in forthcoming consultation exercises commissioned by central government in relation to a ban on multi-buy promotions and the introduction of minimum pricing for alcohol.

## Enforcement & control

**By 2015:**

**Levels of alcohol related disorder and violence will be reduced in both the city centre and local neighbourhoods**

### Headline targets:

- To reduce alcohol related ASB calls to the police by 25 % by end of March 2015 (baseline to be established in 2012/13)
- To reduce violence in the city centre between 8pm and 6am *baseline TBC*
- To reduce the percentage of respondents who perceive that people being drunk and rowdy in a public place is an issue for Nottingham's city centre (baseline = 43%; 2011 Respect Survey)

In addition, we will contribute to the following partnership targets:

- To reduce "All Crime" by 36% (over a 2010/11 baseline) by March 2014
- To reduce "core ASB" calls to the police by 39% (over a 2010/11 baseline) by March 2014

### Lead partner

The lead partners for coordinating this strategic priority will be Community Protection and Nottinghamshire Police. However, delivery will be required from other partners working in the broader community safety field.

### Key challenges

The following challenges have been identified:

- Nottingham has a highly concentrated night time economy catering for a high volume of visitors seeking differing entertainment experiences; there are 300 licensed premises within a square mile of Old Market Square
- Nottingham has a very high density of on-licensed premises within the city centre, with only London having areas of higher density
- Following a fall in violence offences within the city centre, levels have stabilised in the last year indicating further challenges to driving further reductions

- Calls to report street drinking to the police and city council have also increased in the last year. Levels of street drinking were significantly higher every month in 2011 than the same month the previous year
- A third of street drinking incidents were outside of the city centre
- Street drinking amongst A8 nationals<sup>2</sup> is becoming more prominent; much of this group has no recourse to public funds preventing access to public services.

### **Key strategic objectives**

We have identified the following strategic objectives, which we believe will have the greatest impact on the above outcome:

- 1. Prevent and tackle violence and disorder caused by excessive drinking in particular within the night time economy.** We will:
  - Explore options to reduce the number of vertical drinking establishments in the city centre
  - Continue to pro-actively manage our night time economy in the city centre
  - Carry out a comprehensive evaluation of the alcohol diversion scheme
  - Consider the introduction of the late night levy and Early Morning Restriction Orders
  - Continue with successful schemes such as Best Bar None, Purple Flag and the Business Improvement Districts
  - Continue to tackle domestic and sexual violence linked with alcohol misuse<sup>3</sup>
  
- 2. Continue to develop effective solutions to reduce the impact of licensed premises on antisocial behaviour, crime and disorder.** We will:
  - Continue to pro-actively deal with new licence applications of concern and take action against licensed premises causing problems in a partnership approach
  - Continue to influence and contribute to the Local Development Framework and relevant planning policies to ensure community safety and the impact of the night time economy are fully taken into account
  - Develop a voluntary code for off-licences and supermarkets to raise the standards of responsible alcohol retailing across the city
  - Explore options to restrict the self-service sale of alcohol in off-licences and supermarkets

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<sup>2</sup> The expansion of the European Union in 2004 led to the addition of eight countries from Central and Eastern Europe (known as the 'A8' countries). Migrants from these states are known as 'A8 nationals'.

<sup>3</sup> See also *Treatment: strategic objective 7*.

- Explore how and which health bodies can influence licensing in their new role as a Responsible Authority under the Licensing Act
  - Work with central government to develop clearer rules around knowingly selling alcohol to drunks
  - Continue to take proactive action against licensed premises selling alcohol to those that are underage and to drunks
3. **Conduct further work to establish the precise nature and prevalence of alcohol related ASB in order to effectively target resources.** We will conduct a snapshot study to categorise the types of alcohol related ASB occurring in the city, understand the impact and inform a prioritisation of partnership resources
4. **Effectively tackle alcohol related antisocial behaviour and street drinking in the city.** We will:
- Review and strengthen the effectiveness of the case conferencing group for street drinkers as part of a wider review of city centre governance arrangements
  - Mainstream the referral routes from enforcement agencies into the case conferencing group for prolific street drinkers to ensure that the most problematic street drinkers are identified
  - Feed into the development of the new housing and homelessness strategies to ensure that the full range of housing needs which may be exacerbating the problem of street drinking are met
  - Continue to support the pilot scheme set up to treat and repatriate A8 nationals with severe alcohol dependency
5. **Extend the scope of partnership activity beyond the city centre where specific issues have been identified.** We will:
- Utilise the new locality board structure as a key source of intelligence on issues of alcohol related crime and disorder affecting local communities
  - Roll out successful partnership schemes within local neighbourhoods, or extend the scope of existing schemes (such as the street drinkers case conferencing group), where specific issues have been identified
6. **Develop a joint communications strategy with Nottinghamshire County Council to promote positive perceptions of Nottingham's night time economy and communicate positive events and activities**

## Treatment

**By 2015:**

**Levels of alcohol related health harms will be reduced through appropriate identification and treatment of alcohol misuse**

**Greater numbers recovering from alcohol dependency**

### **Headline targets:**

- To reduce the proportion of adults drinking at increasing or higher risk to 9% or less.\*
- To reduce the proportion of people binge drinking to 18% or less.\*
- To reduce the rate of increase in alcohol-related hospital admissions so that the rate does not exceed 3,000 per 100,000 by 2014/15\*\*.

\*As a proportion of Nottingham residents aged 18 or over who drink alcohol

\*\* The methods used to estimate alcohol related hospital admissions are currently under review and subject to consultation, the results of which may significantly impact on the target.

### **Lead partner**

The lead partner for coordinating this strategic priority will initially be NHS Nottingham City. However, the Health and Social Care Act has stipulated that the commissioning of alcohol treatment will be the responsibility of the local authority under public health from April 2013. To deliver this strategic priority, collaboration will be required from a wide range of statutory, private sector and third sector partners including Nottingham City Clinical Commissioning Group, Last Orders, Nottinghamshire Healthcare Trust, The Priory, Double Impact, Nottingham University Hospitals Trust, primary care services, homelessness services, criminal justice services and directorates of Nottingham City Council such as adult social care.

### **Key challenges & gaps**

The following challenges and gaps have been identified:

- Nottingham has a significantly higher rate of alcohol related hospital admissions than England and it is increasing at approximately 11% each year.
- The alcohol treatment pathway for offenders in prison needs greater clarity and does not join seamlessly with the community pathway
- Links between pathways and services for adults, offenders and children and young people are not entirely clear and robust.

- The practical implications of health bodies recently becoming a Responsible Authority under the Licensing Act are not yet clear.
- The transition of alcohol commissioning to the local authority under the Health and Social Care Act will require careful management to ensure adequate community capacity and partnerships across NHS and local authority are maintained.

### **Key strategic objectives**

We have identified the following strategic objectives, which we believe will have the greatest impact on the above outcome:

1. **Continue to enhance the provision of identification and brief advice for alcohol problems across health and community front line staff, including through the new Making Every Contact Count (MECC) initiative.** We will continue to promote and invest in training health and community front line staff in identification and brief advice. As well as motivating people to reduce their alcohol intake, this will also help to identify people who may be dependent on alcohol and engage them in treatment.
2. **Ensure referral pathways between all alcohol health promotion, treatment and aftercare services are fully integrated and effective.** We will ensure that there are clear and well-understood outward and inward referral routes among alcohol prevention, treatment and aftercare services and that this is reflected in service specifications. This will improve the treatment outcomes for patients who may need to access more than service as part of their recovery journey.
3. **Develop streamlined alcohol treatment pathways across the criminal justice system from pre-arrest to release from custody into the community.** We will work with partners across health and criminal justice settings to maximise opportunities for alcohol screening, identification, brief advice, referral, treatment and aftercare throughout the criminal justice system. In particular, we will scope the options for commissioning an alcohol arrest referral scheme and consider extending the existing alcohol diversion scheme.
4. **Ensure robust links between young people, adult community and criminal justice alcohol treatment pathways.** We will bring together all partners to refine processes to ensure continuity of care for all patients moving between treatment services and pathways. The prison alcohol treatment pathway and outcomes pilot will form a major part of this work.

5. **Explore a payment by results (PbR) approach for alcohol treatment across the whole pathway to encourage standardised, evidence based treatment with a focus on outcomes.** Nottingham is one of four pilot sites for alcohol PbR which aims to provide a more transparent funding system for specialist alcohol treatment services over time. We will review the findings of the pilot areas and assess how this could be implemented across the treatment pathway.
6. **Develop and evaluate a new service to address the needs (both treatment and aftercare) of high volume service users of acute hospital care for alcohol related cause to reduce unnecessary hospital admissions and emergency department attendances.** We will develop an Alcohol Intensive Case Management Service to and formally evaluate the effectiveness of this service in partnership with the University of Nottingham.
7. **Ensure commissioned services support recovery and address the wider factors that reinforce dependency, including housing and social care needs, employability, family support and domestic violence.** We will ensure that the wider needs of those in treatment are met through effective identification, referral and review, and that strategies and pathways are linked.
8. **Work with partners to reduce the risks associated with the transition of responsibilities under the Health and Social Care Act.** The responsibility for alcohol commissioning will transfer to the local authority under Public Health from April 2013. We will maintain good relationships with partners throughout and beyond the transition period and will work with them to reduce the risks associated with this process.