Goal - Alcohol 1: Preventing harm to children and young people from alcohol consumption

Timescale	Outcome	Performance Indicator	Narrative
	Increased proportion of workforces trained in making every contact counts	See narrative – audit required	Will be delivered as part of commissioning process for tier 2 alcohol service due to commence September 2013. All agencies also have a responsibility to ensure staff have completed alcohol e learning package and utilise the 'single message' pack. A brief interventions e learning package is also available on www.alcohollearingcentre.co.uk
	Increased enforcement of restrictions of sales of alcohol for consumption by under 18s	See Narrative	This is the responsibility of the trading standards departments who work with the SY Police in delivering this, it is done on an ad hoc basis or as a result of intelligence. It also forms part of the Responsible Retailers scheme.
Short-term (1 year)	Increased alcohol policies and programs in schools including awareness raising via school parents evenings	See Narrative	Healthy schools consultant ensures good practice and best practice examples are disseminated to PSHE leads, there remains a gap in delivery for colleges. This will be delivered in all CAP areas (see below) as part of the programme and on a more ad hoc basis in other areas dependant on schools engagement.
	Increased number of established Community Alcohol Partnerships	See Narrative	2 initial areas are to be launched Feb/March, action plans are developed and partnership groups established. Retailer meetings are planned. Updates on progress will be provided for the board request for recommendations for next stage areas.
	Complete borough-wide participation in "Responsible Retailer schemes	See Narrative	The scheme is to be rolled out as each CAP is developed, a lead officer has now been identified and a 'toolkit' for partners is in development, this will ensure that the partnership and communities have responsibility for ensuring the retailers continue to act within the remit of the scheme.
	Reduced susceptibility to harmful experimentation with alcohol	Figures not yet available	National research would suggest that less young people are drinking yet those that are drink significantly more. The Local Alcohol Profile for England (www.LAPE.org.uk) shows that Rotherham is currently better than average for alcohol specific A+E admission in under 18's. Note; Rotherham has a system in place where those who access A+E under the influence of alcohol aged 16 and under receive a follow up intervention from the school nursing service. This enables a treatable moment and aims to stop repeat attendances as well as alcohol education The LAPE data shows hospital admissions but not A+E attendances.
Intermediate (1-10 years)	Reduction in the alcohol consumption profile of parents of children receiving any social care intervention	See narrative	Screening tool (AUDIT) should be used in this setting and a pathway into treatment established (this could be measurable if systems allow).
	Increased numbers of problem drinkers entering and successfully completing treatment	Treatment Entry Q2 2012- 13 = 646 Successful Treatment Completion Q2 2012-13 = 51%	Reported to Alcohol Treatment Group, numbers need to increase.
	Decreased anti-social behaviour associated with alcohol consumption	See narrative	Again this is measured as part of the CAP process, work is on-going on with SYP call handlers in ensuring that offences are correctly flagged with the alcohol marker therefore the figures may well increase as this happens and

Timescale	Outcome	Performance Indicator	Narrative
			tolerances decreases in CAP communities.
	Decreased access to underage sales	See narrative	Responsible Retailing, CAP's including improved communication on the responsibility of the public to report will impact on this.
	Ease of access for frontline workers to specialist advice about problem drinking in children and young people	See narrative	Current service contract covers this aspect of delivery, performance managed by Public Health.
	Young people lead healthier lifestyles	Indicator needs development: Trend in response to alcohol questions in CYPS lifestyle survey	The reduced alcohol admissions, and school surveys can possibly measure this, as perhaps can increased school attendance and attainment? The last survey had smaller response than previous yeard.
	Positive perception of night economy	Indicator needs development: Potential use of 'your voice counts survey'	Part of communication plan from SYP and alcohol strategy action plan is to report the improvements in the town centre.
Long-term (10-20 years)	Reduced drink driving	Data requested	Currently measured by SYP. Drink Impaired Drivers programme delivered by Probation Trust. Prevention of this by increased education will be key.
,	Increased perception of safe community	Indicator needs development: Potential use of 'your voice counts survey'	SYP communications plan and via the CAP communication plan may impact
	Reduction in domestic violence	Data requested	
	Reduced alcohol related mortality – liver and heart disease, accidental death	Provisional premature mortality considered preventable from liver disease 2009-11 = 12.7	Trajectory appears to currently be increasing, if all plans are delivered over the long term it may improve the outcomes for next generation.

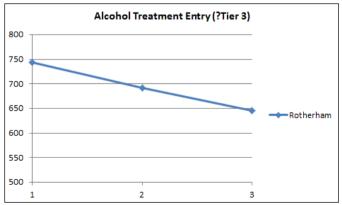
ID	Indicator	Period	Value	Period	Value	Period	Value	Latest England Period	Latest England Value	Latest Y&H Period	Latest Y&H Value
Alc_1L1	Percentage of young people who drink alcohol (regularly or when socialising/Infrequently)			2010-11	38.0%	2011-12	42.0%				
Alc_1M1	Number of young people attending A+E due to intoxication			Figs available 8/2/13							

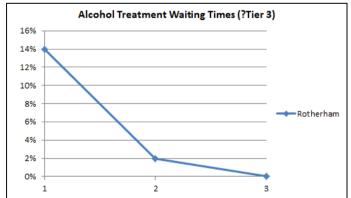
Alc_1L2	Reduced drink driving	Request for figs from SYP	
Alc_1L3	Reduction in Domestic violence	Request for figs from SYP	
	Referrals to Know The Score young peoples service? <mark>To be</mark> confirmed		

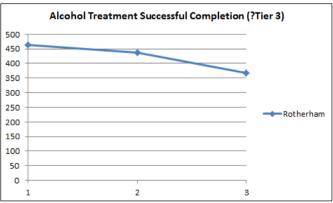
Goal - Alcohol 2: Reducing harm to adults from alcohol consumption

Timescale	Outcome	Performance Indicator	Narrative
	Increased proportion of workforces- trained in every contact counts.	See narrative – audit required	Will be delivered as part of commissioning process for tier 2 alcohol service due to commence September 2013. All agencies also have a responsibility to ensure staff have completed alcohol e learning package and utilise the 'single message' pack. A brief interventions e learning package is also available on www.alcohollearingcentre.co.uk
	Complete borough-wide participation in "Responsible Retailer" and "Best Bar None" schemes	See narrative	The scheme is to be rolled out as each CAP is developed, a lead officer has now been identified and a 'toolkit' for partners is in development, this will ensure that the partnership and communities have responsibility for ensuring the retailers continue to act within the remit of the scheme.
Short-term (1	Communication plan developed and implemented	See narrative	The Alcohol strategy has action points regarding communication which are currently in development. All agencies are requested to ensure that outlets for messages are utilised for example sharing the single message.
year)	Increased numbers of brief interventions in primary care and other settings	See narrative – audit required	The GP led alcohol primary care service contract (Locally Enhanced Service) is to be amended from April 2013 to ensure all adults are screened using AUDIT. A+E are also currently delivering screening where possible on those who access. The 'health checks' for those aged 40+ will also now include alcohol. Dentistry are using AUDIT to ask re alcohol. The tier 2 alcohol service are also to be commissioned to ensure these opportunities a re maximised. By agencies taking on the single message, improved awareness and the work place training we can improve this significantly.
	Increased number of established CAPs	See narrative	2 initial areas are to be launched Feb/March, action plans are developed and partnership groups established. Retailer meetings are planned. Updates on progress will be provided for the board request for recommendations for next stage areas
	Reduced admissions to hospital related to alcohol	Alcohol related admissions 2011-12 2322	We currently receive data based on the NI39 attributable fractions of admissions and can plot trajectories based on this.
Intermediate	Increased numbers of problem drinkers entering and successfully completing treatment	Treatment Entry Q2 2012- 13 = 646 Successful Treatment Completion Q2 2012-13 = 51%	Reported to Alcohol Treatment Group, numbers need to increase.
(1-10 years)	Reduced alcohol consumption profile of patient entering specialist treatment services	NATMS (national data system) entry and completion rates/numbers	The profile of drinkers that are currently accessing alcohol treatment shows that they are consuming greater amounts of alcohol prior to treatment (than the national average profile), early identification and interventions by other agencies that come into contact with these individuals may also impact on this.
	Reduced numbers of people carried drunk by Ambulances	See narrative	YAS are currently working to establish numbers of this, they have already implemented a referral process for those who are carried under the influence of alcohol. Other actions will have an impact on this for example responsible

Timescale	Outcome	Performance Indicator	Narrative
			retailing, improved education etc.
	Increased compliance with section 27 FPNs	Data requested	SYP have increased numbers and continue to promote the course as part of
	and attendance at binge drinking course		FPN waiver Restorative Justice and staff education
	Increased unit price of alcohol	See narrative	Current proposals are 45p per unit, it currently stands at 50p in Scotland. Consultation is on-going. http://www.homeoffice.gov.uk/publications/about-us/consultations/alcohol-consultation/
	Reduced hospitalisation and complications of people with LTCs related to alcohol	See narrative	CCG and public health working on a plan for possible increased investment, measurable via national indicator on admissions. Any local investment would include additional outcome measures.
	Positive perception of night economy	Indicator needs development: Potential use of 'your voice counts survey'	Part of communication plan from SYP and alcohol strategy action plan is to report the improvements in the town centre.
	Reduced drink driving	Data requested	Drink Impaired Drivers programme delivered by Probation Trust. Prevention of this by increased education will be key.
Long-term (10-20 years)	Increased perception of safe community	Indicator needs development: Potential use of 'your voice counts survey'	Features as part of SYP communications plan and via the CAP communication plan will impact
	Reduction in domestic violence	Data requested	This is only reported DV, un reported DV remains uncaptured, Probation trust and support services may also be key in the reducing repeat offending.
	Reduced alcohol related mortality – liver and heart disease, accidental death	Provisional premature mortality considered preventable from liver disease 2009-11 = 12.7	Trajectory appears to currently be increasing, if all plans are delivered over the long term it may improve the outcomes for next generation.







ID	Indicator	Year	Value	Year	Value	Year	Value	Latest England Year	Latest England Value	Latest Y&H Year	Latest Y&H Value
Alc_2M1	Alcohol related admissions to hospital	2009-10	1887	2010-11	2209	2011-12	2322	2011-12	1974	2011- 12	2047
Alc_2L1	Directly age- standardised rate of mortality from chronic liver disease per 100,000 (aged under 75)	2009	18.3	2010	14.42	2011	15.12	2011	14.9	2011	16.21
Alc_2L2	Age-standardised rate of mortality that is considered preventable from liver disease in persons less than 75 years of age per 100,000 population	Not yet published				2009-11 (provisional)	13.7	2009-11 (p)	12.7		

ID	Indicator	Quarter	Value	Quarter	Value	Quarter	Value	Quarter	Value	Latest Y&H Value
Alc_2M2	Alcohol Treatment Entry (?Tier 3) <i>Number</i> (rolling 12 months)			2011-12 Q4	743	2012-13 Q1	692	2012-13 Q2	646	
Alc_2M3	Alcohol Treatment Entry (?Tier 3) <i>Proportion</i> (a)			2011-12 Q4	58%	2012-13 Q1	67%	2012-13 Q2	57%	
Alc_2M4	Alcohol Treatment Waiting Times (?Tier 3)			2011-12 Q4	14%	2012-13 Q1	2%	2012-13 Q2	0%	
Alc_2M5	Alcohol Treatment Successful Completion (?Tier 3)			2011-12 Q4	66%	2012-13 Q1	45%	2012-13 Q2	51%	
Alc_2M6	Drinking profile of those entering treatment.									_