

# **Nottingham City**

# **Alcohol**

# **Delivery Plan**

**2025-2028**

This plan sets out our ambitions for reducing alcohol harm in Nottingham by making a commitment to system wide actions. Together we will prevent alcohol harm at every opportunity and focus on people of all ages within the following key strategic priorities:

1. We will prevent alcohol harm before it occurs and protect children and young people.
2. We will detect alcohol harm early and ensure fair access to effective support, treatment and recovery; and
3. We will minimise the impact of alcohol harm, including through influencing the local environment, and ensure improved health and wellbeing for people who are affected.

## **How we'll do it**

Reducing alcohol harm through each of the three priorities set out in this plan requires commitment to joint work and a system wide partnership approach. This builds on work that is already being delivered and responsibilities across the system. A multi-agency delivery group will be established to provide oversight of the plan, support decisions around resources, or direction, monitor progress, ensure accountability to each other and champion the work. It will include people working across the scope of this plan including subject matter experts, community representatives and people with lived and living experience including family members, carers and significant others and service leads.

## **How We Know We're Making a Difference**

We will have made a difference by seeing:

- A reduction in the number of people in Nottingham who are drinking above recommended levels and who are alcohol dependent.
- An increase in the number of people accessing the right level of support
- A reduction in the number of alcohol specific deaths
- A reduction in the number of people with alcohol-related liver disease
- A reduction in alcohol-related and specific hospital admissions
- An informed workforce that feels empowered to have meaningful conversations about alcohol
- Increased awareness of alcohol related harm

## **The Way We Work**

There is system wide commitment to reduce alcohol harm across the city by working together in partnership. This approach will be:

- **Collaborative:** Our common purpose and shared goals will align efforts and ensure everyone is working towards shared responsibility for the plan's outcomes. Nottingham's Substance Use Strategic Partnership and key stakeholders have been involved in the development of the plan and will continue to be involved in its oversight and delivery.
- **Evidence-Based:** We use evidence informed research and data to guide our actions.
- **Person-Centred:** We will listen to and involve people with lived and living experience in areas of the plan
- **Equity-Focused:** We prioritise fairness and target support where it's needed most.

## **Delivery Theme 1: We will prevent alcohol harm before it occurs and protect children and young people;**

### **Why this matters**

We want every child and young person in Nottingham to grow up free from alcohol harm. This means intervening early to prevent children and young people from drinking at harmful levels, protecting them from the impact of parental drinking, and supporting families to model healthy behaviours.

Children and young people in Nottingham are at risk of alcohol-related harm, either through their own drinking or exposure to parental alcohol use. Such harm can negatively impact their physical and mental health, as well as other important outcomes, including educational attainment and behaviour.

Early intervention and action will prevent long-term health, social and economic costs.

### **What we will do**

- Work with schools to ensure alcohol education is delivered in line with statutory Relationship and Sex Education (RSE) and Health Education requirements and National Institute for Health and Care Excellence (NICE) guidelines. We will map provision, identify gaps, and share best practice.
- Provide consistent alcohol harm resources across early years, education, and social care settings to ensure children, young people, parents, carers and professionals have the information they need.
- Strengthen referral pathways between schools, youth services, youth justice, social care and substance use treatment services so that young people at risk or affected by another person's use can be identified early and supported.
- Engage children and young people in co-designing resources to make them relevant, accessible, and effective in reducing harm from alcohol use or exposure
- Monitor progress through education feedback, referrals and hospital admission data.
- Reduce alcohol exposure during pregnancy by increasing awareness, identify people that may be drinking in pregnancy and ensure that information and support is provided.

### **The foundation we are building on**

- Existing relationships are in place between service providers and organisations that work with young people.

- Established commissioned Children and Young People (CYP) and young adults' substance use services via CGL The Place
- Established Achieve Well Awards supporting schools to strengthen their provision in a range of themed areas. A specific drugs and alcohol impact award has been created and will launch in 2026.
- Awareness resources on the risks of alcohol during pregnancy have been developed and distributed across maternity settings.

## Key Organisations

|                                 |               |                           |                                |
|---------------------------------|---------------|---------------------------|--------------------------------|
| Achieve Well Team               | CGL The Place | Children and Young People | 0-19 services                  |
| Nottingham University Hospitals | Public Health | Youth Justice Services    | Children and Adult Social Care |

## How will we measure success

- Reduction in under-18 alcohol-related hospital admissions
- Increase in schools completing Drugs & Alcohol Achieve Well Impact Award
- Reduction in the number of children and young people impacted by parental, carer or significant others alcohol use
- Increase the number of people accessing the right level of support
- Reduce alcohol related deaths
- Increase in conversations around alcohol in pregnancy

| Delivery Theme 1 Gantt Chart  |  |  |  |        |        |        |
|---|--|--|--|--------|--------|--------|
| Actions   |  |  |  | Year 1 | Year 2 | Year 3 |
| 1.1 Strengthen referral pathways  |  |  |  |        |        |        |
| 1.2 Produce coproduced resources  |  |  |  |        |        |        |
| 1.3 Work with schools, colleges and universities to deliver alcohol education |  |  |  |        |        |        |
| 1.4 Improve knowledge in schools around alcohol                               |  |  |  |        |        |        |
| 1.5 Identify people that may be drinking in pregnancy                         |  |  |  |        |        |        |

## Delivery Plan

| ID  | Action  | How will we do it   | Lead/Partners  | Measure                    | Data Source   | Timescale |
|-----|---|---|--|----------------------------|---------------|-----------|
| 1.1 | <b>Strengthen referral pathways between schools, youth services, youth justice, social care and substance use treatment services so that young people at risk or affected by another person's use</b> | Ensure all professionals working with children, young people, and families — as well as those providing alcohol treatment to parents or | CGL The Place<br><br>Children's and Education Services<br><br>0-19 service providers | Referrals to CGL The Place | CGL The Place | Year 2    |

|     |   |   |  |   |  |             |
|-----|---|---|--|---|--|-------------|
|     | <b>can be identified early and supported.</b>   | carers — are equipped with the skills to identify risk and deliver ongoing support.   | Nottingham Recovery Network (NRN)  |   |  |             |
| 1.2 | <b>Engage children and young people in co-designing resources to make them relevant, accessible, and effective in reducing harm from alcohol use or exposure</b>                | Identify what resources are required and form a group of young people from diverse backgrounds to meet regularly to review ideas, give feedback, and co-design materials. | Achieve Well Team<br><br>CGL The Place<br><br>Public Health<br><br>Nottingham City Council Licensing | Number of children and young people engaged<br><br>Diversity of participants: Representation across age, gender, ethnicity, and socio-economic groups.<br><br>Number and type of resource distributed<br><br>Feedback from children, parents and carers | Achieve Well Team<br><br>Nottingham City Council Licensing | Years 1 - 3 |
| 1.3 | <b>Improve schools' knowledge of alcohol impacts by ensuring alcohol education delivered in educational settings is effective and meaningful and is aligned to RSE and NICE</b> | Encourage uptake of The Achieve Well Drugs and Alcohol Impact Award<br><br>Coproduce and deliver face to face or on demand training for staff                             | Achieve Well Team  | Number of schools achieved The Achieve Well Impact Award<br><br>Number of training sessions delivered<br><br>Referrals to CGL The Place   | Achieve Well Team  | Years 1-3   |
| 1.4 | <b>Increase awareness and identify people that may be drinking in pregnancy and ensure that information and signposting/support is provided.</b>                                | Increase professional knowledge.<br><br>Promote alcohol awareness training<br><br>Embed Foetal Alcohol Spectrum Disorder resources  | Public Health<br><br>NUH maternity<br><br>0-19 providers<br><br>NRN                                  | Alcohol use recorded in pregnancy recorded  | NUH & 0-19 providers                                       | Years 1-3   |
| 1.6 | <b>Ensure children and young people known to criminal and Youth Justice systems receive support around alcohol</b>  | Ensure all those where alcohol has been identified a referral is made   | Youth Justice<br><br>CGL The Place   | Number of people on a court order referred to CGL The Place where need identified   | CGL The Place<br><br>Youth Justice Services                | Years 1-3   |

## **Delivery Theme 2: We will detect alcohol harm early and ensure fair access to effective support, treatment and recovery**

### **Why this matters**

Too many people in Nottingham only come into contact with services once alcohol harm is already severe. We need to intervene earlier, make treatment accessible and effective, and tackle inequalities in access and outcomes. Ongoing help to individuals after or alongside treatment to sustain positive changes, rebuild health and wellbeing and prevent relapse should be available to aid recovery.

### **What we will do**

- Implement the recommendations from the Alcohol Health Equity Audit (HEA) focusing on the groups identified as experiencing the greatest inequalities
- Roll out Alcohol Identification and Brief Advice (IBA) training across Nottingham to identify people earlier for a brief intervention or into treatment. This will ensure that alcohol risk is picked up early and that frontline staff are confident to act.
- Produce guidelines to support primary and secondary care practitioners to reduce harm from alcohol by improving identification, providing advice and facilitating referral for specialist intervention for the safe treatment of dependent drinkers, including detoxification management and recovery support
- Gain a better understanding of why some people disengage from alcohol treatment and co-design improvements with people with lived and living experience.
- Strengthen referral routes into community alcohol treatment from a wide range of services, including those admitted to hospital settings, including mental health admissions and presenting at the Emergency Department, so that every contact counts and people receive timely, effective identification and support,
- Provision and visibility of recovery support which can include peer support, mutual aid groups and ensure links with the wider, local recovery community through 'Stronger Roots' and the Inclusive Recovery Cities movement
- Improve awareness and response to Foetal Alcohol Spectrum Disorder (FASD) through scoping work, data collection, training for professionals, and improved referral pathways.

Through this work, more people will be screened, advised and referred at an early stage. We will reduce inequalities in access to treatment, improve treatment and recovery outcomes, and ultimately reduce alcohol-related deaths.

## The foundation we are building on

- A range of commissioned alcohol treatment and recovery services, both within the community and in Nottingham University Hospital NHS Trust
- A training offer delivered by treatment providers on alcohol identification and brief advice across the sector with a designed evaluation.
- Collaborative work across the sector to produce local primary care alcohol treatment guidelines.
- Using the insights from the Health Equity Audit to improve equity in treatment services
- A foetal alcohol spectrum disorder scoping report has been completed.
- Work in primary care to strengthen referrals pathways including attending Primary Care Protected Learning Time sessions

## Key Organisations

|                     |                                 |                             |
|---------------------|---------------------------------|-----------------------------|
| Treatment Providers | Integrated Care Board           | Lived and living experience |
| Primary Care        | Nottingham University Hospitals | Public Health               |
| Stronger Roots      |                                 |                             |

## How will we measure success

- The number of people trained in IBA from priority organisations
- The number of referrals from those professionals/organisations who have completed IBA training
- Increase in the number of people referred from primary care and secondary care into alcohol treatment
- Increase in people accessing treatment from underrepresented groups
- Reduction in the number of people declining treatment following initial assessment
- Increase in people successfully completing treatment, engaging in recovery options
- A reduction in stigma around alcohol use and sobriety.
- Increase in the number of people accessing treatment service following contact with NUH

| Delivery Theme 2 Gantt Chart |   |        |        |        |
|------------------------------|---|--------|--------|--------|
| Actions                      |   | Year 1 | Year 2 | Year 3 |
| 2.1                          | Carry out Health Equity Audit for treatment service               |        |        |        |
| 2.2                          | Develop local guidelines for safe treatment of dependent drinkers |        |        |        |
| 2.3                          | Undertake an outcomes evaluation for IBA                          |        |        |        |
| 2.4                          | Improve FASD Awareness and develop and share toolkit              |        |        |        |
| 2.5                          | Identify people earlier and strengthen referral pathways          |        |        |        |
| 2.6                          | Investigate why people decline treatment following assessment     |        |        |        |
| 2.7                          | Implement recommendations of the Health Equity Audit              |        |        |        |

## Delivery Plan

| ID  | Action  | How will we do it  | Lead/Partners  | Measure   | Source  | Timescale |
|-----|---|--|--|---|---|-----------|
| 2.1 | <b>Complete an Alcohol Health Equity Audit and implement recommendations of the Alcohol Health Equity Audit to improve equity in treatment provision and outcomes</b> | Analysis of data to understand whether there is equitable access to and positive outcomes from community alcohol treatment   | Public Health<br>NRN   | Increase in underrepresented groups accessing treatment and increase in successful outcomes   | Public Health   | Year 1    |
| 2.2 | <b>Develop primary care alcohol treatment guidelines</b>  | Coproduce with ICB, treatment providers and primary care   | ICB<br>Primary Care<br>NRN<br>Public Health                                    | Number of people referred from primary care and accessing treatment   | NRN   | Year 1    |
| 2.3 | <b>Evaluate IBA training</b>  | Design and complete IBA evaluation   | Public Health<br>NRN   | Evaluation completed and act upon the findings<br><br>Referrals increased from trained organisations  | NRN   | Year 1    |
| 2.4 | <b>Improve awareness and response to Foetal Alcohol Spectrum Disorder (FASD)</b>  | Scoping work.<br>Develop toolkit<br>Evaluate toolkit   | Public Health<br>NUH<br>NRN  | Toolkit developed, distributed and evaluated  | Public Health   | Year 1-2  |
| 2.5 | <b>Identify people earlier at all points across the health and social care system and strengthen referral pathways into treatment services and recovery support</b>   | Delivery of IBA training<br><br>Promotion and visibility of recovery and the Recovery Ally training program<br><br>Improve recording of alcohol status in primary and secondary care | NRN<br>CGL The Place<br>NUH<br><br>Primary Care<br><br>Mental Health providers | Review service data to assess recording of alcohol status<br><br>Number of referrals from NUH, Primary care and mental health providers into alcohol treatment and recovery | NRN & CGL The Place<br>eHealthscope<br><br>Stronger Roots | Years 1-2 |

|     |   |  |  |   |     |           |
|-----|---|--|--|---|-----|-----------|
|     |   |  | Adult and Children's Social Care<br><br>Stronger Roots | Number of people accessing Recovery Ally training program |     |           |
| 2.6 | <b>Gain a better understanding of why some people disengage from alcohol treatment and co-design improvements with people with lived and living experience.</b> | Engagement with service users<br><br>Analysis of data with provider services | Public Health, NRN<br>Lived and living experience      | Increase in people retained in treatment                  | NRN | Years 1-3 |

## **Delivery Theme 3: We will minimise the impact of alcohol harm, including through influencing the local environment, and ensure improved health and wellbeing for people who are affected**

### **Why this matters**

Alcohol harm does not just affect individuals, it affects families, communities and the city as a whole. We will take action to reduce the wider impact of alcohol on crime, safety, housing, and the local economy and ensure those already impacted receive the right care and support.

### **What we will do**

- Develop a clear pathway for alcohol-related brain injury (ARBI), ensuring timely assessment, diagnosis, referral to social care, and access to appropriate support.
- Undertake a review of alcohol-specific deaths with an ambition to review local alcohol related deaths to better understand themes, target interventions and inform service delivery.
- Deliver a city-wide behaviour change campaign, co-produced with citizens, to raise awareness of alcohol harm, reduce stigma, and encourage healthier choices.
- Work with other Responsible Authorities (those able to make a representation on licensing applications as defined in the Licensing Act 2003) to develop a collaborative approach to reducing harm in the night-time economy and local communities through on and off alcohol sales.
- Work in partnership to maintain the Purple Flag national accreditation which demonstrates that Nottingham has a safe, vibrant, and welcoming evening and night-time economy,
- Update our understanding of local health needs associated with alcohol use, through a Joint Strategic Needs Assessment (JSNA), citizen surveys and data analysis, ensuring our work is based on the latest local evidence.
- Work with other local authorities and regional partners to advocate for the development of a national alcohol strategy and establish links with regional forums and colleagues to share good practice.
- Improve accommodation options for dependent drinkers who are resistant to change by building on the work with Alcohol Change UK and working with housing providers, and local authority housing strategy leads and commissioners.

## The foundation we are building on

- Recent cross sector work with Alcohol Change on the challenges of housing change resident dependent drinkers, including the development of an action plan that includes developing a system of support and upcoming training for professionals.
- We have developed an intelligence tool for providing data to support alcohol licensing representations and working with other Responsible Authorities to explore making representations and conditions.
- A behaviour change campaign has been agreed to specifically target groups who do not typically come forward for treatment and are underrepresented in treatment services.

## Key Organisations

| Social Care                     | Coroner's Office | Housing Providers           |
|---------------------------------|------------------|-----------------------------|
| Integrated Care Board           | It is Nottingham | Nottingham Recovery Network |
| Nottingham University Hospitals | Public Health    | Responsible Authorities     |

## How will we measure success

- The number/proportion of dependent drinkers housed in suitable accommodation
- Reduction in numbers of delayed discharges from secondary care due to complex care or housing needs
- Improved support for those with an alcohol related brain injury
- A reduction in alcohol-specific deaths
- Evidence-based behaviour change campaign delivered and evaluated
- Reduction in alcohol-related hospital admissions, deaths and crime
- Reduction in alcohol-related Anti-Social Behaviour incidents in targeted areas.
- Number of on/off-licence premises engaged in harm reduction initiatives.
- Number of joint operations or interventions conducted with partners.
- Community satisfaction or perception improvements

| Delivery Theme 3 Gantt Chart   |  |  |  |        |        |        |
|--|--|--|--|--------|--------|--------|
| Actions  |  |  |  | Year 1 | Year 2 | Year 3 |
| 3.1 Produce an alcohol JSNA  |  |  |  |        |        |        |
| 3.2 Deliver behaviour change campaign                                |  |  |  |        |        |        |
| 3.3 Improve accommodation options for dependent drinkers             |  |  |  |        |        |        |
| 3.4 Develop a clear ARBI pathway                                     |  |  |  |        |        |        |
| 3.5 Strengthen public health role in licensing                       |  |  |  |        |        |        |
| 3.6 Undertake audit of alcohol-specific deaths and review process    |  |  |  |        |        |        |
| 3.7 Work with local/regional partners to influence national strategy |  |  |  |        |        |        |

## Delivery Plan

| ID  | Action   | How will we do it  | Lead/Partners  | Measure   | Source  | Timescale |
|-----|--|--|--|---|---|-----------|
| 3.1 | <b>Produce an alcohol JSNA</b>   | Scope priority areas and complete  | Public Health  | Completion of JSNA with recommendations   | Public Health   | Year 1    |
| 3.2 | <b>Deliver alcohol behaviour change campaign</b>   | Commission a provider to scope, design and deliver a campaign that tackles alcohol harm in an agreed target group  | Public Health  | Campaign reach/engagement Referral data   | Public Health   | Year 1    |
| 3.3 | <b>Assess and improve outcomes for complex change resistant drinkers in Nottingham</b>   | Complete the improvement plan developed jointly with Alcohol Change UK<br><br>Map local pathway through and out of accommodation for this population<br><br>Ensure those with care needs or capacity needs are assessed and appropriate packages of support provided | Public Health<br><br>Nottingham City Council Adult Social Care | The number/proportion of dependent drinkers housed in suitable accommodation<br><br>The number of complex change drinkers who have appropriate packages of care in place<br><br>Reduction in numbers of delayed discharges from secondary care due to complex care or housing needs | NRN<br><br>Housing Providers<br><br>Nottingham City Council Adult Social Care | Years 1-2 |
| 3.4 | <b>Increase awareness of ARBI for those who may have contact with the population.</b><br><br><b>Explore developing a pathway for</b> | Understand the existing pathway and the barriers.<br><br>Explore if alternative options are feasible   | Public Health<br><br>NRN<br><br>Primary & secondary Care       | Increased number of staff on IBA training that covers what ARBI is.<br><br>Increased number of clients referred   | NRN   | Years 1-2 |

|     |   |  |  |  |  |           |
|-----|---|--|--|--|--|-----------|
|     | <b>diagnosing ARBI in this population</b>                       |  | NUH Framework  | to see their GP re ARBI<br><br>Increased number of social care assessments.  |  |           |
| 3.5 | Review licensing applications considering alcohol related harm. | Review licensing applications and consider conditions for the license<br><br>Provide the data from the matrix to other responsible authorities<br><br>Engage and share treatment service resources with licensees<br><br>Meet the Purple Flag comprehensive set of standards, management processes and good practice | Public Health<br><br>NCC Licensing<br><br>Responsible Authorities<br><br>Pub Watch & NTE<br><br>It's In Nottingham | All applications reviewed in the matrix<br><br>Number of contacts made with applicants regarding conditions.<br><br>Representations made<br><br>Increase in NRN resources available in licensed premises<br><br>Aware achieved | Public Health<br><br>It's Nottingham Licensing | Years 1-2 |
| 3.6 | <b>Undertake a review of alcohol-specific deaths</b>            | Agree review process with key partners, align with existing statutory and non-statutory death reviews  | Public Health  | Reducing alcohol-specific deaths   | ONS data                                       | Years 2-3 |
|     |   |  |  |  |  |           |