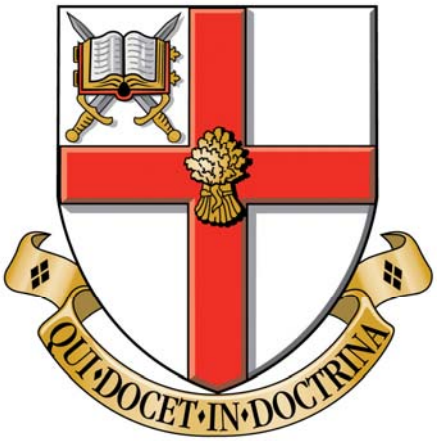

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Review of local alcohol harm reduction strategies in Cheshire and Merseyside

SUMMARY REPORT

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Background

Preventing, minimising and managing alcohol-related harm continues to be a key priority for the Government. In order to achieve long-term reductions in alcohol-related ill-health and crime the Government requires a strategic approach to local action through the development of local alcohol strategies. Local areas have a statutory responsibility to develop and implement a comprehensive alcohol strategy by the end of 2008.

The main role of the strategy is to *co-ordinate* joint working across the three key areas of health, community safety, and children and young people. This is seen as the way to improve efficiency and effectiveness in meeting targets, avoid duplication and enable each partner organisation to identify its own priorities and delivery mechanisms. In order to support alcohol leads and others within local authorities, primary care trusts (PCTs), children and young people's services (C&YP), Crime and Disorder Reduction Partnerships (CDRPs), and Drug and Alcohol Action Teams (DAATs) in developing their local alcohol strategies, the Government published the *Safe. Sensible. Social. Toolkit* in 2008[1].

It is against this national and local context that the Centre for Public Health Research at the University of Chester was commissioned in March 2008, by ChaMPs, the public health network for Cheshire and Merseyside, to carry out a review of local alcohol strategies within the sub-region. The funding for this piece of work came from NHS North West, the strategic health authority.

Aims and objectives of the review

The key aim of the review was to support local teams in developing and refreshing their alcohol strategies, particularly through the sharing of good practice. Key objectives were to:

- stimulate self-reflection on progress;
- review progress on the development and implementation of each local alcohol strategy against national criteria;
- understand what has worked well and what has worked less well in developing and implementing the strategy;
- identify any case studies of 'good practice' that could be shared across the network.

[1] The *Safe. Sensible. Social. Alcohol strategy local implementation toolkit* can be found at www.crimereduction.homeoffice.gov.uk

The review process

In April 2008 the PCT and DAAT alcohol leads for the eight PCT areas within Cheshire and Merseyside were contacted to request their involvement in the review process. A two-stage review process was used:

- completion of a matrix of 32 indicators relating to four strategic themes for which informants were asked to rate their progress using the red/amber/green scale. Indicators were produced for the three key areas of health, community safety (to include crime and antisocial behaviour), and children and young people, and were derived from the *Safe. Sensible. Social. Toolkit*. The indicators for the fourth area, relating to delivery and monitoring mechanisms, were derived from Alcohol Concern's Kitemarking initiative[2];
- participation in a follow-up meeting to discuss and explore the ratings given.

Participants were encouraged to consult with relevant colleagues to complete the matrix, as well as extend the invitation to such colleagues to attend the follow-up meeting. This approach aimed to ensure that all of the strategy areas could be explored adequately. However, as illustrated below, the process by which both stages of the review were carried out varied.

Key informants

Of the nine PCT areas:

- three matrices were completed by PCT staff*;
- three matrices were completed by PCT staff and DAAT staff**;
- one matrix was completed by PCT, DAAT and CDRP staff;
- one matrix was completed by PCT, DAAT, CDRP and C&YP staff;
- one matrix was completed by PCT staff and C&YP staff.

*PCT staff may refer to alcohol lead and/or alcohol strategy co-ordinator. **DAAT staff may include alcohol strategy coordinator.

[2] Information on Alcohol Concern's Local Alcohol Strategy Kitemarking initiative can be found at www.alcoholconcern.org.uk

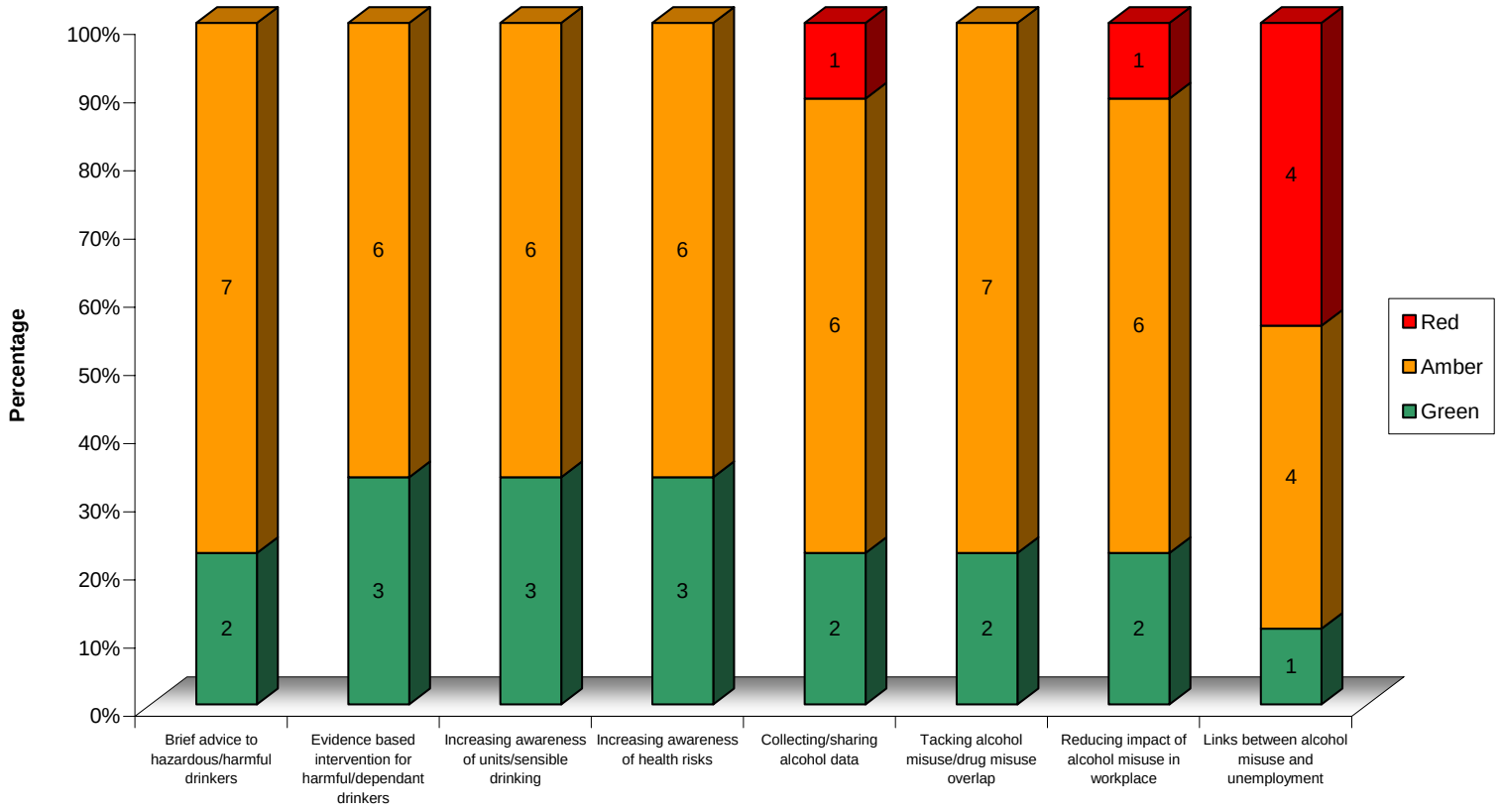
Key findings

The following sections present the findings in relation to the four key strategy areas. Each section contains the following:

- a summary of the ratings in relation to each indicator;
- a list of strengths within the sub-region that were identified;
- a list of issues that were identified as proving difficult to move forward;
- a number of case studies that illustrate how some PCT areas were moving forward on issues in innovative and effective ways.

Health

Figure 1 Pooled ratings for the 8 health indicators



Sub regional strengths

- Extensive multi-agency training in the use of the AUDIT screening tool.
- Increased focus and investment in skilling-up statutory and non-statutory front-line workers in the delivery of screening and brief advice (case study 1).
- Clear targets for delivery of training in screening and brief interventions embedded in action plans thus tightening accountability mechanisms.
- Increased interest in identifying flexible ways of working to optimise opportunities for service users to access appropriate treatment and interventions (case studies 2 and 3).
- Partnership approach to strategy and action planning enabled more effective use of training resources and opportunities.
- Community alcohol services commissioned to provide training to agencies delivering Tier 1 and Tier 2 interventions.

Issues for focus

- The issue of developing standards for training, both within and across sub-regional PCT areas, in relation to screening and the delivery of minimal and brief interventions was raised. Also discussed was the need for agreed definitions for brief advice and brief intervention terminology along with clear protocols for the level and nature of agency involvement.
- An identified need for improvements in collection of, and access to, hospital data for alcohol-related admissions. Analysis of health-related data was identified as a key tool in the targeting of initiatives and the measurement of their effectiveness (case study 4).
- Lack of funding for alcohol-specific awareness raising initiatives amongst the adult population. Problems were identified with coordination of national campaigns and consistency of messages relating to harm reduction and sensible drinking. The need was identified for more efficient communication from central government to improve scheduling and targeting of local campaigns and initiatives and maximise their impact.
- Alcohol presents as a secondary or tertiary issue for many individuals accessing drug treatment services. The focus on the development of joint working between drug and alcohol services has been influenced by current funding arrangements. Joint commissioning was considered a key driver in the coordination of drug and alcohol services (case study 5).
- Need for strategies to assist partner agencies to develop or refresh alcohol workplace policies (case study 6).
- Gap in majority of strategies for targeted activities relating to alcohol misuse and unemployment.

Case studies of good practice

Case study 1: screening in A&E

Warrington PCT has introduced a universal alcohol screening service within the local hospital A&E department. Screening is conducted by reception staff at clerking-in stage – this has resulted in markedly high screening rates of over 60%. Issues relating to capacity of A&E staff to deliver follow-up advice have led to the use of volunteers, trained by the local community alcohol service, to deliver feedback and brief advice. Where appropriate, individuals are also offered an appointment for a brief intervention with an Alcohol Liaison Nurse.

Case study 2: improving access through community-based provision

High DNA rates for services in Sefton were partially attributed to service access issues for those individuals living some distance from service providers. This was addressed through increasing investment in order to locate Tier 2 interventions in health centres and community centres. This involved the provision of brief interventions, structured counselling, relapse prevention and group work. This strategy has led to improved attendance rates and more efficient use of resources.

Case study 3: extending training to community staff

Knowsley has introduced brief intervention training for community matrons, to address the 'revolving door' that contributes to the high levels of attendance at A&E departments by more vulnerable people in the community, including those who misuse alcohol.

Case study 4: using data to target CDRP work

The Trauma and Injury Intelligence Group (TIIG) has been commissioned by Liverpool CDRP to produce A&E data reports which show the location of assault and the premises where the perpetrator consumed their last drink. Data from TIIG also informs the work of the CDRP's alcohol, drugs and violence strategic sub-group in relation to the targeting of areas of criminal activity.

Case study 5: cross-agency workforce development

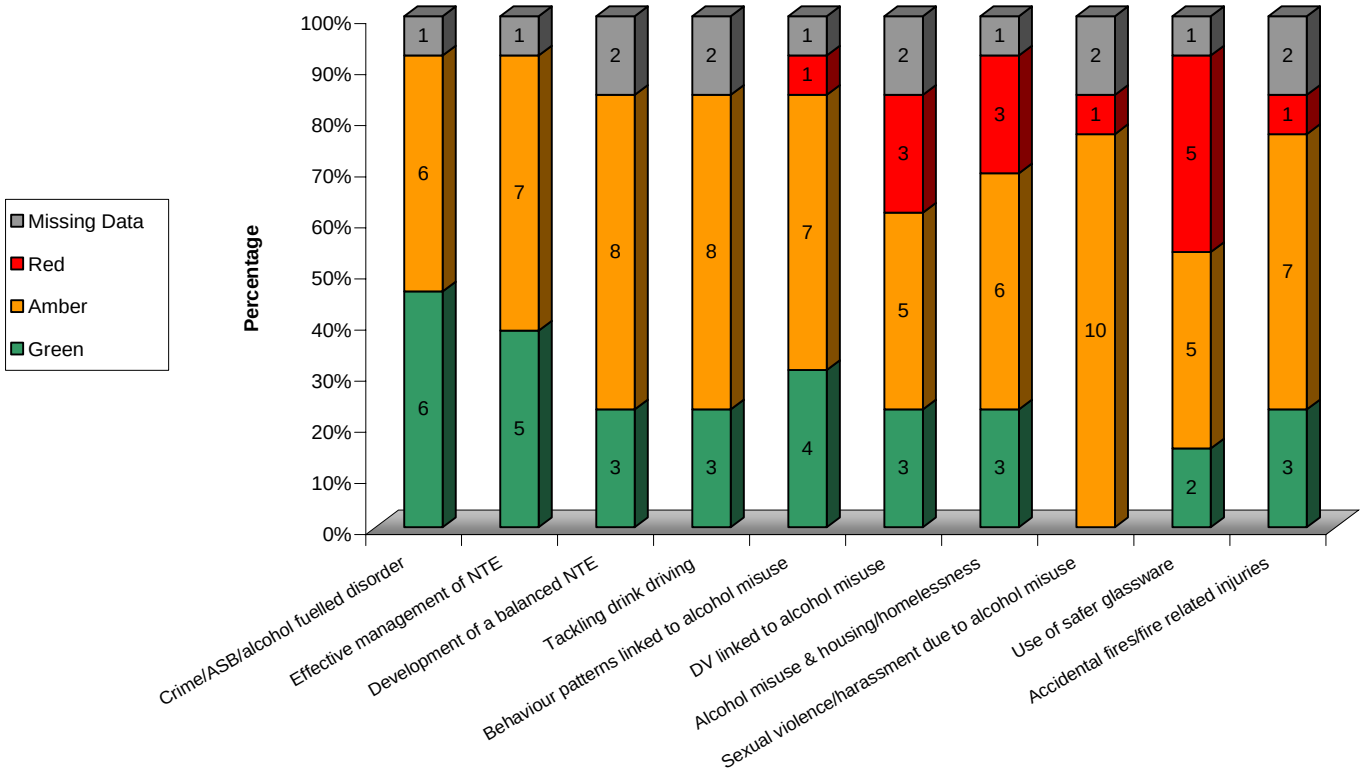
Cheshire area DAAT has coordinated workforce development for both drug and alcohol workers through joint DANOS (Drugs and Alcohol National Occupational Standards) training. This area has also co-located their drug and alcohol treatment services and recently conducted a joint review of inpatient facilities for both alcohol and drug detox and rehabilitation.

Case study 6: joint working to improve workplace policies and strategies

In Knowsley, Neighbourhood Renewal Funding has been used to commission training for PCT and local authority staff around the identification of alcohol misuse issues within the workplace. A revision of workplace policy now states that, where an individual found to be misusing substances engages with services, their continued employment will be considered more positively. This area also has a representative from the joint PCT/local authority human resources department on the alcohol strategy group.

Community safety, crime and antisocial behaviour

Figure 2 Pooled ratings for the 10 community safety, crime and antisocial behaviour indicators*



**** A total of 13 CDRPs are in place across the Cheshire and Merseyside sub-region.***

Sub-regional strengths

- Cross-agency work to address issues relating to the prevention and tackling of alcohol-related crime. Focus within several CDRPs on management of alcohol-related problems in the night time economy (NTE) through implementing a raft of initiatives centred upon both enforcement and protection (case studies 7, 8 and 9).
- The implementation of initiatives such as *Pubwatch* and *Best Bar None* has supported the development of partnership work with licensees. A joint working approach to workforce development has enabled delivery of training in conflict resolution and sales refusal.
- Evident prioritising in strategies of initiatives to increase the number of individuals in the criminal justice system accessing advice and treatment (case study 8). Also an increasing focus on the role of the probation service as key to identifying alcohol misuse and delivering brief interventions in this client group.
- Increasing use of alcohol treatment requirements (ATRs) to address referral and treatment issues. However, support for effectiveness is accompanied by concerns regarding the capacity of provider agencies, and, ultimately, the cost of this intervention.

Issues for focus

- Identification of need for accurate baseline data as a tool for directing and supporting strategies and initiatives (case study 7).
- Issues around criteria for challenging licensing applications (case study 10).
- Lack of coordination of statutory and non-statutory services tackling domestic abuse linked to the misuse of alcohol (case study 11).
- Whilst several areas have invested in 'floating' support services for alcohol misusing tenants, problems were identified with the securing of designated housing for these individuals. The promotion of the involvement of social landlords on thematic strategy groups was identified as key in addressing this issue (case studies 12 and 13).
- Gap in the majority of strategies relating to the tackling of sexual violence and harassment linked to alcohol misuse. There was also some uncertainty regarding the meaning of this indicator.
- *Safer. Sensible. Social. Toolkit* recommends the application of a risk-based approach to decision making regarding the use of safer glassware. Several areas had not viewed the introduction of safer glassware as a relevant issue for their NTE. This decision making process could be supported by improved access to accurate A&E admissions data (case study 14).
- Some areas expressed a lack of knowledge regarding any targeted initiatives for preventing accidental fires and fire-related injuries (case study 15 and 16).

- Support for the effectiveness of ATRs to address referral and treatment issues was accompanied by some concerns regarding the relative costliness of this intervention and the capacity of provider agencies to meet demand.

Case study 7: developing cross-agency work

A joint approach to tackling alcohol-related crime and anti-social behaviour has been developed by Cheshire Constabulary, Cheshire Fire & Rescue Service, local PCTs and authorities. The 'ArcAngel' strategy sets out procedures and guidelines for tackling alcohol-related crime and disorder with a focus on the role of cross-agency partnership work. Included in the strategy is the need for more robust data collection and monitoring systems to address alcohol-related crime and disorder.

Case study 8: screening and intervention in probation

Through the use of 'health needs of offenders' funding, Knowsley PCT employs nurses to carry out health checks with people in probation. These checks include alcohol screening and provision of brief advice or, where appropriate, delivery of a brief intervention or referral to treatment.

Case study 9: creating safe spaces

Although safe transport from town centres has been addressed by many areas through taxi marshalling, Chester has set up a designated 'safe zone' in its town centre, whereby a supervised area with toilets is available, staffed by a taxi marshal and door supervisor.

Case study 10: joint working around licensing applications

Having received training in licensing law, the social care lead and public health lead in Knowsley now keep abreast of licensing applications. Where, after consultation, they think that a licence may cause risks to young people under the 'protecting children from harm' agenda, they will put in a joint response to influence the licensing committee.

Case study 11: joint working around domestic abuse

Halton DAAT commissions non-statutory agencies to deliver services around both domestic abuse and sexual violence; advice surgeries are also available in the DAAT teams. An outreach worker is also employed to provide support to women with alcohol or drug misuse issues who were also experiencing domestic abuse.

Case study 12: reaching and supporting the homeless

The community alcohol service in Warrington holds weekly surgeries at the YMCA and local hostels. This has been instrumental in reducing DNA rates at initial assessment appointments, resulting from inappropriate referrals. The service also provides brief intervention training sessions for staff at homeless agencies.

Case study 13: flexible advice and support services

Halton DAAT is co-locating advice services in order to facilitate vulnerable people's access to a range of support. This model aims to organise services around service users through providing a one-stop shop approach to delivering advice on issues such as housing and benefits.

Case study 14: using funding to drive the use of safer glassware

Liverpool CDRP has worked with licensees of targeted premises to establish the use of polycarbonate glasses. The CDRP have provided funding equivalent to the difference in price for glasses between polycarbonate and glass. Take up of this offer has been positive.

Case study 15: joint working between health and the fire and rescue service

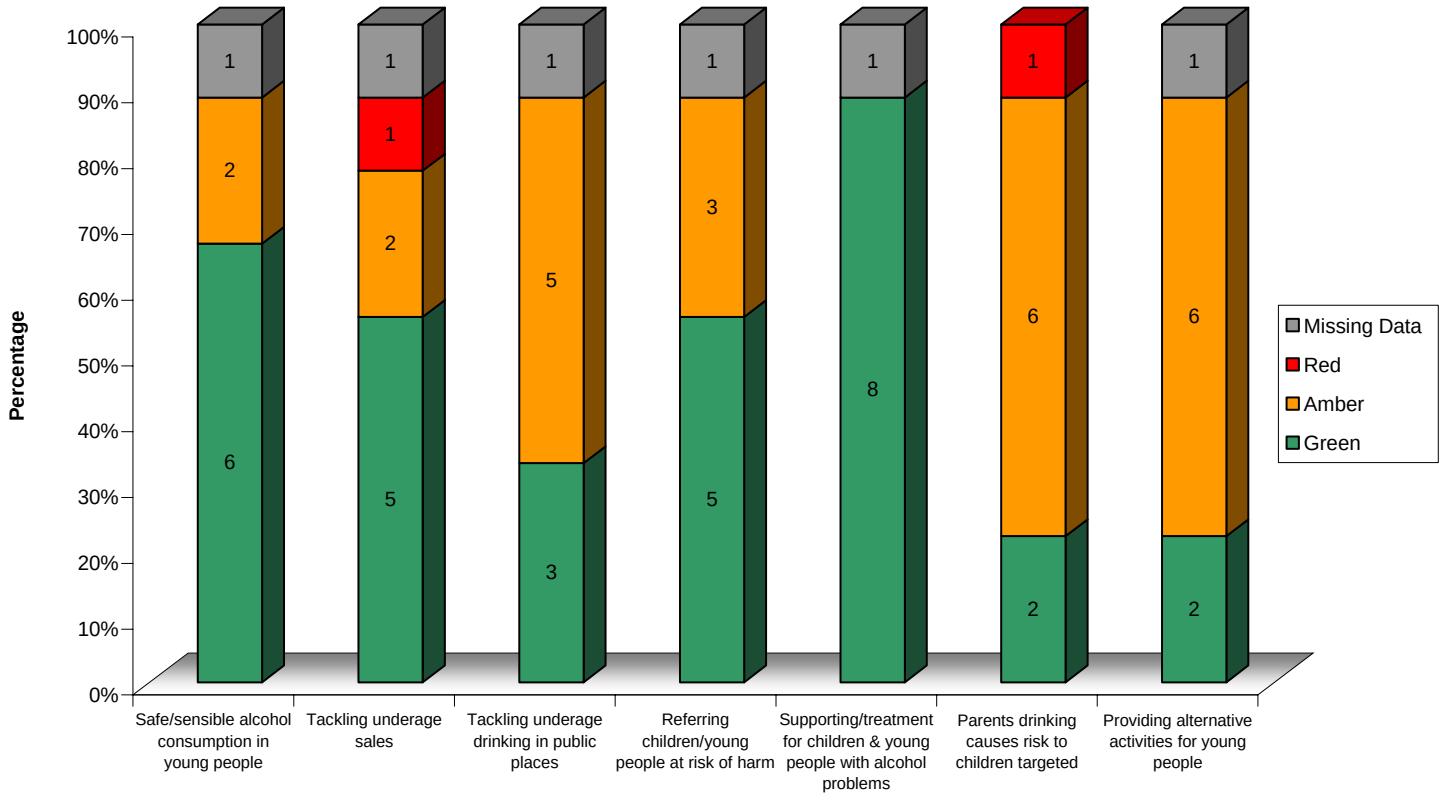
Fire fighters in Liverpool carrying out home fire safety checks also give out information specifically about alcohol and the role it plays in causing fires. In addition the PCT has provided the fire and rescue service with a laptop containing software which provides both fire safety and alcohol harm reduction information. The laptop is used by fire officers to engage at risk individuals about the hazards of fire risk when consuming alcohol.

Case study 16: joint working between health and the fire and rescue service

Merseyside Fire and Rescue Service has two substance misuse workers who provide advice to households in which a substance misuse issue has been a contributory factor within a domestic fire incident. These workers have possession of a range of local alcohol resources and have previously attended brief intervention training.

Children and young people

Figure 3 Pooled ratings for the 7 children and young people indicators



Sub-regional strengths

- A range of joint working approaches in the delivery of alcohol-related messages through both the Healthy Schools Programme and PSHE curriculum and the school-based provision of advice and information by specialist workers (case study 17).
- Partnership work with young people to produce literature and identify appropriate media for communicating safe drinking messages.
- Timely responses to early identification and intervention from a variety of partners (case study 18).
- Multi- and cross-agency delivery of support and interventions aimed at addressing alcohol misuse. Service provision for children and young people with alcohol misuse problems perceived as coordinated (case studies 19, 20 and 21).

Issues for focus

- In some areas, a young person's alcohol screening tool has been developed to be used by appropriately trained staff. However there was concern expressed over the need for greater investment in workforce development to ensure efficient use of tools and care pathways for young people.
- Tackling proxy sales remains a challenge for the majority of areas (case study 22).
- Lack of coordination of activities to tackle young people's drinking in public places. Some outreach initiatives were perceived to present conflicting approaches vis à vis engagement or enforcement (case study 23).
- The majority of areas reported no specific activities or services aimed at parents whose drinking is causing risk to their children (case study 24).

Case study 17: use of resources to raise awareness amongst children

Several areas reported the use of an interactive DVD and teacher pack aimed at raising awareness and understanding amongst 6-11 year olds. An evaluation of this interactive approach, carried out in Liverpool, found it had resulted in a greater degree of engagement and understanding amongst children than non-interactive methods.

Case study 18: identifying and responding to young people's drug and alcohol misuse

Knowsley's young people's services have funded two paediatric nurses with a specialism in substance misuse to deliver Tier 3 interventions. These nurses work from the local children's hospital A&E department. A robust protocol is in place whereby any young person coming into this A&E department with alcohol or drug issues will be referred to this team, a member of which will go out and see the young person in school or at home.

Case study 19: supporting young people involved in alcohol-related incidents

Wirral's police force operates a specific alcohol intervention programme (AIP) for young people. This is aimed at identifying and utilising appropriate referral pathways for young people involved in alcohol-related incidents. The programme aims to provide an individualised response relating to the seriousness of a specific alcohol-related event. The programme also refers individuals to trained police staff who will deliver Tier 1 and Tier 2 interventions to young people and their parents.

Case study 20: multi-agency working, coordinated to support young people

Sefton has a specialist team which delivers Tier 3 interventions to young people. The team is made up of staff from health, education, social services, CAMHS and youth workers. This team also provides advice and support to generic agencies. This team comes under the local DAAT and its working group is chaired by one of the deputy directors of children's services.

Case study 21: improving access to support for young people

In Western Cheshire a multi-agency team staffs an online counselling and advice service for young people. This involves chat-rooms with peers, and private messaging with professional counsellors, on a range of issues relevant to young people, including substance use and misuse.

Case study 22: involving parents to reduce young people's access to alcohol

In Warrington, a partnership between police and the PCT resulted in the delivery of a conditional caution to parents who were supplying large amounts of alcohol to their children. The caution involved attending a session with a local support group, the outcome of this was considered positive.

Case study 23: outreach work with young people drinking in public spaces

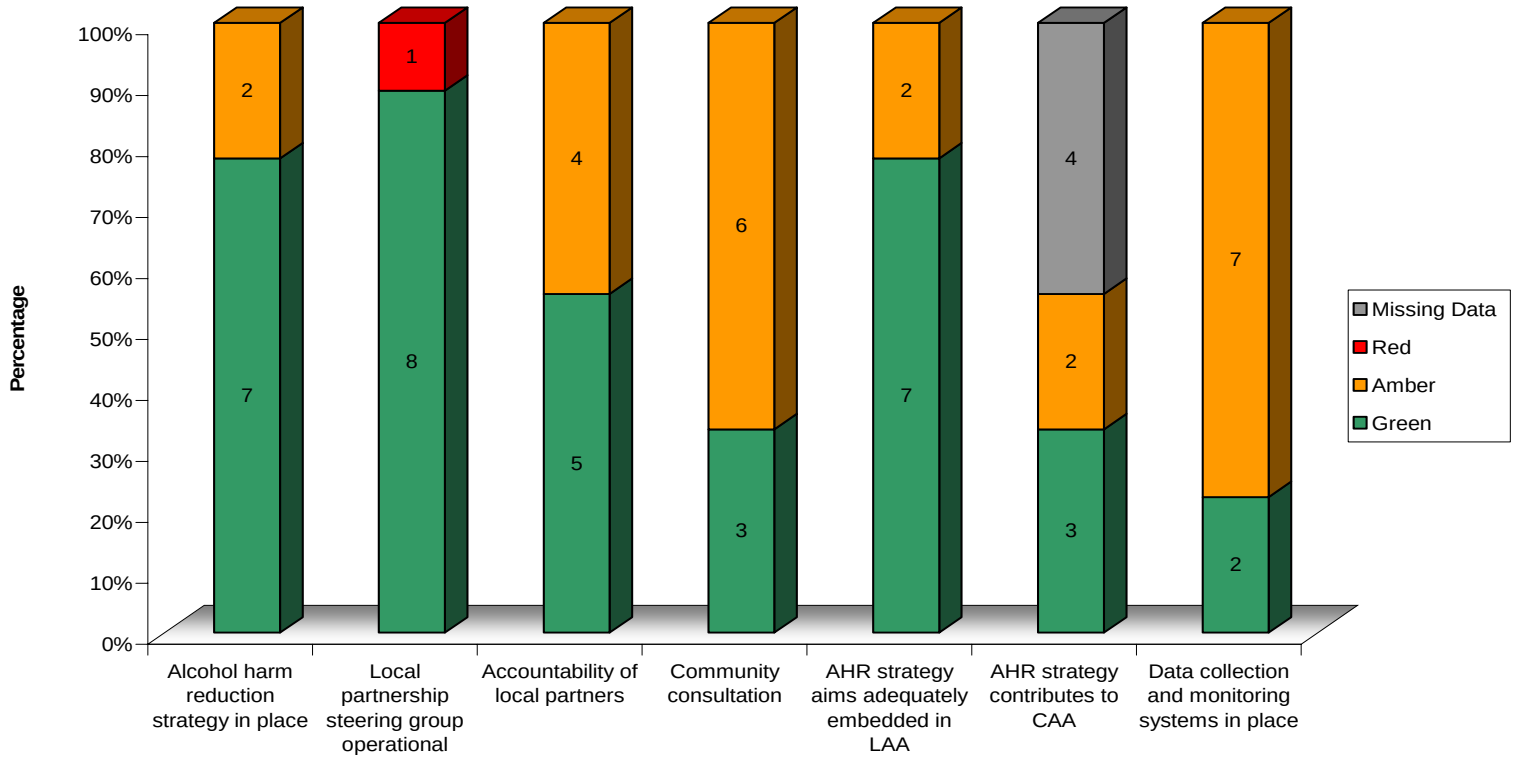
In Liverpool, a partnership initiative between police and workers from a young people's substance misuse service aims to keep parks safe. This activity focuses on young people who go to the park to drink and are then involved in antisocial behaviour incidents. Park 'hot spots' are patrolled and brief advice and signposting to services takes place.

Case study 24: supporting children and young people whose parents misuse substances

In Western Cheshire, a local young carers' project has been commissioned to support the identification of the children of substance misusing parents and provide them with the opportunity to access recreational activities. This service has also piloted a peer support/mentoring service for young people affected by the substance misuse of a family member.

Delivery and monitoring mechanisms

Figure 4 Pooled ratings for the 7 delivery and monitoring mechanisms indicators



AHR – Alcohol Harm Reduction
LAA – Local Area Agreement
CAA – Comprehensive Area Assessment

Sub regional strengths

- Seven of the nine PCT areas had alcohol harm reduction strategies in place; the two areas that did not have been undergoing considerable restructuring as a result of moves within each to become unitary authorities.
- The majority of areas expressed satisfaction with the structures in place to deliver their alcohol strategy; particular reference was made to the efficacy of thematic sub-groups (case studies 25 and 26).
- Several areas attributed success in maintaining the momentum and impact of their alcohol strategies to the commitment of director-level personnel within the PCT and/or local authority.
- For some areas, particularly those with small geographical spread and more compact governance structures, pre-existing working relationships had provided a platform for partnership working.
- The majority of areas were confident that the aims of their strategy were adequately embedded in their Local Area Agreements (case study 27).

Issues for focus

- Although the majority of areas were confident that their alcohol strategy aims were adequately embedded in their local area agreements, some concerns were expressed regarding the resource-led pressures to commission initiatives which may make a more immediate and direct contribution to meeting these priority targets. This was considered particularly relevant to NI39 (PSA 25) which relates to alcohol harm-related hospital admission rates.
- The value of process indicators in supporting and enabling the work of alcohol strategies was highlighted as an issue for consideration in national and local strategies.
- Although some areas had consulted with the public when drawing up their alcohol strategy, there was little evidence of on-going community consultation relating specifically to alcohol-related issues.
- Joint commissioning arrangements were identified as a key driver for accountability amongst partners.
- Although treatment service-related alcohol data is available through the National Drug Treatment Monitoring System, the majority of areas identified a need for more detailed data collection procedures and systems to map and track alcohol misuse amongst the population. The importance of localised systems to facilitate and coordinate common alcohol datasets was identified as key in informing strategy and evaluating activity (case studies 28 and 29).

Case study 25: value of sub-thematic groups for sharing priorities

In Warrington, success in coordinating resources and activities relating to education and communication was attributed to the sub-thematic group approach to strategic decision making. It was expressed that this had greatly enabled a focused approach to identifying and pursuing shared priorities.

Case study 26: co-chairing of key groups to facilitate coordination

Sefton operates a co-chairing approach to all groups involved in delivery of the alcohol strategy agenda from the alcohol harm reduction strategy group to its sub-thematic groups. This approach results in multi-group involvement and attendance and was identified as key to information sharing and coordination of initiatives.

Case study 27: use of data to raise alcohol as an issue

Knowsley is considering the inclusion of NI115 relating to young people and substance abuse as one of their local area agreement targets. It is anticipated that the prominence of alcohol in the data currently being collated to support this inclusion will result in the alcohol agenda profile being further raised.

Case study 28: improving data collection and analysis

Some areas have been involved with the work of Liverpool John Moores University's Centre for Public Health to introduce a monitoring system which supports the collection and analysis of data from agencies delivering Tier 1 and Tier 2 interventions.

Case study 29: pooling and sharing data to provide better intelligence

Knowsley PCT and local authority have appointed an intelligence manager to work within public health with a specific interest in alcohol. This person deals with the collation and monitoring of data from partner agencies in primary and secondary care, trading standards, young people's services and crime and disorder.

Sub-regional priorities

The ChaMPs public health network is interested in examining those areas of activity within alcohol strategies which could benefit from a sub-regional approach to coordinating action. It is anticipated that this overview of local activity will inform this objective, both through detailing examples of practice which may prove instructive, in addition to highlighting common gaps in strategies, outlined below, which could be more effectively and efficiently tackled through collective action. More detailed information on the case studies included in this overview can be obtained by contacting the PCT or DAAT alcohol lead for the relevant area.

- **Workforce development**
  There would appear to be some scope for a pooling of resources across the sub-region to develop defined standards for training for staff delivering Tier 1 and Tier 2 interventions. DANOS[3] competences outlined in MoCAM[4] guidelines could provide a sub-regional training framework for Tier 1 and Tier 2 interventions. Work could also take place to tighten protocols in relation to screening and the delivery of brief advice and brief interventions, and formalise agency responsibilities in responding to the needs of alcohol misusers. This work could also be informed by the identification of a care pathway for alcohol misuse.

[3] Information on DANOS (Drugs and Alcohol National Occupational Standards) competences can be found at www.skillsforhealth.org.uk

[4] Models of care for alcohol misusers (MoCAM) is available at www.dh.gov.uk

- **Data monitoring**
  A common dataset which would meet the collective alcohol reporting needs of the PCT areas was repeatedly highlighted as a priority issue for those commissioning and delivering local alcohol strategies. The operational and strategic importance of monitoring and evaluation reinforces the need for intensified collaborative activity around the development of an alcohol-specific data monitoring system.

- **Workplace policy**
  Identifying and offering support to staff with alcohol misuse issues has been highlighted as a key issue for the development of alcohol workplace policies. One area has reported particular progress in putting measures in place to support such work. In view of the apparent limited progress of many of the PCT areas in implementing alcohol workplace policies, dissemination of information could aid other areas in the production and implementation of alcohol workplace policy. Although work is taking place in some local authorities around the production of guidance for employers, a sub-regional approach to the design and production of literature could improve effectiveness and efficiency.

- **Education and communication**
  Despite evident satisfaction expressed in relation to local activities to increase levels of knowledge and awareness amongst young people in educational settings, individual areas reported problems with the coordination and notification of national campaigns. In addition to the more widespread implications this has for government departments to improve communication procedures, this is an opportunity for more cost-effective, joint working across areas to produce clear, consistent messages through sub-regionally devised and coordinated public health campaigns.

  The role of parents as educators has been explored in previous public health initiatives, particularly those relating to sexual health. The development and implementation of training programmes aimed at equipping parents and carers with the skills and knowledge to educate their children around alcohol misuse could be addressed at a sub-regional level.

- **Vulnerable groups**

  Follow-up discussions revealed a limited awareness amongst several informants of area-based initiatives aimed specifically at addressing the needs of individuals affected by alcohol misuse and domestic abuse. This would suggest a need for improving the structures in place to support information sharing across statutory and non-statutory agencies both on a local and sub-regional level.

  Partnership work with social landlords to address the housing needs of alcohol misusing individuals was taking place in some areas. Collaboration and information sharing on a sub-regional level could support the creative thinking required to develop opportunities and services to meet the more complex service needs of all vulnerable groups.

- **Licensing and enforcement**

  Licensing and enforcement may benefit from the pooling of both resources and intelligence on a sub-regional level. A sub-regional collaborative approach to improving skills and effectiveness in challenging licensing applications could be considered. One area has successfully established an alcohol-specific licensing enforcement group to provide a timely response to licensing infringements, which is an example of a practice that could be considered by other CDRPs. Tackling proxy sales, which had been hindered by a lack of robust intelligence, could be improved through coordinating efforts and intelligence.

- **Crime and disorder**

  The role of police and probation in facilitating and providing access to advice and treatment was a recurrent theme in discussions with key informants. Across areas, the commitment of criminal justice agencies in addressing issues of prevention and treatment amongst their alcohol misusing clients was evident. The ArcAngel strategy, which has been developed for use in Cheshire, Halton and Warrington could provide a focus for those agencies and agents working to address alcohol-related crime and disorder across the sub-region.

- **Treatment and intervention**

  In some areas the issue of flexibility and accessibility of treatment has been addressed through increasing community-based interventions. Whilst a sub-regional approach to the delivery of community-based interventions is unfeasible, a collaborative approach to identifying and exploring mechanisms for improving delivery and attendance could be considered.

- **Community consultation**
  In view of the limited activity in the majority of areas around specific action regarding alcohol-related community consultation, this is an issue that could be progressed through a sub-regional approach by developing good practice guidelines on effective and equitable consultation procedures.

Conclusion

The findings contained in this report are presented as the results of a sub-regional exercise in self-audit rather than a representation of performance across PCT areas. It should be noted that the ratings each key informant(s) gave to the 32 indicators included in the matrix, reflect the knowledge and views of those individuals who participated in the information gathering exercise. The methodology varied quite considerably from area to area, as necessitated by the timescales for the piece of work and the availability of individuals (it should be noted that the number of representatives from Children and Young People's services involved in informing this work was low). However, on the basis of the information generated by this process, this summary report has set out the areas of activity across the sub-region where progress has been made, whilst also identifying those elements of strategy where progress has been more limited. On a sub-regional level there were many areas which have benefited from increased activity and concentration. For example, the training of staff delivering Tier 1 and Tier 2 interventions in the identification of alcohol misuse and delivery of minimal and brief interventions, the strength of partnership work within areas relating to community safety and anti-social behaviour, particularly between the PCT, DAAT and CDRP(s) were strongly evidenced by key informants.

A key aim of this piece of work has been to stimulate self-reflection on progress whilst creating the opportunity for information sharing. It is hoped that the issues highlighted in this piece of work will contribute to discussion and partnership working on an area and sub-regional level. The work identified a number of areas where there had been limited progress to date. The majority of strategies, for example, had no clear evidence of initiatives around alcohol misuse and unemployment or strategies to support individuals whose drinking may be a risk to their children. Future sub-regional activity might be directed at supporting work on these, and the other areas identified in this report, in order to continue the further development of local alcohol strategies.

Centre for Public Health Research

The Centre for Public Health Research, within the Faculty of Applied and Health Sciences at the University of Chester, is the 'hub' for public health research at the University of Chester and is part of a growing network of public health research and education activities within the University. One of the Centre's main roles is to carry out policy-relevant health and social research, specifically in the areas of public health, primary care and social welfare. It has had considerable success over the last nine years in attracting external income for commissioned research. To complement the Centre's extensive research expertise, it has, since 2001, run a successful postgraduate programme in Research Methods, which is sufficiently flexible to meet a variety of continuing professional development needs. In September 2008, the Centre launched a new MSc in Public Health. There are also opportunities to study at MPhil and PhD level.

More information about the Centre and its work can be found at www.chester.ac.uk/cphr

ChaMPs Public Health Network

ChaMPs is the public health network for Cheshire and Merseyside. It is led and funded by the counties' eight directors of public health. The network has two over-arching goals:

- to build partnerships between the NHS, local authorities and wider organisations to promote health and well-being and reduce inequalities
- to develop capacity and capability for public health in the public sector.

The key functions of ChaMPs are:

1. maximising the sharing of expertise and use of specialist knowledge while minimising duplication of effort
2. capitalising on members' knowledge and experience to influence health improvements and tackle health inequalities
3. developing innovative approaches and enhancing the public health evidence base
4. enabling public health specialists to meet their accreditation needs through a continuing professional development programme and providing a forum for peer support.

For further information, visit www.champs-for-health.net or email info@champs.nhs.uk