#### **Draft Objectives/Action Plan- Alcohol**

#### Prevention

- Reduce alcohol related harm to Young people, families and communities, through the delivery of sustained and consistent messages around alcohol consumption, in order to influence attitudinal change and create a cultural shift.
- Enable frontline staff to identify early problematic alcohol use and make appropriate referrals.

### Treatment

- Reduce the number of alcohol related hospital attendances and admissions.
- Deliver treatment services which are evidenced-based, cost effective, and are aligned with the N.T.A models of care alcohol treatment framework, and are responsive to and accessible for all individuals who require treatment.
- Improve and develop integrated care pathways to ensure that individuals move through services effectively, and have access to training, education, employment and housing. Pathways will be inclusive of all vulnerable groups such as offenders, poly-drug use, young people and dual diagnosis.
- Co-ordinate and develop support services for young people, families and carers affected by someone else's alcohol related issues.

# Control

- Target offenders of alcohol related crime, with a focus upon violent crime, anti-social behaviour and domestic violence.
- Reduce the availability of alcohol with a particular focus on sales to young people

Reduce alcohol related harm to Young people, families and communities, through the delivery of sustained and consistent messages around alcohol consumption, in order to influence attitudinal change and create a cultural shift

Action	Outputs	Outcomes	Responsible Agency	Resources	Timescales
Raise awareness of impact of alcohol use can have on children	Social marketing campaign aimed at families	Reduce amount of proxy purchasing	Think B4 U Drink	Public Health Think B4 U Drink YP Substance misuse	17 <sup>th</sup> July 09 – July 2010
To Promote awareness of alcohol treatment, services utilising a borough wide approach	Materials to promote services	More awareness and uptake of services	Public health via commissioned trainers and others	Public Health	Ongoing
Raising awareness of alcohol misuse among managerial and professional groups and college and university students	Social marketing campaign Marketing managerial and professionals and college and university students	Reduce amount of alcohol misuse in these groups	Public health	Public health	Commence November 2009
To collaborate with alcohol treatment services to deliver community based alcohol awareness events.	Community events	Raised awareness Reduction in alcohol consumption Reduction in antisocial behaviour	Public Health with service users	Public Health	2010 /11 financial year

Enable frontline staff to identify early problematic alcohol use and make appropriate referrals.

Action	Outputs	Outcomes	Responsible Agency	Resources	Timescale
Understand why people drink and what would encourage/support them to reduce alcohol intake	Social Research	To understand triggers and produce and provide targeted messages	Public health / Treatment Services (DAAT)	Public Health / DAAT	2011/12
To create a change in public attitude to shift the existing norms around consumption of large amount of alcohol	Community wide or targeted social norms exercise	Change in attitude and subsequent reduction in alcohol consumption	Public Health, Ballance	Public Health / DAAT / YP substance misuse	2010/11
? To Explore the possibility of piloting a Health Trainer alcohol	Case for a Health Trainer pilot focusing on alcohol	Pilot to see if this role is valuable	Public Health	Public Health	? 2011/12
To increase awareness of risk associated with alcohol in a variety of settings / services including - workplace - Domestic violence - Community Safety	Targeted Training around brief interventions and alcohol misuse identification Treatment pathway disseminated to all services delivering Brief intervention.	<ul> <li>More people trained</li> <li>Early identification of alcohol misuse</li> <li>Increased referrals</li> </ul>	Public health via commissioned trainers	Public Health (funding) DAAT (monitoring)	Ongoing (Prioritise groups over 3year)

<ul> <li>Police</li> <li>Arrest Referral</li> <li>Social Services</li> <li>N.E.A.S</li> <li>Probation</li> <li>Frontline         <pre>professionals</pre></li> <li>Health visitors,             school nurses and             midwifes</li> </ul>			
midwifes			

Reduce the number of alcohol related hospital attendances and admissions.

Action	Output	Outcome	Responsible Agency	Resources	Timescales
Develop services to include an assertive outreach element, which will focus upon clients who have repeat hospital admissions and client who do not engage.	An increase in the numbers of clients entering treatment and being retained in treatment. A reduction in individual multiple admissions.	Reduced hospital related attendances and admissions. Increased partnership working between community and secondary services. Early identification of individuals who repeatedly access secondary services.	DAAT	Stockton On Tees PCT, Stockton Borough Council.	2010/11 financial year.
Ensure treatment is accessible and responsive to all individuals needs.	An increase in community based services which are responsive to the needs of the community. Services available out of the working day and on weekends. No longer than a 5day wait between initial referral and assessment.	Engagement of individuals who were previously treatment naïve. A reduction in the levels of alcohol consumption.	DAAT	Stockton On Tees PCT, Stockton Borough Council.	2010/11 financial year

Improve the quality of intelligence obtained from General Practice in relation to alcohol consumption within practice populations.	Increase the numbers of G.P practices who provide the alcohol enhanced service. Develop the 08/09 monitoring form used with the alcohol L.E.S to capture AUDIT scores and demographic data.	A reduction in repeat hospital admissions. Appropriate treatment referrals, thus a reduction in bottlenecking within community treatment services. Greater intelligence on the levels of harmful and dependant drinking.			
Develop a policy for the prescribing of medicated detoxification to be utilised within the acute and community setting.	Implementation and adoption of a consistent policy for prescribing chlordiazipoxide.	Evidenced based effective treatment. All clients to receive an equitable level of intervention regardless of point of access. A reduction in hospital related attendance and admissions.	DAAT,	P.B.C, North Tees & Hartlepool Foundation Trust, Tier 3 treatment providers.	June 2010

Deliver treatment services which are evidenced-based, cost effective and aligned with the National Treatment Agency models of care alcohol treatment framework. Services to be responsive to and accessible for all individuals who require treatment.

Action	Output	Outcome	Responsible Agency	Resources	Timescales
Services to actively seek to engage with members from the B.M.E community.	Develop an action plan with the B.M.E community leaders.	A reduction in the numbers who drink at harmful and dependant levels within the community. Early identification of harmful consumption. Awareness within the community of available services.	Treatment Providers.	Treatment Providers.	On-going.
N.E.A.S to be trained in Identification of alcohol misuse, delivering Brief Intervention and alcohol treatment pathway.	All staff to be trained and provided with Audit questionnaires and treatment pathway.	Early identification of females drinking at harmful levels. Appropriate early referrals into treatment services.			
Evaluate the effectiveness of the current treatment system.	Service monitoring forms to be developed to capture service activity. Quarterly service reviews.	Evidenced based, cost effective treatment being delivered.	DAAT	DAAT	On-going

	Identify areas of best practice.				
Aim to secure long term investment in the alcohol treatment system.	Produce an annual needs assessment identifying both the needs and gaps in alcohol provision. Conduct a pilot study to assess the impact having residential provision for detoxification has on hospital admissions associated with alcohol. Conduct a review of initiatives which have been adopted to reduce alcohol related hospital admissions.	Evidence base to demonstrate need, increased recurrent investment. A reduction in hospital related admissions. Improved two way pathways of care between, general practice, treatment services and the acute sector. A portfolio of models which have been proven to impact upon alcohol related admissions, which could be implemented locally.	DAAT, SSP	DAAT	Complete April 2010
Develop After care services.	Action plan to scope appropriate models for adoption. Identify potential sources of funding.	Reduction in alcohol related admissions. Increase in people achieving and remaining abstinence.	DAAT	SSP, Finance	2010-2011 financial year.

Increase the capacity within Tier 3 services.	Develop a business case for financial investment. Disseminate treatment referral pathways to all potential referrers to ensure all services are utilised to there capacity.	Reduction in hospital related attendances and admissions. Development of Alcohol Treatment Requirement orders.	DAAT, Public Health	DAAT, Public Health	October 2009.
Tier 4 residential detoxification and rehabilitation provision available on a recurrent basis.	Completion of a needs assessment. Pilot study to demonstrate impact residential provision has on hospital admissions. Panel established to develop and agree criteria for referral into Tier 4 treatment.	Reduction in the number of problematic alcohol users attending or being admitted to Acute sector. A reduction in the number of people relapsing.	DAAT	DAAT, PBC, Treatment Providers.	Completed April 2010

Improve and develop integrated care pathways to ensure that individuals move through services effectively and have access to training, education, employment and housing. Pathways to be inclusive of all vulnerable groups, such as offenders, poly-drug users and dual diagnosis patients.

Action	Outputs	Outcomes	Responsible Agency	Resources	Timescales
Support the development of an alcohol treatment pathway within prison.	Scoping exercise to identify current level of intervention offered. Training needs assessment to be carried out. Links to be formalised between community alcohol services and prison services.	Reduced alcohol related crime. Increased rates of abstinence.	DAAT, HMP Holme House Prison, HMP Kirklevington Prison.	HMP Holme House Prison, HMP Kirklevington Prison.	December 2009
Support housing department to develop the support which is given to clients with tenancies, and improve access to appropriate housing.	Supporting people and housing department to provide details of numbers of clients with alcohol misuse problems annually receiving support/placement. Work with supporting people to develop an action plan for the commissioning of appropriate tenancy	Reduced alcohol related admissions. Increased access to employment/training. Increased rates of abstinence. Reduced number of evictions.	DAAT, Supporting People, Housing Department.	DAAT, Supporting People, Housing Department	November 2009

	support services and temporary accommodation facilities. Develop referral pathway.				
Provide access to a range of interventions that enables people in treatment to access education, employment and training.	Number of clients entering training and employment. Number of clients claiming incapacity benefit due to alcohol misuse. Development of pathway from treatment services into job centre plus and adult education.	Reduced alcohol related attendances and admissions. Increased rates of abstinence. Reduced rates of unemployment.	DAAT,	DAAT, Treatment Providers, Job Centre Plus.	2010-2011 Financial Year.
Support the implementation of the dual diagnosis strategy.	Increased numbers of clients with a dual need accessing appropriately commissioned services. Increase the number of staff trained to identify and work with dual diagnosis. Development of a robust pathway	Reduced hospital attendances and admissions. Improved package of care for clients and a reduction in the numbers of clients falling between mental health, treatment services and emergency admissions.	T.E.W.V	T.E.W.V, DAAT, PBC, Public Health, Adult Strategy.	?

	between services, general practice and secondary mental health services.				
Ensure all services are being utilised effectively and efficiently in order to maximise capacity.	Monitor levels of inappropriate referrals. Role out treatment referral pathway to all services/organisation utilising Brief Intervention. Promote and advertise all treatment services.	Reduced bottle necking in services. Reduction in alcohol related attendances and admissions. Increased uptake of the alcohol L.E.S.	DAAT, Public Health	DAAT, Public Health	On-going
Support the development of a training package for staff working with clients who misuse substances.	Improved identification of clients who poly drug use. Commissioning and delivery of a training package. Clear pathway's between community drug and alcohol treatment services.	A reduction in drug related deaths. A reduction in hospital attendances and admissions.	DAAT,	DAAT,	July 2009

Co-ordinate and develop support services for young people, families and carers affected by someone else's alcohol related issues.

Action	Outputs	Outcomes	Responsible Agency	Resources	Timescales
Support community based services for carers and families.	Increased number of families supported. Re-Commissioning of support services. Number of referrals to carer service.	Improved support for families living with alcohol misuse. Reduced number of hospital related attendances and admissions.	DAAT, Supporting People/Independent living.	Stockton borough council. Stockton P.C.T	April 2010.
Enhance and develop the support available for children living with substance misuse.	Scoping exercise to identify number of young people living with alcohol misuse. Speak to Lynn.	Addressing the Hidden Harm agenda. Improved outcomes for children living with alcohol misuse. Breaking the cycle of addiction.	DAAT, Children and Young People Services.	Stockton Borough Council, Stockton P.C.T.	On-going.
Reduce the hidden harm caused to children of alcohol dependant parents.	Identification of the number of children providing inappropriate levels of care for alcohol dependant parents. Scoping exercise to identify the number of children who have been referred to Child in	Reduction in the harm caused to children. Reduced number of children being referred to Child in Need/Child Protection.	Children and Young People Services	Stockton Borough Council, Stockton P.C.T.	On-going.

	Need/Child Protection as a result of parental alcohol misuse. Speak to Lynn re what exists/could be developed as an intervention following identification.				
Offer family support for those who have accessed treatment.	Increased capacity within adult services to provide family support/counselling. Increased uptake of family centred counselling.	Prevent family breakdown. Reduction in homelessness. Reduction in alcohol related attendances and admissions.	DAAT, Children and Young People Services	Stockton Borough Council, Stockton P.C.T.	On-going.

Target offenders of alcohol related crime, with a focus upon violent crime, anti-social behaviour and domestic violence.

Action	Outputs	Outcomes	Responsible Agency	Resources	Timescales
To highlight the problem of domestic violence, take steps to reduce repeat offending and reinforce the 'alcohol is no excuse' message	Referral process developed from Harbour into treatment services.	Increase in yearly referrals from Harbour Perpetrator programme to alcohol treatment support services to help to change the behaviour of violent men	Harbour- Perpetrator programme	Harbour	Yearly on-going scheme
To target resources effectively into areas and premises that are identified as hotspots of alcohol related crime	Use a range of statistics and intelligence from partner agencies to identify hotspots	Increase in joint operations and/or visits to tackle alcohol related incidents	Trading standards and licensing, Police, Community safety analyst	Trading standards and licensing, Police, Community safety analyst	Yearly on-going scheme
To reduce alcohol related Anti-social behaviour amongst youths	ASB/Enforcement/police patrols	Increase the amount of alcohol seized from young people on a yearly basis	ASB team, NES, Police	ASB administrator in community safety.	Yearly on-going scheme
To reduce alcohol related ASB through an increased use of the prevention referral service	Yearly increase of referrals from ASB team to preventions team	Educate youths regarding risky behaviour and deter from future misuse	ASB team, NES, Police	ASB administrator	Yearly on-going scheme
Increase licensee responsibility to tackle alcohol fuelled violent crime within their	Pubwatch ASB scheme implemented	Warning and barring letters given to those who are responsible for alcohol fuelled violent	ASB team, Community Safety, Police	ASB team, Community Safety, Police	On-going scheme

premises		crime			
To highlight the advantages and encourage the implementation of 'drink banning orders'	Enforcement action taken on perpetrators of alcohol associated crime	Control alcohol related crime	Trading standards and licensing, Police, Community safety, NTPCT	Trading standards and licensing, Police, Community safety, NTPCT	Not yet implemented as no access to treatment. Gap highlighted and needs to be addressed.
To support the implementation and development of the Cardiff Model within Accident & Emergency and collate statistical data.	Monthly/quarterly reports to be presented at S.S.P and V.R.G. Training to A&E staff on data required for collection.	A reduction in alcohol related violent crime. A reduction in hospital related attendances. Improved utilisation of policing resources.	Community Safety, North tees and Hartlepool Foundation Trust. Stockton Teaching Primary Care Trust.	Community Safety, North tees and Hartlepool Foundation Trust. Stockton Teaching Primary Care Trust, G.O.N.E	Implemented May 2009 awaiting initial reports.

Reduce the availability of alcohol with a particular focus on sales to young people

Action	Outputs	Outcomes	Responsible Agency	Resources	Timescales
Regulate licensed premises	To carry out at least 6 licensing reviews/ interventions per year	Improve information flow and monitoring of premises	Police, Trading standards and licensing, Environmental health and Cleveland Fire brigade	Police, Trading standards and licensing, Environmental health and Cleveland Fire brigade	On-going scheme
To increase activity to deter sales of alcohol to underage young people	Carry out 100 test purchase attempts per year to on and off licensed premises	To reduce the amount of underage sales and Anti social behaviour	Police, Trading standards	Trading Standards	Yearly on-going scheme
To maintain the delivery of the proof of age scheme	'We don't overlook underage' resource packs to be delivered to all new off-licensed premises	To educate and advise retailers concerning underage sales	Trading Standards	Trading Standards	On- going scheme
Raise awareness to adults regarding the risks of supplying and buying alcohol to young people.	Social marketing campaign aimed at parents	To reduce the number of adults supplying and buying alcohol to young people	Think B4U Drink	Community Safety, Public Health, Trading Standards	Commencing July 09, on-going campaign
Increase capacity to tackle alcohol misuse	Joint funded post between Community Safety and Stockton Teaching Primary Care Trust.	Alcohol related harm message delivered within Community Safety setting.	SBC, NTPCT	Community Safety	On- going