

ALCOHOL ACTION PLAN – Q3 2010/11

Performance Measurement

PERFORMANCE MEASURE	FREQUENCY
A reduction in the number of alcohol related admissions.	Annually
A reduction in those admitted to hospital on more than five occasions in one year.	Annually
Number of alcohol related A&E attendances due to assault or injury.	Quarterly
Number of people entering treatment for the first time.	Quarterly
Proportion of clients completing alcohol treatment abstinent and controlled drinking.	Quarterly
Numbers engaged in treatment from targeted groups (women, B.M.E, Young adults).	Quarterly
Level of recurrent investment into treatment services.	Annually
Proportion of clients having an initial assessment within five days of referral.	Quarterly
Numbers accessing tier 4 treatment.	Annually
Numbers of family members/carers accessing support services.	Quarterly
Number of clients with reduced AUDIT score post intervention.	Quarterly
Number of staff given brief intervention training.	Quarterly
Number of brief interventions delivered.	Quarterly
Reduction in offending rate of those completing Alcohol Treatment Requirements/Specified Activity Orders	Annually
Reduction in alcohol related Domestic Violence	Annually
Percentage of people who feel that people being drunk or rowdy in a public places is either a fairly or very big problem.	Annually
Number of alcohol related crimes and incidences of violence	Quarterly
Reduction in proportion of sales of alcohol to young people	Annually
Number of retail and licensed premises complying to licensing conditions	Annually
Incidences of alcohol related ASB	Annually
Number of all young people attending or admitted to hospital for alcohol related incidents	Annually
Number of young people given post-treatment intervention	Quarterly
Numbers of young people receiving a brief intervention for alcohol misuse	Quarterly
Number of families receiving a brief intervention for alcohol misuse	Quarterly
Numbers of young people entering treatment services where alcohol is primary substance	Quarterly

Objectives

- Reducing 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.
- Enabling frontline staff to identify early problematic alcohol use and make appropriate referrals.
- Targeting offenders of alcohol related crime, with a focus upon violent crime, anti-social behaviour and domestic violence.
- Reducing the availability of alcohol with a particular focus on sales to young people.
- Reducing the number of alcohol related hospital attendances and admissions.
- Delivering treatment services which are evidenced-based, cost effective, and are aligned with the National Treatment Agency models of care alcohol treatment framework, and are responsive to and accessible for all individuals who require treatment.
- Improving and developing 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-ordinating and developing support services for young people, families and carers affected by someone else's alcohol related issues.

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1. Prevention							
Issue	Action	Outcome	Measurement	Responsible Person	Financial Resources	Timescale Priority	RAG
1.1 Working professionals and managers not aware of the level of alcohol they are consuming and the potential impact this could have	Social research and campaign to raise awareness of alcohol	Increased awareness, resulting in people drinking within safe limits.	Questionnaires for employees and management to measure attitudinal and behavioural shift against baseline measure of attitudes towards alcohol.	Health improvement specialist (Risk Taking) Public health	Public Health	2010/11 Q1	Marketing phase due to commence Oct '10. Evaluation built into this phase and will take place 6 months after commencement
1.2 Lack of knowledge of services available to members of the public	Collaboration with alcohol treatment services to deliver community based alcohol awareness events	Raised awareness of local alcohol services available in Stockton on Tees	Pre and post survey of members of the public on views of current services, awareness of services available and number of people in attendance	Health Improvement specialist (risk taking) public health	Public Health	2010/11 Q4	
1.3 Lack of understanding around young people's behaviour and attitudes towards sex, drugs and alcohol	Social norms pilot project to change the attitude of existing norms around these high priority areas	Change in attitude and subsequent reduction in risk taking behaviour	Initial survey to assess attitudes towards outlined behaviour, their actual behaviour and perceptions of their peers behaviour. Positive normative behaviour marketed to target population. Survey re-run to assess how much the misperceptions of behaviour had been corrected.	Health Improvement specialist (risk taking) public health	Public Health	2010/11 Q1	Project is in its third stage. Final data to start being analysed from Oct '10. Final report due Jan '11.
1.4 Lack of knowledge and skills within frontline workers	Brief intervention and alcohol misuse identification training to frontline staff and	Increased early identification of alcohol misuse and increased	Number of Brief interventions provided and amount of referrals to treatment	Health Improvement specialist (risk taking)	Public Health	2010/11 Q1	Brief intervention training has commenced. 70 people booked on

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around alcohol awareness, BI and how they can utilize it.	Promotion of referral pathways and treatment services	referrals into treatment services.	services	public health			training to date
1.5 Lack of referral pathways from falls prevention team into alcohol treatment	Brief intervention training and pathway development	A reduction in the number of falls admission related to alcohol misuse	A reduction in the number falls recorded by the falls team as a result of alcohol. An increase in referrals from the falls team into treatment	Health Improvement specialist (risk taking) public health and modernisation manager	Public Health	2010/11 Q4	
1.6 High levels of inappropriate referrals into treatment services and cohesion around what services deliver	Ensuring the treatment pathway is provided to all services/organizations trained in brief intervention	Increased uptake of the LES in GP practices, referral pathways and brief intervention training, from 2009/10 baseline of 12	Number of appropriate referrals into treatment services. Time spent waiting for assessment into treatment services	Health Improvement specialist (risk taking) public health	Public Health	2011/12 Q2	12 GPs signed up to LES and 13 GP practices have been provided brief intervention training

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2. TREATMENT							
Issue	Action	Outcome	Measurement	Responsible Person	Financial Resources	Timescale Priority	RAG
2.1 Increased number of individuals being admitted to hospital as a result of there alcohol intake.	Commission an alcohol nurse specialist post to work within North tees hospital on a fixed term contract.	A reduction in alcohol related hospital attendances and admissions (multiple admissions)	North tees hospital agreement to host/manage post, specification developed and agreed vacancy recruited to.	Modernisation Manager Drug and Alcohol Action Team	Health and well-being Partnership. NHS Stockton.	2010/11 Q1	Post has been out to advert once but no appointment was made. Job description has been amended and is currently with NTGH for re-evaluation of grade.
	Re-commission an alcohol treatment system which is accessible and responsive to all individual needs, which includes Tier 2 and Tier 3 functions with an assertive outreach element.		No increase in the number of individual multiple admissions from 2007/08 baseline of 415.			2010/11 Q3	New service in place since 1 st Oct '10. 619 referrals received since contract began; 253 active clients currently.
	Identify cohort of individuals who have been admitted 5 or more times in a year period.		Reduction in size and total admission rate of frequent re-admissions. 50% of new referrals waiting no longer than a five day wait between referral and initial assessment.			2011/12 Q2	70% assessed within 5 days of referral

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	<p>Target cohort of multiple admissions and develop multi-disciplinary care plans of treatment.</p> <p>Identify a baseline of clients entering treatment for the first time and being retained in treatment.</p> <p>Commission Tier 4 interventions.</p> <p>Evaluate the performance and effectiveness of the alcohol treatment system</p>		<p>An increase of two individuals (from baseline of 15 in 2009/10) per annum being sent for residential detoxification and or rehabilitation.</p> <p>Service performance in line with SLA targets</p>		<p>2011/12 Q3</p> <p>2011/12 Q2</p> <p>2011/12 Q1</p> <p>2010/11 Q4</p>	
2.2 Unclear treatment pathways for clients with a dual diagnosis.	<p>Support the implementation of the dual diagnosis strategy.</p> <p>Support the development of pathways of care for individuals with a dual diagnosis.</p> <p>Identify a baseline of the number of</p>	<p>Improved care for clients with a dual diagnosis.</p> <p>Reduced hospital related attendances and admissions from individuals with a dual diagnosis.</p>	<p>Identify a baseline of individuals who are trained to identify and deliver interventions to clients with a dual diagnosis.</p> <p>An increase from the baseline of 1% of individuals delivering interventions to clients with dual diagnosis.</p>	Modernisation Manager Drug and Alcohol Action Team Alcohol treatment service.	<p>2010/11 Q4</p> <p>2010/11 Q4</p> <p>2010/11 Q4</p>	

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	<p>pathways currently available for clients with a dual diagnosis within mental health services.</p> <p>Identify a baseline of the number of clients accessing appropriate treatment with a dual diagnosis.</p> <p>Develop pathways from treatment into frontline services.</p>		Strategy implemented.			<p>2010/11 Q4</p> <p>2011/12 Q3</p>	
2.3 There are limited data sets/sources available which provide details of individuals' alcohol intake.	<p>Increase the number of G.P practices delivering the alcohol local enhanced service.</p> <p>Patients to be discharged from secondary care with an AUDIT score.</p>	Greater intelligence on the actual numbers of individuals consuming alcohol at hazardous, harmful and dependant levels.	<p>An increase from baseline of the number G.Ps delivering and correctly completing monitoring forms by 2%.</p> <p>A target of ten patients to be discharged from secondary care with an AUDIT score.</p>	<p>Modernisation Manager Drug and Alcohol Action Team. Contracts manager P.C.T.</p> <p>Alcohol nurse specialist post (North Tees Hospital)</p>		<p>2011/12 Q2</p> <p>2011/12 Q4</p>	
2.4 Inconsistent approaches to detoxification within primary and secondary care.	Develop and implement a secondary and primary care policy and protocol for medicated detoxifications and	Evidenced based and equitable intervention for medicated detoxification, regardless of point of access.	All G.P practices with a level 2 local enhanced service to implement policy.	Modernisation Manager Drug and Alcohol Action Team		2011/12 Q1	

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	subsequent discharges from secondary care.		All wards within the medical directorate to have implemented and working towards policy.			2011/12 Q1	
2.5 High incidence of alcohol related crime.	Develop a framework and model for the implementation of Alcohol Treatment Requirements.	A reduction in alcohol related crime.	Start to issue Alcohol Treatment Requirement orders to be issued.	Modernisation Manager Drug and Alcohol Action Team		2011/12 Q1 and 2	
2.6 A lack of recurrent investment into alcohol treatment services and modernisation manager position.	Produce annual needs assessment. Develop business cases for investment in services tees wide.	A reduction in alcohol related hospital admissions. Implementation and delivery of the alcohol strategy actions.	Increase the level of recurrent investment from baseline of £131,000. An increase in the fixed term agreement for modernisation manager post beyond February 2011	Strategic commissioner, Drug and Alcohol Action Team.		2010/11 Q1 2010/11 Q4	Green
2.7 There is a lack of suitable housing and support available for clients with an alcohol misuse disorder.	Develop pathways from all alcohol treatment services into gateway housing service. Increase the capacity within the floating support service for clients who misuse alcohol. Identify baseline	Reduced alcohol related admissions. Reduced number of evictions/homelessness due to alcohol.	All treatment services to have an agreed pathway in place with gateway service.	Strategic Commissioner Supported people/Independent Living.		2011/12 Q1 2011/12 Q1	

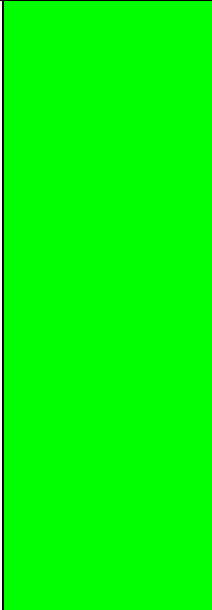
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	<p>relating to the quality and quantity of appropriate supported housing available for clients.</p> <p>Increase the amount and quality of supported housing available for clients.</p>					<p>2010/11 Q4</p> <p>2011/12 Q2</p>	
<p>2.8 Limited opportunities for reintegrating back into society through education, employment and or training can impact upon the numbers of individuals achieving and remaining abstinent from alcohol misuse.</p>	<p>Develop pathways and access into training employment and education opportunities.</p> <p>Identify a baseline of the numbers of clients entering into training, employment and or education from services.</p> <p>Establish a baseline of the number of people claiming incapacity benefit due to alcohol consumption.</p>	<p>A reduction in the numbers re-entering Tier 3 due to relapse.</p>	<p>Increased from baseline the number of clients entering into training, employment or education.</p> <p>Reduction from baseline the number of clients claiming incapacity benefit due to alcohol consumption</p>	<p>Modernisation Manager Drug and Alcohol Action Team</p> <p>Job Centre Plus Drugs Co-ordinator</p>		<p>2010/11 Q4</p> <p>2010/11 Q4</p> <p>2010/11 Q4</p>	
<p>2.9 Limited</p>	<p>Hold a</p>	<p>Holistic carers' service</p>	<p>Aim to have a</p>	<p>Supporting People,</p>	<p>£120,000</p>	<p>2010/11</p>	<p>Green</p>

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<p>services available for carers/family who are affected by another persons alcohol misuse.</p>	<p>consultation event to present and agree model for carers' service.</p> <p>Re-commission family and carers' service to include support for tenancies.</p> <p>Identify a baseline of actual number of families supported from each ward area, employment status and ethnic grouping.</p>	<p>accessible for all communities.</p>	<p>minimum of 5 carers present at event.</p> <p>Increase from baseline the number of supported families form each ward, employment status and ethnic grouping.</p>	<p>Independent Living.</p>		<p>Q1</p> <p>2010/11 Q4</p>	
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3. CONTROL							
Issue	Action	Outcome	Measurement	Responsible Person	Financial Resources	Timescale Priority	RAG
3.1 Alcohol related Domestic Violence	Identify numbers of alcohol related incidents	Reduce alcohol related DV incidents (2009/10 baseline 1,360; 37.7%), including re-offenders and repeat victims	% of alcohol related DV incidents	Police Vulnerability Unit		2010/11 Q4	End of Q1: 36.3% (419 of 1153) End of Q2: 35.1% (782 of 2230) End of Q3: 39.1% (1304 of 3336) (Ways of recording during Q3 became more effective in identifying if alcohol is a factor, hence a higher percentage)
	Ensure arrested alcohol dependent DV perpetrators are offered treatment services		Number and percentage of perpetrators referred to treatment	Arrest Referral		2010/11 Q2	
	Identify suitable candidates for alcohol treatment orders		Number of offences and re-offenders	Probation Police		2010/11 Q4	
	Identify a baseline number of people referred for an ATR		Number of those completed ATR who re-offend			2011/12 Q1	
3.2 Lack of awareness of alcohol related Domestic Violence	Raise awareness through TB4UD alcohol campaign	Reduce alcohol related DV incidents, including re-offenders and repeat victims	Project effectiveness measured by evaluation	TB4UD Group	Subject to funding	2010/11 Q4	Campaign in progress; consultation done; finances set aside
	Develop TB4UD campaign targeting vulnerable people	Decrease number of vulnerable people	Project effectiveness measured by evaluation			2010/11 Q4	
			Number of materials distributed to relevant parties				
3.3 Perception of drunk and rowdy	Effective use of the powers under the Violent Crime Reduction Act 2006,	Reduce drunk and rowdy behaviour Using the 2009/10	Place Survey results	Responsible authorities under the Licensing Act 2003		2011/12 Q3 2010/11	(Action requires reviewing due to abolishment of Places Survey)

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behaviour	Policing and Crime Act 2009 and Licensing Act 2003	baseline of 30.7% achieve a reduction of 3% year on year in the average level of concern	Number of alcohol seizures by Enforcement Officers Number of AS13s issued (ASB notices) Number of S27s issued (direction to leave)	A&E Community Safety		Q4	Q2: 92 seizures Q3: 52 Seizures Q2: 823 notices of which 219 (27%) alcohol related Q3: 531 notices of which 109 (20.5%) alcohol related Q2: 166 directions issued Q3: 105 directions issued
3.4 Alcohol related crime and violence	Identify hotspot areas Effective use of the powers under the Violent Crime Reduction Act 2006, Policing and Crime Act 2009 and Licensing Act 2003. Identify troublemakers through PubWatch	Reduce level of alcohol related crime and violence	Use Cardiff Model, Police and PubWatch Data	Police licensing Community Safety		2010/11 Q1 2010/11 Q1 2010/11 Q4	Q1: 322 A&E presentations due to alcohol-related assault Q2:331 A&E presentations due to alcohol-related assault Q3: 114 A&E presentations due to alcohol-related assault (October figures only) Q2: 217 people currently barred through PubWatch Q3:223 people currently barred through PubWatch
3.5 Ease of availability of alcohol to	Undertake Test Purchase exercises	Reduce availability of alcohol to young people	10% decrease in percentage of sales to young	Police licensing, Trading Standards &	Subject to available finance	2010/11 Q1	Q1: 11 test purchases; 1 (9%) sale

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<p>young people</p>	<p>Continue to ensure licensed premises have access to 'We Don't Look Underage' resource packs</p> <p>Encourage retailers and licensees to abide by licensing conditions in relation to sales to young people</p>	<p>Reduce number of contraventions</p> <p>Retailers and licensees complying to conditions</p> <p>100% of non compliance premises brought back into compliance</p>	<p>people, from 2009/10 baseline of 13.7%</p> <p>100% availability</p> <p>Out of premises checked:</p> <ul style="list-style-type: none"> - Level of compliance - Level of non-compliance - Level of % brought back into compliance 	<p>Licensing</p> <p>Police licensing, Trading Standards & Licensing</p>		<p>2010/11 Q1</p> <p>2010/11 Q1</p>	<p>Q2: 18 TP with 3 positive sales (16.6%)</p> <p>Q3: 36 TP with 5 positive sales (combined police and council) (13.8%)</p> <p>Packs delivered to all off-licensed premises and available to on-licensed premise at PubWatch meetings</p> <p>Q2: 38 checked; 26 premises fully compliant; 12 to be brought back into compliance</p> <p>End of Q3 (Police): 66 checked with 40 compliant. (although 26 are non compliant it is because checks were carried out beginning of December and given time to comply. This figure will always be behind)</p> <p>(Council): 40 checked 32 compliant, 8 to be brought back into compliance.</p>
<p>3.6 Alcohol fuelled anti social behaviour</p>	<p>Deliver alcohol/ASB sessions within schools and young peoples groups</p> <p>Develop young</p>	<p>Reduction in alcohol related ASB</p>	<p>Year on year increase in number of sessions delivered</p> <p>Project</p>	<p>ASB/community safety</p> <p>TB4UD Group</p>	<p>Subject to</p>	<p>2010/11 Q1</p> <p>2010/11</p>	<p>Q2: 6 sessions held; increase expected due to pre-bookings</p> <p>Q3: 13 sessions held in Q3. Busy period in the</p>

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	person specific TB4UD alcohol campaign		effectiveness measured by evaluation Number of materials distributed to relevant parties		available finance	Q4	run up to Christmas expected to decrease in coming quarters. Campaign currently in development
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4. YOUNG PEOPLE

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Issue	Action	Outcome	Measurement	Responsible Person	Financial Resources	Timescale Priority	RAG
4.1 Increased number of young people attending hospital for alcohol related incidents	Commission as part of an integrated treatment system, YP Substance Misuse services that have a specific remit to target young people and families accessing A&E	A reduction in alcohol related hospital attendances and admissions	A reduction in incidents of under 18s being taken to North Tees Hospital for alcohol specific reasons, from the 2008/09 baseline of 60.	Mod Manager YP Substance Misuse	PCT (as part of integrated service)	2010/11 Q1	Green New contract 1 st April Alcohol post in place Target 200 BI to YP in year
4.2 Young people are undertaking a substantial caring role within the family where substance misuse is apparent, resulting in negative impact on the child's wellbeing	Commission a 1 year pilot "Think Family" Service focusing on the needs of the child, young person and family	Family Service accessible within the community	Numbers of First Time Entrants into adult alcohol treatment services where child is a "young carer"	Mod Manager YP Substances Misuse	£95,000 (non-recurrent)	2010/11 Q3	Green Contract started 1 st June 2010
	Ensure joint targets in contracts to align with other family carers' services		Numbers of young people with improved Every Child Matter (ECM) outcomes	Mod Manager CESC -Young Carers	Carers Grant DAAT Under-spends	2011/12 Q2	
	Evaluate the performance and effectiveness of pilot				YP PCT Under-spends	2011/12 Q2	

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4.3 Increased numbers of young people referred to specialist treatment services for a Tier 2 alcohol need	Commission as part of an integrated YP Substance Misuse Service training to be delivered across the children & young people's workforce and parents to support early identification, screening and delivery of brief interventions	Young people with an alcohol issue will be identified earlier resulting in reduction in numbers in treatment services	<p>Numbers of staff & parents trained, against 2009/10 baseline of 192</p> <p>Numbers of young people screened using early identification tool</p> <p>Numbers of young people and families provided with brief interventions</p> <p>Numbers referred into young people's treatment services, against 2009/10 baseline of 118 alcohol; 62 drugs</p>	Mod Manager YP Substance Misuse	PCT (as part of integrated service)	2010/11 Q1	Green Part of integrated service
	Commission dedicated alcohol worker within the specialist team with a focus on targeted interventions					2010/11 Q1	Green