

ALCOHOL ACTION PLAN – Q1 2011/12

Version 1.15
28-10-2011

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	Campaign completed. Research available.
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	Action slipped due to reorganisation. Will give action to treatment service.
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	Pilot complete. Work is ongoing to see how this can be embedded in education.
1.4 Lack of	Brief intervention and	Increased early	Number of Brief	Health	Public	2010/11	Training has

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knowledge and skills within frontline workers around alcohol awareness, BI and how they can utilize it.	alcohol misuse identification training to frontline staff and Promotion of referral pathways and treatment services	identification of alcohol misuse and increased referrals into treatment services.	interventions provided and amount of referrals to treatment services	Improvement specialist (risk taking) public health	Health	Q1	commenced.
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	Lifeline are in the process of developing this pathway.
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. 5 practices providing outreach service. Q.I.P. project to inform development. L.E.S. review to be undertaken.

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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	This post is now in place.
	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.
	Identify cohort of individuals who have been admitted 5 or more times in a year period.		.			2011/12 Q2	Q.I.P. project cohort identified targeting those admitted 2 time or more
	Target cohort of multiple admissions and develop multi-disciplinary care plans of treatment.		Reduction in size and total admission rate of frequent re-admissions			2011/12 Q3	

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	Identify a baseline of clients entering treatment for the first time and being retained in treatment.		50% of new referrals waiting no longer than a five day wait between referral and initial assessment.			2011/12 Q2	2011/12 Q2: 68% new treatment journeys (tier 3) YTD were treatment naïve. 91% referrals received initial assessment within 5 working days
	Commission Tier 4 interventions.		An increase of two individuals (from baseline of 15 in 2009/10) per annum being sent for residential detoxification and or rehabilitation.			2011/12 Q1	6 alcohol clients sent for tier 4 intervention by end of Q2 2011/12.
	Evaluate the performance and effectiveness of the alcohol treatment system		Service performance in line with SLA targets			2010/11 Q4	SLA is reviewed monthly and service is reviewed quarterly.
2.2 Unclear treatment pathways for clients with a dual diagnosis.	Support the implementation of the dual diagnosis strategy.	Improved care for clients with a dual diagnosis. Reduced hospital related attendances and admissions from individuals with a dual diagnosis.	Identify a baseline of individuals who are trained to identify and deliver interventions to clients with a dual diagnosis.	Modernisation Manager Drug and Alcohol Action Team Alcohol treatment service.		2010/11 Q4	TEWV have completed an audit of dual diagnosis. Action plan has been developed and implemented.

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	Support the development of pathways of care for individuals with a dual diagnosis.					2010/11 Q4	As above. Pathway exists. Workforce development in September to clarify pathway.
	Identify a baseline of the number of pathways currently available for clients with a dual diagnosis within mental health services.					2010/11 Q4	Single point of entry has been identified.
	Identify a baseline of the number of clients accessing appropriate treatment with a dual diagnosis.		An increase from the baseline of 1% of individuals delivering interventions to clients with dual diagnosis.			2010/11 Q4	114 clients identified as dual diagnosis.
	Develop pathways from treatment into frontline services.		Strategy implemented.			2011/12 Q3	One point of referral identified.
2.3 There are limited data sets/sources available which provide details of individuals' alcohol intake.	Increase the number of G.P practices delivering the alcohol local enhanced service.	Greater intelligence on the actual numbers of individuals consuming alcohol at hazardous, harmful and dependant levels.	An increase from baseline of the number G.Ps delivering and correctly completing monitoring forms by 2%.	Modernisation Manager Drug and Alcohol Action Team. Contracts manager P.C.T.		2011/12 Q2	Due to changes in NHS structures, an increase in uptake has not occurred. L.E.S. to be reviewed and contract to be amended for implementation April

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							2012
	Patients to be discharged from secondary care with an AUDIT score.		A target of ten patients to be discharged from secondary care with an AUDIT score.	Alcohol nurse specialist post (North Tees Hospital)		2011/12 Q4	
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 subsequent discharges from secondary care.	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. All wards within the medical directorate to have implemented and working towards policy.	Modernisation Manager Drug and Alcohol Action Team		2011/12 Q1	ANS now in post work for hospital. Protocol for community completed in draft. Protocol to be taken to Tees Medicines Management Community on 10 th Nov for endorsement to use within General Practice.
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	ATR pilot ongoing. End Q2: 14 ATRs completed (66% reduction in arrests post-intervention); 5 ATRs completed (75% reduction in arrests post-intervention)
2.6 A lack of recurrent investment into alcohol treatment services and	Produce annual needs assessment.	A reduction in alcohol related hospital admissions.	Increase the level of recurrent investment from baseline of £131,000.	Strategic commissioner, Drug and Alcohol Action Team.		2010/11 Q1	Green.

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modernisation manager position.	Develop business cases for investment in services.	Implementation and delivery of the alcohol strategy actions.	An increase in the fixed term agreement for modernisation manager post beyond February 2012			2010/11 Q4	Funding identified but contract not yet extended.
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.	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	All services are linked to Enhanced Housing Options Worker.
	Increase the capacity within the floating support service for clients who misuse alcohol.					2011/12 Q1	Review of Adult Strategy ongoing. Financial commitments not finalised.
	Identify baseline relating to the quality and quantity of appropriate supported housing available for clients.						2010/11 Q4

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	Increase the amount and quality of supported housing available for clients					2011/12 Q2	Review of Adult Strategy ongoing. Financial commitments not finalised.
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.	Develop pathways and access into training employment and education opportunities.	A reduction in the numbers re-entering Tier 3 due to relapse.		Modernisation Manager Drug and Alcohol Action Team		2010/11 Q4	Green.
	Identify a baseline of the numbers of clients entering into training, employment and or education from services.		Increased from baseline the number of clients entering into training, employment or education.			2010/11 Q4	Oct '10 to Mar '11: 10 clients assisted into employment; 12 into education/training; 4 into voluntary employment
	Establish a baseline of the number of people claiming incapacity benefit due to alcohol consumption.		Reduction from baseline the number of clients claiming incapacity benefit due to alcohol consumption		Job Centre Plus Drugs Co-ordinator	2010/11 Q4	Information no longer available from Job Centre Plus.
2.9 Limited services available for carers/family who are affected by	Hold a consultation event to present and agree model for carers' service.	Holistic carers' service accessible for all communities.	Aim to have a minimum of 5 carers present at event.	Supporting People, Independent Living.	£120,000	2010/11 Q1	Green

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another persons alcohol misuse.	Re-commission family and carers' service to include support for tenancies.				2010/11 Q4	Current contract extended due to EIT review. Finding not finalised.
	Identify a baseline of actual number of families supported from each ward area, employment status and ethnic grouping.		Increase from baseline the number of supported families form each ward, employment status and ethnic grouping.		2010/11 Q4	61 alcohol carers identified. Data has been gathered. Analysis to follow.

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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 year figures: 1,759 (40.2%) Q2 YTD: 44.2% (924 of 2,091)
	Ensure arrested alcohol dependent DV perpetrators are offered treatment services		Number and percentage of perpetrators referred to treatment	Arrest Referral		2010/11 Q2	Q2 YTD: 1,392 arrests; 397 given intervention; 79 referred into treatment
	Identify suitable candidates for alcohol treatment orders		Number of offences and re-offenders	Probation Police		2010/11 Q4	This is an ongoing action
	Identify a baseline number of people referred for an ATR		Number of those completed ATR who re-offend			2011/12 Q1	41 clients referred for ATR to date (28 ASARs)
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 finished, all materials distributed to relevant parties and evaluation underway.
	Develop TB4UD campaign targeting vulnerable people	Decrease number of vulnerable people	Project effectiveness measured by evaluation Number of materials distributed to relevant parties			2010/11 Q4	Evaluation to be completed end October giving suggestions for future campaign plans. Posters and materials distributed to all relevant outlets April-July

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3.3 Perception of drunk and rowdy behaviour	Effective use of the powers under the Violent Crime Reduction Act 2006, Policing and Crime Act 2009 and Licensing Act 2003	Reduce drunk and rowdy behaviour Using the 2009/10 baseline of 30.7% achieve a reduction of 3% year on year in the average level of concern	Place Survey results	Responsible authorities under the Licensing Act 2003 A&E Community Safety		2011/12 Q3	Places Survey abolished.
			Number of alcohol seizures by Enforcement Officers Number of AS13s issued (ASB notices) Number of S27s issued (direction to leave)			2010/11 Q4	2010/11 totals: Seizures: 123 AS13s: 430 of 1,928 (22%) alcohol related S27s: 426
3.4 Alcohol related crime and violence	Identify hotspot areas	Reduce level of alcohol related crime and violence	Use Cardiff Model, Police and PubWatch Data	Police licensing Community Safety		2010/11 Q1	End of year: 690 of 1,309 A&E admissions were alcohol related (53%)
	Effective use of the powers under the Violent Crime Reduction Act 2006, Policing and Crime Act 2009 and Licensing Act 2003.					2010/11 Q4	2010/11 totals: 123 seizures; 430 AS13s; 426 Section 27s.
	Identify troublemakers through PubWatch					2010/11 Q4	2010/11 end of year: 62 people were subject to a PubWatch barring

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3.5 Ease of availability of alcohol to young people	Undertake Test Purchase exercises	Reduce availability of alcohol to young people Reduce number of contraventions	10% decrease in percentage of sales to young people, from 2009/10 baseline of 13.7%	Police licensing, Trading Standards & Licensing	Subject to available finance	2010/11 Q1	Q2 YTD: 10.3% (9 of 87)
	Continue to ensure licensed premises have access to 'We Don't Look Underage' resource packs		100% availability			2010/11 Q1	Packs delivered to all off-licensed premises and available to on-licensed premise at PubWatch meetings
	Encourage retailers and licensees to abide by licensing conditions in relation to sales to young people	Retailers and licensees complying to conditions 100% of non compliance premises brought back into compliance	Out of premises checked: - Level of compliance - Level of non-compliance - Level of % brought back into compliance			2010/11 Q1	Q2 YTD: 57 checked; 16 non-compliant; 4 returned to compliance. 12 remained non-compliant at end Q2.
3.6 Alcohol fuelled anti social behaviour	Deliver alcohol/ASB sessions within schools and young peoples groups	Reduction in alcohol related ASB	Year on year increase in number of sessions delivered	ASB/community safety		2010/11 Q1	2010/11: 36 sessions held. 2011/12 Q1: 8 sessions; Q2: 2 sessions held
	Develop young person specific TB4UD alcohol campaign		Project effectiveness measured by evaluation Number of materials distributed to relevant parties	TB4UD Group	Subject to available finance	2010/11 Q4	Q1: campaign completed, all materials distributed Q2: Evaluation to be completed end October giving suggestions for future campaign

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4. YOUNG PEOPLE							
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 Evaluate the performance and effectiveness of pilot		Numbers of young people with improved Every Child Matter (ECM) outcomes	Mod Manager CESC -Young Carers	Carers Grant DAAT Under-spends YP PCT Under-spends	2011/12 Q2	CRi are now delivering the family support service as part of their contract. Service went live August 2011.

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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