

Stockton-on-Tees Alcohol Action Plan

1st April 2012 - 31st March 2013

Introduction

The Stockton-on-Tees Alcohol Strategy was implemented in April 2010. The Strategy was a 3 year Strategy with a 2 year Action Plan within it. The 1 year plan for 2012-2013 has been developed to ensure that the strategic aims of the Stockton-on-Tees Alcohol Strategy are continuously achieved. This plan has the needs of young people threaded throughout it as opposed to a separate section (as was within previous plans). This plan covers responsibilities across both adults and children's services.

Performance Measurement

PERFORMANCE MEASURE	FREQUENCY
A reduction in the number of alcohol related admissions to hospital	Annually
Number of alcohol related A&E attendances due to assault or injury.	Quarterly
Number of young people & adults 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
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
Number of alcohol related crimes and incidences of violence	Quarterly
Reduction in proportion of sales of alcohol to young people	Annually
Incidences of alcohol related ASB	Annually

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.

1. Prevention							
Issue	Action	Outcome	Measurement	Responsible Person	Financial Resources	Timescale Priority	RAG
1.1 There is a lack of understanding of what Services are available.	Drug & Alcohol services to plan a range of alcohol community awareness raising events including Fresher’s week, SIRF, youth events	Raised awareness of local alcohol services available in Stockton on Tees	Viewpoint; young inspectors; university; Catalyst and GP questionnaire	Project Manager – Lifeline	Within agreed provider budgets.	April 2012	
	Update and			DAAT Marketing lead		DAAT – Marketing	

	<p>disseminate DAAT Service Directory to ensure that recent changes to alcohol provision and developments are incorporated, across both adults and youth services</p> <p>Develop information about local Alcohol Services across the Partnership and disseminate through Stockton News</p> <p>Implement & Review the pilot scratch card campaign within A&E.</p>	<p>Increased understanding of A&E attendees levels of alcohol consumption and Increase access to alcohol interventions (Tier 2 & 3)</p>	<p>Interim Review and final report</p>	<p>DAAT Marketing lead</p> <p>Lifeline/Balance</p>	<p>Budget</p> <p>DAAT – Marketing Budget</p> <p>Balance</p>	<p>May 2012</p> <p>May 2012/August 2012</p>	
Prevention							
Issue	Action	Outcome	Measurement	Responsible Person	Financial Resources	Timescale Priority	RAG
1.2 Public Health approaches to prevention and early intervention need to be embedded into young people's education.	<p>Social Norms in college programme to be monitored and reviewed.</p> <p>Use the generic</p>	<p>Understanding of effectiveness of campaign</p> <p>Raised awareness</p>	<p>Final report NWA</p> <p>Production of a</p>	<p>Early Intervention Manager</p> <p>Early Intervention</p>	<p>Public Health</p> <p>Public</p>	<p>June 2012</p> <p>Sep 2012</p>	

	<p>messages obtained from the college Social Norms to provide public health messages to young people across the Borough.</p> <p>To deliver training within mainstream settings on the secondary on-line teaching resource re: education on drugs, alcohol, smoking, sexual health.</p>	<p>of normative messages</p> <p>Teachers will have increased knowledge alcohol issues</p>	<p>Media campaign</p> <p>Number of schools trained.</p>	<p>Manager</p> <p>Sex Relationship Education Coordinator</p>	<p>Health</p> <p>Secondary Schools Forum</p>	<p>Sep 2012</p>	
Prevention							
Issue	Action	Outcome	Measurement	Responsible Person	Financial Resources	Timescale Priority	RAG
1.3 Lack of knowledge and skills of frontline workers around alcohol Intervention	Continue to commission and monitor training delivered for adult and young people's practitioners, including training around referral pathways and service availability	Increased early identification of alcohol use/misuse.	Number of staff trained in IBA	Stash IWS	DAAT	June 2012	
1.4 Lack of delivery	Devise a plan to agree	Clear process in	Number of Brief	Early Intervention		June 2012	

of brief alcohol Interventions (IBA) by frontline staff.	delivery, recording and reporting of interventions.	place.	interventions delivered.	Manager/IWS			
	Agree Alcohol Screening Tool(s) to be used across the Partnership (adults and young people) ensuring there is consistency relating to referral criteria.	Agreement reached across Partnership.	Written statement from Partner organisations and commissioned Services.	Health Improvement Specialist (LM)/Early Intervention Manager		April 2012	
	AUDIT is used for 100% of adult clients accessing substance misuse services.	Increased understanding of levels of alcohol use	100% of adults are screened – SLA's	Modernisation Manager/ Commissioning Manager	N/A	July 2012	

Prevention

Issue	Action	Outcome	Measurement	Responsible Person	Financial Resources	Timescale Priority	RAG
1.5 Lack of information/data regarding the Local Enhanced Services (LES)	Agree, Implement and monitor Local Enhanced Service specifications.	Increased number of interventions provided by LES practices.	Performance monitoring meetings and SLA returns	Commissioning Manager	PCT	September 2012	
1.6 Lack of	Raise awareness with:	Increased	Number of	Alcohol Nurse	DAAT	September	

awareness of Foetal Alcohol Spectrum disorder (FASD)	Midwives, health visitors, social care, schools and review progress	awareness with targeted professionals	Alcohol Briefing sessions that include FASD.	Specialist, QIPP Social Care, Early Intervention Manager		2012	
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2. TREATMENT							
Issue	Action	Outcome	Measurement	Responsible Person	Financial Resources	Timescale Priority	RAG
2.1 High number of people being admitted to hospital as a result of alcohol intake.	Monitor alcohol related admissions as part of QIPP project. Review health and social care pathways (ie GP's and Social Workers)	A reduction in alcohol related hospital attendances and admissions (multiple admissions)	QIPP Outcomes	QIPP Change Agents	PCT	August 2012	
	100% of alcohol related hospital admissions (adult & young people) to have been screened for alcohol use.	The identification of individuals harmful, hazardous and dependent alcohol use.	Content of Patient records in hospital and GP surgeries and referrals to DART/STASH team	Alcohol Specialist Nurse Post/QIPP GP Change Agent/STASH		August 2012	
2.2 Appropriate numbers of staff trained in Dual Diagnosis within the Substance Misuse and Mental Health services	Team Manager to ensure all appraisals are up to date and where appropriate staff have identified an interest in completing the necessary training via York university.	Increased awareness, skills and knowledge with all staff to enhance Dual Diagnosis pathway.	Completion of training. Outcome from Dual Diagnosis pathway pilot.	Team Manager / Service Manager		January 2013 (next cohort training re-commences October 2012) Training programme on-going.	
2.3 All staff in Stockton Substance	Dual Diagnosis E-learning has been	To ensure early identification of	Performance data / staff	Team Manager / Service Manager		Immediate – April 2012	

Misuse service completes required training.	developed and is available to all staff. This is also mandatory for all Tees, Esk & Wear Valley NHS Trust.	Dual Diagnosis with early implementation of evidence based pathway.	appraisals.				
2.4 To ensure the Dual Diagnosis pathway is adhered to for all service users as appropriate and that individual care plans are agreed to meet service user needs.	Currently the dual diagnosis pathway is in pilot form in the Stockton area. This will address issues in relation to seamless care and appropriate care planning.	To ensure all service users have access to appropriate and individually needs led care. To promote evidence based practice with all staff,	Outcome from pilot with identified actions to support further development	Team Manager / Service Manager		Pilot to run to December 2012.	
2.5 To establish Dual Diagnosis network group which will encompass partner agencies	Staff from Stockton Substance Misuse services will liaise with South Tees Dual Diagnosis Lead and develop a network group that will enhance partnership working, while offering support training and supervision to individuals working with a Dual Diagnosis	To ensure there is a network for staff to provide support, guidance and share best practice. To develop Dual Diagnosis pathway with all partner agencies that supports and enhances seamless care.	Outcome from pilot with identified actions to support further development.	Team Manager/ Dual Diagnosis Team lead		June 2012	

TREATMENT							
Issue	Action	Outcome	Measurement	Responsible Person	Financial Resources	Timescale Priority	RAG
2.6 Lack of accurate data available on the levels of alcohol consumption across the Borough	Gather data from: GP LES Balance surveys Hospital Admissions Social Care Commissioned Services YOS Connexions Targeted Youth Support	Increased knowledge of alcohol consumption in the Borough	SLA returns and as per action 2.1.	Commissioning Manager/Balance/QIPP (Social Care & Hospital) Modernisation Manager/YOS Manager/IYSS	PCT	September 2012	
2.7 Inconsistent approaches to detoxification within primary/secondary care.	Agree and implement standardised protocols	Evidenced based and equitable intervention for medicated detoxification, regardless of point of access.	Audit of implementation of protocols	Alcohol Specialist Nurse/Medicines management Team PCT		September 2012	
2.8 Lack of future recurrent funding resources across the young people's and adult services	Produce annual needs assessment and present results to Health & Well-being Board	Recurrent funding in place	Financial Resources	Director of Public Health/Modernisation Manager (JH)		November 2012	
2.9 Lack of clarity regarding young people's substance misuse provision in light of funding reductions.	Consultation event to be held	Agree the scope of future provision and model for young people and alcohol	Service model agreed	Early Interventions Manager		June 2012	

2.10 Housing and support is a critical part to helping alcohol users tackle their problems.	Community safety partnerships, alcohol teams, and housing agencies are expected to work closely together	Increase the number of users getting into appropriate housing, with support where needed	Maximise the current specialist supported accommodation or floating support for this group	Housing Providers Gateway Officer		September 2012	
2.11 80% of adults accessing alcohol treatment services are not in employment, training or education	Implement and monitor the Treatment Provider Referral (TPR2) as outlined in the Joint Working Protocol between Job Centre Plus and Treatment Providers.	A reduction in the numbers re-entering Tier 3 due to relapse.		Modernisation Manager (KA)– Implementation Commissioning Manager - Monitoring		April 2012	.
	Develop a Peer Mentor programme to support with re-integration.	Increase numbers of new referrals receiving support from a peer mentor.	% of people taking up the option of having a peer mentor.	Modernisation Manager (DK) – Implementation Commissioning Manager - Monitoring		September 2012	
2.12 Limited information for families regarding interventions available within alcohol Services	Produce an information leaflet aimed at families affected by alcohol use and develop joint working	Holistic carers' service accessible for all communities.	Increase in the number of supported families	Lifeline & Bridges	May 2012		

	agreements between alcohol and family/carer services.						
2.13 Under representation of population segments within Alcohol Treatment Services	Explore reasons why higher levels of young adults go through Arrest referral than attend Lifeline and review access through this route.	Improvement of pathway for young adults and increase in access to Lifeline		DAAT – Performance Manager & Providers	April 2012		
	Review the pathway between Stash and Lifeline.	Improvement of pathway for young adults and increase in access to Lifeline	Updated pathway in place	Commissioning Manager & YP Contract Manager	May 2012		
	Provide awareness raising and targeted interventions to specific BME communities where alcohol has been identified as an issue	Raised awareness of local alcohol services available in Stockton on Tees	Viewpoint; young inspectors; university; Catalyst and GP questionnaire	Commissioning Manager - Lifeline	December 2012		

3. Control						
Issue	Action	Outcome	Measurement	Responsible Person	Timescale Priority	RAG
3.1 Are we collectively doing enough to address alcohol issues	To review current meeting structures in place.	Focussed activity that addresses alcohol harm without repetition between meetings	Agreed terms of reference in place	Joint Strategic Commissioner	May 2012	
3.2 75% of alcohol related arrests are not seen by Arrest Referral Service. 24% of trigger offence drug tests are positive.	Review Arrest Referral Contract	Achievement of improved targeted alcohol interventions.	Future contract management to be agreed	Joint Strategic Commissioner	September 2012	
3.3 Review "Think B4 U Drink in line with recommendations of Evaluation Report	Complete report to Safer Stockton Partnership for decision	Clear agreement of way forward for Think B4 U Drink agenda	Agreed plan of action for Think B4U Drink	Community Safety - HH	May 2012	
3.4 Alcohol related Domestic Violence (70% of all referrals into Harbour in 10-11 had alcohol recorded as a factor – both perpetrator and victim.)	Identify numbers of alcohol related domestic violence incidents	Reduce level of alcohol related crime and violence	Police vulnerability unit & Harbour victim & perpetrator data	Police – Keith Daley Harbour – Lesley Gibson	July 2012	
	Ensure arrested alcohol dependent DV and crime perpetrators are offered treatment services	Reduction of alcohol related DV	Alcohol arrest referral		July 2012	
	Identify number of alcohol treatment clients with DV issues – victim and perpetrator	Monitor and tighten referral pathways into Harbour and consider joint working		Referrals into Harbour	Lifeline/Harbour	

3.5 Alcohol related crime and violence	Number of people referred for an ATR	Treatment for those who commit crime under the influence	Alcohol arrest referral	Helen Dixon-Community Safety	July 2012	
	Number of clients who breach an ATR	Reduce level of alcohol related crime and violence	Cross reference S27's with those on an ATR or ASAR	Helen Dixon – Community Safety	July 2012	
	Monitor number of assault presentations to A&E	Increased awareness of alcohol related assaults	A&E data	Community Safety- Anna Clark	Quarterly	
	Identify problem locations within Stockton Town Centre	Effectively target locations with police resources and use enforcement action where necessary	A&E, Police and PubWatch Data	Police licensing Community Safety	July 2012	
	Monitor the number of enforcement tools issued.	Effective use of the powers under the Violent Crime Reduction Act 2006, Policing and Crime Act 2009 and Licensing Act 2003.	Number of alcohol seizures by Enforcement Officers, Number of alcohol related AS13s issued (ASB notices) Number of S27s issued (direction to leave)	Community Safety – Anna Clark	July 2012	
	Consider the use of A&E data for all licensing reviews and hearings		A&E Data,	Community Safety- Anna Clark	July 2012	
					July 2012	

	Maintain PubWatch scheme & utilise barrings & ASBOs where appropriate	Effectively use and distribute available data as evidence towards enforcement action upon licensed premises that are not complying with conditions	Number of Pubwatch barrings	Community Safety- Anna Clark/ Police Licensing	Annually	
3.6 Ease of availability of alcohol to young people	Undertake Test Purchase exercises Continue to ensure licensed premises have access to 'We Don't Look Underage' resource packs	Reduce percentage of underage sales Retailers and licensees complying to conditions	10% decrease in percentage of sales to young people, from 2009/10 baseline of 13.7% 100% availability	Police licensing, Trading Standards & Licensing	July 2012	
3.7 Alcohol fuelled anti social behaviour	Deliver alcohol/ASB sessions within schools and young peoples groups Using the 'trigger system' screen all	Reduction in alcohol related ASB Reduction in alcohol related ASB	Year on year increase in number of sessions delivered Taken from a baseline 2011/12 of 38 sessions Establish a baseline for 2012-13 Number of brief	ASB/Community Safety	April 2012	

	young people who present to the ASB team regarding behaviour and deliver a brief intervention for alcohol misuse where necessary		interventions delivered			
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