STOCKTON ALCOHOL ACTION PLAN - JANUARY 2014 TO DECEMBER 2014

1. PREVENTION							
Issue	Action	Outcome	Measurement	Respon sible Person	Financial Resource s	Timesca le Priority	RAG
1.1 There is a lack of understanding of what Services are available.	Lifeline to develop a new targeted, service driven campaign to promote the new model for service delivery.	A clear marketing approach – developed & delivered YP Service marketed effectively	Quarterly reporting Lifeline S.L.A	Lifeline Service manager	Service Providers	Q1	Multi agency Lifeline Promotion Events took place in March for adult and young people's services. Lifeline referral pathway has been shared with secondary schools at secondary Health & Wellbeing meeting
	Wider alcohol support services to promote their service delivery models (i.e. Birchtree, Bridges, CRI)	Alcohol Support services marketed effectively	Treatment services to monitor source of referrals and engagement.	CRI service Manager Birchtree Services Manager Bridges Service manager			Birchtree: The recent dry January campaign was also promoted. Posters and leaflets in the Surgery about services available.
	CRI 24/7 Helpline promotion at A&E.	Increased awareness of substance / alcohol misuse service	Quarterly reporting Monitoring of how referrals	Service Manager	Service Providers	Q2	CRI Helpline is promoted at A&E – quarterly reporting still to be implemented with service manager

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			became aware of the service.				
	Alcohol Support Services to promote services to GPs	GP / Practice Managers increased understanding and awareness of Alcohol Services and referral pathways into them. Increased appropriate referrals and subsequent engagement from GPs	Quarterly reporting Number of GP / Practice managers who have signed MOU for support they want from Alcohol Workers Increased appropriate referrals for more GP Practices.	Service Manager s	Service Providers	Q2	Lifeline: All GP practices have received presentation about new lifeline contract & services. Lifeline now have contact and referral pathways set with all but 1 of the GP surgery's and are now delivering interventions from 12 different clinics across the Borough.
	Promotion of lifeline services at IBA workforce development training	Members of children and adult workforce aware of lifeline services and referral procedures	IBA sessions delivered	Service Manager /Gemma Mann		Q1/Q2	Lifeline services and referral procedures shared from January 2014 at children's workforce IBA training. CRI / Lifeline services and
							referral pathways to be shared at Adult IBA training starting May 2014

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	To improve school staff knowledge of alcohol and wider support services through use of RTB Toolkit (directory of services included) and Know the Risks Website	Increased appropriate referrals from schools and wider workforce to treatment services	Quarterly Reporting Use of RTB toolkit and Know the Risks website Number of appropriate school referrals to treatment services	Service Manager /E Conner McGill/ G Mann	Education Improvem ent resource for RTB online Toolkit. Early Interventio n Funding for Know the Risks Web Developm ent	Q2 (RTB Toolkit available online Septemb er 2014) (Know the Risks Web Develop ments complete Septemb er 2014)	RTB toolkit and Know the Risks websites in the process of refresh / development in time for September 2014. Quarterly reporting to be implemented after Toolki and website are complete 10 Secondary Schools currently using RTB toolk
	Public Health to facilitate the Services to deliver 4 events/campaigns in line with national and regional campaigns, across the year	4 x effective public awareness campaigns delivered.	Quarterly reporting Number of campaigns supported	PH in conjuncti on with Balance and Lifeline Service	Public Health/Co mmunity Safety/Alc ohol Services	Ongoing througho ut the year	Dry January promoted w alcohol support services community safety throug -Posters /letters distribute to local businesses and partner organisations -Dry January 'makeover of the ReDiscover town centre shop window for t month of January; including information about local alcohol support services

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							- Dry January page on the Stockton Borough Council website signposting people to diversionary activities
1.2 Public Health approaches to prevention and early intervention are not embedded into young people's education.	Social Norms in college programme to be monitored and reviewed Social norms in schools programme to be monitored and reviewed	Update findings and alter main messages as required. Update findings and alter main messages as required.	Quarterly Reporting Timetable for social norms rollout to be confirmed Timetable for social norms rollout to be confirmed	Eve Conner McGill	Financial resources for Social Norms 2014 onwards to be confirmed	Q2	Commissioning discussions taking place about funding further social norms programmes. Public Health currently scoping models of good practice across Tees Valley
	Identification of positive messages and priority areas across the Borough to inform RTB toolkit curriculum	Individual schools use RTB toolkit to inform curriculum development	Quarterly Reporting Use of RTB toolkit by Schools	Eve Conner McGill		Q2	2012/13 social norms results embedded into existing RTB toolkit and used by individual schools for their own positive messages campaigns.
	Lifeline Adult and YP services to promote findings.	Social Norms messages delivered to a wide audience	Lifeline to demonstrate promotion.	Lifeline Service Manager		Q2	Social Norms results have been shared with Lifeline Service Manager, service to review how they can

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							promote the positive messages within the report
	To deliver training within schools settings on the secondary on-line teaching resource re: education on drugs, alcohol, smoking, sexual health.	Training sessions delivered	Number of training events delivered Number of schools signing up to RTB toolkit	Eve Conner- McGill Educatio n Improve ment Service		Q3	Training on RTB toolkit to be delivered in September by Education Improvement Service 3schools have taken part in Children's Workforce IBA training Lifeline Briefing events attended by schools
a. Lack of knowledge and skills of frontline workers around alcohol identification and Intervention	Review existing IBA training programme Continue to commission and monitor training delivered for adult and young people's practitioners, including training around early identification and intervention and referral pathways	Front line practitioners trained and competent at delivering alcohol brief interventions and making appropriate referrals.	Training sessions delivered. Numbers trained. Survey of practitioners through training feedback sheet review and follow up survey at key milestones: 1,6 and 12	Public Health D Morton/ G Mann		End of Q1	Approximately 11 Children's workforce training sessions have been delivered, attended by approximately 100 staff from: Youth Direction / Youth Offending Schools Voluntary Sector School Nursing Social Care Community Safety Children's workforce train trainer in place for 27 th

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	and service availability.		months Monitor numbers of staff from children workforce to receive IBA training through train the trainer model				May 2014 9 Adult workforce training sessions in place starting May 2014 and adult train trainer session planned fo June 2014
	Explore & develop monitoring systems and pathways between Lifeline Services, Youth Direction and wider Children's Workforce to evidence brief advice, guidance and substantive interventions delivered to Young People around alcohol and substance misuse	Delivery of T2 (including episodes advice, information & guidance / delivery of targeted support) interventions where appropriate to young people through Youth Direction / wider children's workforce Establishment of monitoring pathways to evidence early identification of young people with alcohol / substance misuse issues	Monitor trends in referrals/referr al routes Number T2 Interventions recorded for alcohol and substance misuse (when systems developed)	Youth Direction s Jane Smith Gemma Mann Lifeline Services		Q3 Q3	Meeting to be arranged with Lifeline, Youth Direction and Public Health to explore monitoring pathways and systems
	To deliver bespoke IBA	Improved knowledge and understanding of	Number of residential	Jane Parry		Q3	Training in the process of being commissioned

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		training for Residential Home LAC staff	alcohol and substance misuse issues for young people who are LAC	care staff accessing IBA training	Gemma Mann			
b.	Lack of information/da ta regarding the alcohol misusing population within general practice	Local Enhanced Service specifications updated. Promote LES specification to GPs	Increased LES uptake.	Report LES uptake. Referrals from GP services	Shared Care(Phi I Ray)	CCG	Ongoing througho ut the year	LES has been updated for alcohol, IBA, screening and feedback and has been sent to the GP's for sign up April 2014 – March 2015. Following signup there will be qtrly reporting required as part of new LES.
		Quantitative data relating to demographics and intake of population to be extracted on an annual basis.	Early identification and intervention		Shared Care(Phi I Ray)	CCG	Quarterly ongoing	LES has been updated for alcohol, IBA, screening and feedback and has been sent the GP's for sign up April 2014 – March 2015. Following signup there will be qtrly reporting required as part of new LES. NECS: we still need to get the data flow sorted out I will chase Rick McLeod again for an update
C.	Lack of awareness of Foetal Alcohol Spectrum disorder	Raise awareness through targeted campaign/training to: Midwives, family	Increased awareness of FASD Reduction in pregnancies where	Monitor numbers trained in awareness of FASD	G. Mann	Public Health	Q2	FASD multiagency briefing event taking place 13 th May 2014 Targeted training will take

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	(FASD)	planning health visitors, social care, schools. Review progress of training and awareness raising Local campaigns are co-ordinated with national campaign. Utilise Balance Regional campaign.	alcohol consumption is a risk factor	Audit to evaluate penetration of training				place after briefing event Local campaign for FASD day still to be planned NECS: we can look at the issue of alcohol and the info given by the staff in our review of the details of the midwifery spec, a PH rep in that process would be very helpful.

2. TREATMENT							
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2.1. Alcohol misuse if not detected early can result a hospital attendance or admission.	Monitor alcohol related admissions Undertake planned and unplanned admission analysis.	Alcohol related admissions to fall compared to national trend. Multiple unplanned admissions to be reduced. Alcohol admission analysis available to drive targeted activity.	Monitor changing patterns of alcohol treatment referrals to identify signs of earlier intervention. Re-establish access to alcohol related admission data from NECS	Jo Heaney - Modernisation manager Clinical Commissioning Group (C.C.G) /North of England Commissioning Support (N.E.C.S) work- stream support	Public Health CCG	Quarterly	No data available, conversations underway with NECS Director Level.
	Pilot an Alcoholic Liver disease Pathway between GPs and acute setting which promotes early community management of symptoms.	A reduction in unplanned admissions for those with Alcoholic liver disease.	DART referral data	C.C.G/N.E.C.S work-stream support	NECS/CCG	Q2/3	NECS: can you confirm the details of this early pathway from GP to acute services? Also Dr Pagni as CCG lead is doing the work on the multiple presenters and admissions with DR Thomas.

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	Multi-agency meetings for A&E multiple attenders/ad missions	Reduce multiple admissions.	N.E.C.S/NTH data	Alcohol Nurse Specialist/ Psychiatric Liaison Team Lifeline DART Team	NEC/CCG	Quarterly	Birchtree: All A&E attendees are targeted by the DART team and an OPT OUT approach is adopted, so all clients presenting with Alcohol issues are contacted and services offered to provide appropriate interventions. Multi agency meetings are held when a need occurs – for frequent flyers / complex clients (not for every alcohol related admission).
2.2. Suicide Prevention	Identify alcohol related self- harm.	Increased identification of alcohol related self harm and MH issues. Increased referral and treatment entry into Alcohol		Jo Heaney – Modernisation Manager Psychiatric Liaison Team		Q3	Plan to undertake this in Q3 across Tees. Jo Heaney to co- ordinate.
	Undertake any actions identified in suicide prevention plan.	Services. Reduction in alcohol related suicides	Suicide Audit	Jo Heaney - Modernisation Manager		Q4	Plan to undertake this in Q3 across Tees. Jo Heaney to co- ordinate.

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2.3. To ensure the Dual Diagnosis pathway is adhered to for all service users as appropriate and that individual	To establish Dual Diagnosis network group which will encompass partner agencies	Dual Diagnosis network established.	DD referral monitoring.	Alcohol Services/ CCG/ TEWV (J King)		Q2/3	No update received
care plans are agreed to meet service user needs.	Develop link between hospital liaison and community treatment. Develop pathway following recommendat ions.	Development of protocol between hospital liaison and community treatment. Pathway developed and implemented	Audit of individual care plans as part of service review?	Psychiatric Liaison Team		Q2/3	No update received
	Develop Mental Health service provider forum.	Mental Health service provider forum established.				Q2/3	No update received
2.4. Inconsistent approaches to detoxification	Monitor G.P's engagement with treatment services for	Increased number of clients maintaining abstinence	Dee can you consider how to measure? Through pharmacy data,	NECS/Shared Service (Jo Linton)			NECS: we said that it might be appropriate to do an audit of community detox by practice and compare against the number done by the

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within primary care.	the delivery of planned detoxification s in line with L.E.S.	following detoxification A reduction in clients receiving multiple detoxifications which are out- width clinical guidance	depending upon ability to access it				commissioned service and the trust. We could look to doing that with the meds team over the next few months and see what we can get from the trust. The problem would be checking numbers that have had a detox from more than one provider.
2.5. There is a clear link between excessive drinking and housing difficulties.	Housing Team to be trained in Alcohol Brief Advice in order to raise understandin g of alcohol and housing issues.	Training with housing for Alcohol Brief Advice completed	All Housing Team trained in Alcohol Brief Advice	Public Health/Gemma Mann	Public Health	Q1	Member of LA Housing Team and Voluntary Housing Service attending IBA adult training (approx. 10 places booked as of 23/4/14). Housing team to identify member of staff to attend IBA train the trainer to enable all staff to be trained in IBA
	Housing team and Treatment services to feed information into the Alcohol Needs Assessment	Housing provision developed in line with needs assessment	Monitor new treatment referrals and treatment reviews for ongoing housing needs.	Julie Latham/Lifeline Service/Birchtre e Service/ Bridges Service	Public Health	Q2/3	Alcohol Needs Assessment to take place in Q2.

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	Treatment Services to work closely with Clients and Housing Support team to ensure that Client's Housing is monitored and managed to ensure that housing is addressed at treatment reviews.	Reduced housing need on exit from treatment and at treatment review.	NDTMS/TOPS monitoring of housing need	Julie Latham/Lifeline/ Birchtree Services	Public Health/Treat ment Services	Quarterly	NDTMS Q3 2013/14 Data – o of 338 new presentations in alcohol treatment, 296 (88%) indicate no housing issue. 32 (9%) reported having a housing problem (inc 4 (1%) w NFA). Birchtree: Housing is address with patients routinely. At leas 3 monthly at TOP review. The Annual Patient Survey also covers housing need. Clinicia and Recovery staff routinely signpost and support clients to attend the relevant agencies when issues become apparen We support referrals into Sanctuary Housing and a member of staff sits on that pa and also represented on the Housing Pathways Panel – fo patients that present with particular barriers to securing accommodation. Lifeline: We hold and facilitate weekly clinic for clients facing housing and benefits difficultie in partnership with the JCP ar legal aid is provided were necessary.

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2.6. 77% of adults accessing alcohol treatment services are not in	Ensure that recovery is visible across all client groups	Opportunities for accessing employment, training and education are maximised	SLA/NDTMS	Data Manager Public Health/Lifeline/ Birchtree/Bridge s Services	Services	Quarterly	Birchtree: Patients are supported in either gaining or maintaining employment or education by Clinical and Recovery Staff.
employment, training or education	Ensure treatment providers are working in line with TPR2 process.	All clients on benefits to be supported towards the TPR2 process by key worker	SLA/NDTMS	Data Manager Public Health/Lifeline/ Birchtree/Bridge s Services		Quarterly	It has been identified the Job Centre Plus have had internal issues with their staff not understanding the process and not working to the process. Darren Boyd (Public Health) is working with JC+ to ensure that the process is fully embedded and working within JC+ and then for the services to be re- educated on the process and to implement it with clients.
	Measure the number of people in training, employment, education on discharge from treatment. (Those who start	Increased numbers of clients in training, employment or education on discharge from treatment	SLA/NDTMS	Data Manager Public Health/Lifeline/ Birchtree/Bridge s Services		Quarterly	Birchtree: We actively support patients to seek employment and education in terms of advising them of application processes and supporting them with the relevant forms. We have had some patients who have found employment after we've them to BELP
	start unemployed at start of						

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		treatment).						
2.7.	Under representati on of population segments within Alcohol Treatment Services	Treatment providers to develop and implement an engagement action plan to ensure service population is representativ e of locality	Improvement of pathway for young adults, older people, offenders, dual diagnosis and those in employment and education	NDTMS reporting new treatment entrants.	Data Manager Public Health/Lifeline/ Birchtree/Bridge s Services		Q2	Birchtree: We offer service to patients regardless of complexity, social status, mental health status and age (as long as they are adults). We offer a service to BME communities and provide a number of people from these communities with a service. We have contacted the Arrivals Practice in the last 12 months to remind them of our Service. Lifeline: This is tasked as an area of development and will be driven by the new Service User / Community Engagement Worker who has only been in post for 3 weeks.
		Provide awareness raising and targeted interventions to specific BME communities where alcohol has been identified as an issue	Awareness Raising/target ted interventions carried out and reported for BME Communities	S.L.A/Quarterly reporting	Data Manager Public Health/Lifeline/ Birchtree/Bridge s Services		Quarterly	NDTMS Q3 2013/14 Data – 97% - White (same as Drug Treatment Service). Inc – 3 x other White, 1 x White Asian, 1 x Pakistan, 3 x African, 3 x other. Public Health Non Recurrent Funding to Sobriety Project – specifically aimed at local BME community and BMW Young People primarily in the Asian

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							BNE cohort who are a difficult group for our services to engage with.			

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3.1. Alcohol related crime and violence	Monitor the number of enforcement tools issued.	Increase in number of enforcement tools issued along with a decrease in violent crime linked to alcohol use (Night time economy)	Effective use of Legislation:- No Sec 27s issued.	Dale Metcalfe, Comm Safety	Quarterly	Q1 UPDATE JAN 1^{ST} TO MARCH 31^{ST} Section 27 issued = 21 in total/46 last year, reduction of 25. Stockton Town Centre = 11 compared to 35 last year Yarm High Street = 10 compared to 11 last year
			No Alcohol seizures by SBC Enforcement.			Alcohol seizures by SBC Enforcement = 19 in total compared to the previous year's 25 for the same quarter. January - 12 February - 3 March - 4

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			to Night time economy in Stockton and Yarm.	Comm Safety		Ston – 34/39 Yarm – 9/14 Reduction of 5 crimes each in both STC And Yarm wards compared to Jan13 to end March 13
	Continue to use A&E data for all licensing reviews and hearings.	No of positive outcomes where A&E data has been used to aide with hearings/reviews (should also be linked in with reduction in night time economy violence)	No reviews where data used. Data relating to A&E presentations linked to Licensed premises.	Reviews – Police Licensing A&E data – L Lyons, Comm Safety	Quarterly	Q1 UPDATE JAN 1ST TO MARCH 31 ST In this quarter no data from A&E has been used to aide hearings/ reviews. Message from Police Licencing Team "We have never used any data from A & E in respect of a review of any premises licence since the act came into force in 2005."
	Maintain Pub Watch scheme & utilise barrings & ASBOs where appropriate.	Increase use of Barrings and ASBOs resulting in reduction in violence linked to public houses.	No Pub watch barrings during year.	Police licensing	Quarterly	Q1 UPDATE JAN 1ST TO MARCH 31ST Yarm March 14. 3 barrings - Billingham 0 Barrings - Thornaby March 2014. 2 barrings - Estates March 14. 1 barring - Town Centre March 2014. 21 barrings

3. CONTROL						
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						= 27
3.2. Ease of availability of alcohol to young people.	Undertake Test Purchase exercises in Stockton.	Reduction in the number of positive underage sales.	10% decrease in number of sales from 2013/14 baseline	Police Licensing/SBC Trading Standards.	Quarterly	Q1 UPDATE JAN 1ST TO MARCH 31ST 5 premises visited on 10/1/14. 1 positive sale made.
	Continue to ensure licensed premises have access to 'We Don't Look Underage' resource packs.	Increase awareness of licensed premises with regards under-age sales through information provided by packs.	No stores receiving packs Identification of stores with positive sales and if received pack.	Dale Metcalfe		I spoke with PC James Johnson Police Licencing in depth regarding these packs. He has spoken to Jodie Allwood from trading Standards about the 'We don't look underage resource packs'. She explained they give them out whenever they get a new application, or if someone asks for one. They don't have a lot left and will now just give out a CD containing photos for staff training as the packs are expensive to produce, although she will ask Lorraine Wilford who is her boss about getting some more produced. Police licensing used to have

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						some and tended to give them out after a premises had failed a test purchase as they contain things like refusals registers, staff training sheets and posters etc. (I will update at next meeting).
3.3 Alcohol fuelled and youth related ASB.	Schools/Licensed premises to be targeted base on localities with higher levels of youth related ASB where alcohol is involved.	Reduction in alcohol related ASB in identified areas and to raise awareness.	Research of police and SBC incidents which are youth related and have an alcohol link in order to identify any key areas for proactive work to be conducted in neighbouring education establishments or licensed premises. School visits/Licensed premises	L Lyons, Comm Safety Dale Metcalfe, Comm Safety	Quarterly	Q1 UPDATE JAN 1ST TO MARCH 31 ST 2014 Work with the community safety analyst is continuous to identify areas across Stockton on tees where ASB is being committed and alcohol is a factor. The ASB team/ officers are proactively working alongside Youth Direction to target the more problematic areas across Stockton on Tees and diverting young people to youth services. An up to date schools database is available from Dale Metcalfe to evidence what schools have been visited/ targeted and subject delivered. With the retirement of PC Alan Fish

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						has created a gap/ demand from schools right across the borough for not only alcohol related education but other community safety issues. New links have been established with Lifeline and a referral process is being created in which any young person who has an alcohol confiscation issued a referral is made to lifeline for an appropriate intervention. In terms to licenced premises Ant High is being invited to the next round of pub watch meetings to look at targeting new barrings with an aim to getting the banned person to engage with Lifelines service.