

# **Barking and Dagenham Alcohol Strategy**

**2013 – 2016**

***DRAFT***

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# Contents

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	SECTION
Foreword	1
Introduction	2
Outcomes	3
Definition of Alcohol Misuse	4
Links to other Strategies and Plans	5
Principles of this Strategy	6
Local Context	7
Governance Arrangements	8
Monitoring, Evaluation & Review	9
Process	10
Equality and Diversity	11

	SECTION
The Purpose of this Strategy	12
Focus Area 1: Advice & Information	13
Focus Area 2: Alcohol Related Crime, Domestic Violence and ASB.	14
Focus Area 3: Children, Young People and Families	15
Focus Area 4: Adults	16
Focus Area 5: Alcohol Related Hospital Admissions, Treatment and Health	17
Focus Area 6: Licensing and Alcohol Retail	18
Focus Area 7: Alcohol: The Economic Impact	19

Barking and Dagenham Council's vision is to encourage growth and unlock the potential of the Borough's residents. In achieving this, the Council has four clear aims:

- **Ensure every child is valued so that they can succeed;**
- **Reduce crime and the fear of crime;**
- **Improve health and well-being through all stages of life; and**
- **Maximise growth opportunities and increase the household income of Borough residents.**

Addressing alcohol misuse is key to achieving these aims. Alcohol is also a priority of the NHS, the Police, and other partners. In keeping with this shared priority, the Community Safety Partnership has developed an Alcohol Strategy and Delivery Plan.

By co-operatively tackling alcohol misuse, the Partnership will work towards achieving the Council's vision.

The key outcomes of this strategy are :

- **Better health outcomes for people misusing alcohol**
- **A safer community with a reduction in victims of alcohol related crime**
- **Preventing young people from drinking alcohol**
- **Strong and resilient families that are able to meet their individual needs**

This strategy sets out how the Alcohol Alliance will achieve these goals.

Drinking alcohol is a traditional part of many human cultures and has been since the Neolithic era over 10 thousand years ago, when early humans consumed fermented fruit for its pleasurable mind- altering effects.

Social drinking is the consumption of alcohol without reaching the point of being drunk. It is drinking in a safe, legal, and responsible manner, whilst allowing you to socialise. Most adults have tried alcohol at some stage in their lives and only a minority do so at levels that have adverse effects.

Alcohol has an important and socio cultural place in the UK, as it creates jobs and generates revenues in the form of alcohol taxes.

According to the Gin and Vodka Association, it is estimated that the whole of the alcohol industry in 2009 directly employed 650,000 people and more than 1 million in the wider economy (GVA, 2010).

Consumer expenditure on alcoholic drinks is about £40.7 billion per annum.

It is a reality though that some people do misuse alcohol which has an adverse impact on their health and wellbeing and on the community in which they live.

Whilst we recognise there is also no traditional night time economy in the Borough, this means the issues are more complex, and much of our work in this sector will focus on supporting businesses in responsible off-sales.

This strategy acknowledges the safeguarding of adults and young people with a variety of vulnerabilities and aims to coordinate local responses to this client group using a 'whole families' approach.

This strategy aims to support a vibrant night-time and licensing economy whilst recognising and addressing the negative impact that alcohol misuse can have on communities.

# Foreword

2

The Borough's last alcohol strategy, *Stronger Measures*, successfully raised awareness of inter-dependant alcohol related harms throughout the Partnership, and has directly enabled, for the first time, a unified strategy that pulled together all alcohol related issues. This new strategy also takes into account the commitments and progress already made and the challenging environment in which it is set.

Commitment to this strategy from partner organisations and stakeholders will enable continued multi agency working towards a reduction in the overall harm caused by alcohol in Barking and Dagenham. There is also a continued commitment to creating a healthy and vibrant community where people are able to make positive choices about their drinking.

Many of our residents enjoy drinking alcohol socially and responsibly with their friends and family in homes and pubs in the Borough. However, it's a reality that some people do misuse alcohol, to the detriment of themselves, their family, and the community. We have around 1,000 alcohol-related ambulance call outs every year in the Borough, which is higher than the national average. This strategy sets out to reduce the harm caused by alcohol and will seek to:

- Reduce alcohol related hospital admissions;
- Reduce crime, particularly violence;
- Help families through information and advice; and
- Reduce disorder.

I am pleased that the Partnership is pooling its resources to address this issue.

Councillor Jeanne Alexander  
Cabinet Member for Crime, Justice and Communities



# Outcomes

3

**The key outcomes from the delivery of this strategy in 2016 will be:**

1. Better health outcomes for people misusing alcohol.
2. A safer community with a reduction of victims of alcohol related crime.
3. Preventing young people from misusing alcohol.
4. Strong and resilient families that are able to meet their individual needs.

# Definition of alcohol misuse

# 4

Alcohol misuse is defined as:

***Drinking more than the recommended limits of alcohol consumption***  
(NHS)

Alcohol misuse is linked to a variety of community safety issues including crime and violence, ASB, child neglect and emotional abuse, public perception of rowdiness and licensing.

Dual Diagnosis is the term used to describe the condition of someone who is considered to have mental health as well as substance abuse problems. One of the main difficulties of dual diagnosis is identifying the main presenting issue. The complexity of issues makes diagnosis, care and treatment much more difficult.

There are three main types of alcohol misuse – hazardous, harmful and dependant drinking. This is determined by the amount of alcohol which has been consumed

## Hazardous Drinking

Hazardous drinking is defined as when a person drinks over the recommended weekly limit of alcohol (21 units for men and 14 units for women).

It is also possible to drink hazardously by binge drinking even if you are within your weekly limit.

If you are drinking hazardously you may not yet have any health problems related to alcohol, but you are increasing your risk of experiencing problems in the future.

Hazardous drinking, particularly binge drinking also carries additional risk such as:

- Being involved in an accident
- Being involved in an argument or fight.
- Taking part in illegal or risky behaviour when drunk, such as drink driving.

## Harmful Drinking

Harmful drinking is defined as when a person drinks over the recommended weekly limit of alcohol and experiences health problems directly related to alcohol.

In some cases the problem may be obvious such as:

- Depression
- An alcohol related accident, such as a head injury.
- Acute pancreatitis (inflammation of the pancreas)

Often many of the health problems that occur as a result of harmful drinking do not cause any symptoms until they are at their most serious stages. These include:

- Hypertension (High blood pressure)
- Some types of cancer
- Cirrhosis
- Heart disease

## Dependant Drinking

Being dependant on alcohol means the person feels they are unable to function without alcohol, and this consumption becomes more important or sometimes the most important, factor in their life.

Depending on the level of dependence, a person can experience withdrawal symptoms if they suddenly stop drinking alcohol. Withdrawal can be both physical and psychological. Physical symptoms include:

- Sweating
- Nausea
- Tremors (Hand Shaking)
- Visual hallucinations (seeing things that are not really there)
- Fits and seizures (in the most serious cases)

Physiological withdrawal symptoms include:

- Depression
- Irritability
- Restlessness
- Insomnia (difficulty sleeping)
- Anxiety

# Links to other strategies and plans

# 5

There are a number of national, regional, and local documents that have influenced the development of Barking and Dagenham's Alcohol Strategy. These are identified as follows:

National Policy and Strategy Documents	Regional Policies, Strategies and Plans	Local Policies, Strategies and Practices
<p>This strategy reflects the themes of the Government's recently published Alcohol Strategy (March 2012), as well as the National Harm Reduction Strategy for England and has been supported by our latest Alcohol Needs Assessment (2010).</p> <p>Other relevant national strategies include;</p> <p>Improving Outcomes and Supporting Transparency: a Public Health outcomes framework for England, 2013-2016 (Department of Health, 2012)</p> <p>Healthy Lives, Healthy People: Our strategy for public health England ( Department of Health White Paper, 2010)</p> <p>New Horizons - a shared Vision for Mental Health (Department of Health, December 2009)</p>	<p>London Health Improvement Board (LHIB)</p>	<p>Health and Wellbeing Strategy (Barking and Dagenham Partnership)</p> <p>Barking and Dagenham Joint Strategic Needs Assessment</p> <p>Children and Young People's Plan (LBBD)</p> <p>Older People's Strategy (LBBD)</p> <p>Community Cohesion Strategy (Barking and Dagenham Partnership)</p> <p>Safeguarding Adults Board Strategy (Barking and Dagenham Partnership)</p> <p>Licensing Policy (LBBD)</p> <p>Housing Strategy 2012-17 (LBBD)</p> <p>Troubled Families Programme 2012</p> <p>Anti-Social Behaviour Strategy 2012</p>



# Principles of this strategy

# 6

This strategy's priorities and actions for alcohol are based on the following fundamental principles;

- There should be opportunities for everyone to have access to drug or alcohol treatment and support, whether it is for their own use or somebody else's.
- Ensuring resources are used to commission the best range of evidence based treatment and social care programmes for residents.
- Continuing to ensure the work we are doing to address alcohol related crime and disorder is clear and transparent to the community
- There is effective consultation with individuals, groups, and the wider population in the development of programmes and initiatives designed to tackle alcohol and its associated risks within the borough.
- That a customer centred approach is taken when delivering services as well as a focus on creating a knowledgeable community and skilled workforce in relation to alcohol.
- That evaluation and monitoring against objectives are key elements of all initiatives, and of the overall strategy.
- That effective partnership-working is fundamental to the delivery of services to reduce alcohol related crime, violence, and hospital admissions.
- That the Partnership's services are always good value for money.



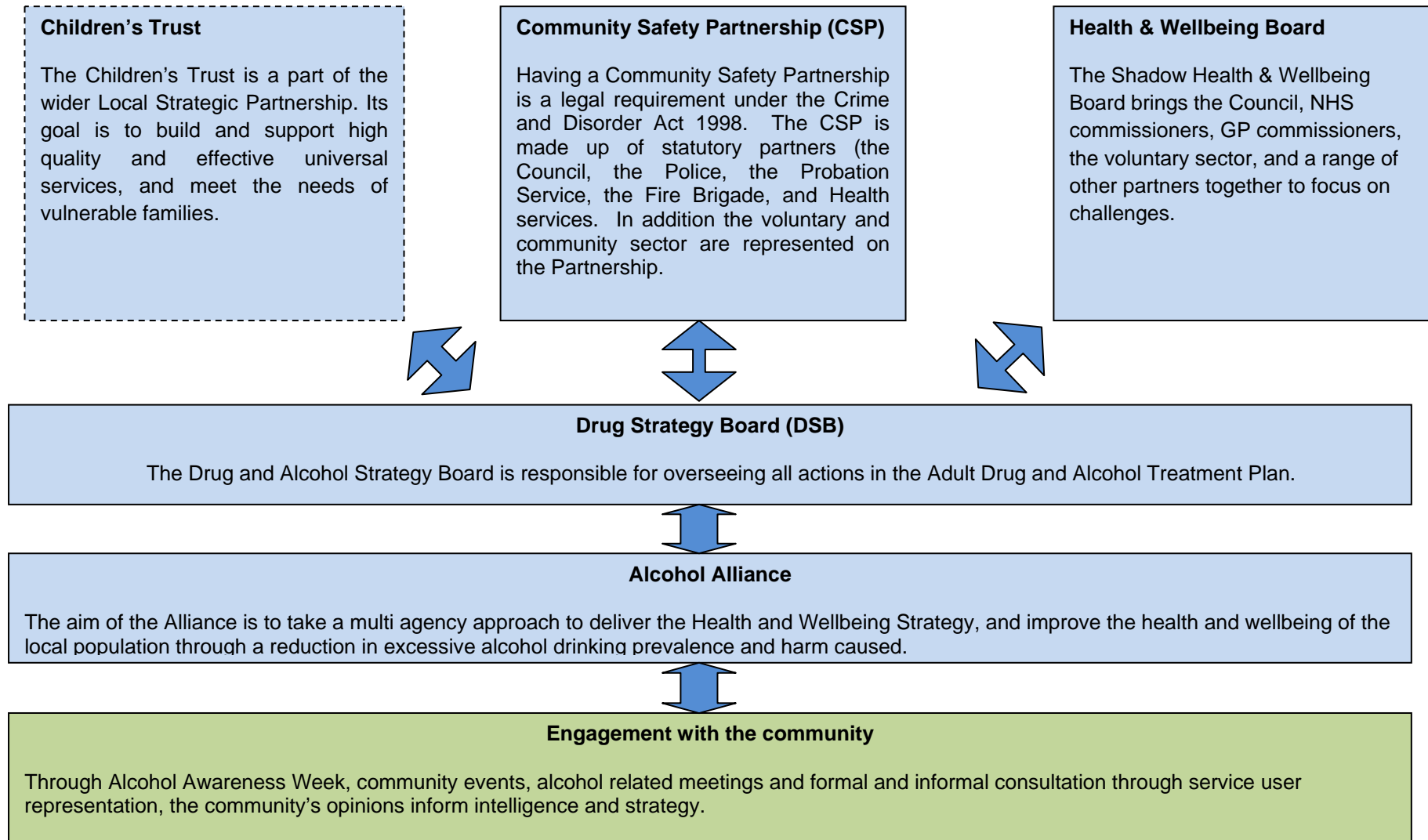
- Barking and Dagenham is a borough with significant offending, anti social behaviour issues, deprivation and health and social inclusion challenges. There is a strong business case to suggest that alcohol is a significant trigger for offending and anti social behaviour.
- Barking and Dagenham is at the heart of the Thames Gateway and is a borough with an expanding and changing population. The population of the borough is one of the fastest growing in the country and across London, placing great pressures on early education, school places and all other services.
- It has a resident population of approximately 57,000 children and young people aged 1-19, representing over 30 percent of the population. The rise in numbers of children aged under 5 is particularly high, increasing from just over 12,119 in 2001 to the 2012 GLA projected level of over 18,215, representing a 50% increase.
- Alongside population increase, the borough has experienced a significant increase in the diversity of the population. 62% of school pupils are from ethnic minority communities and over a third (38%) speak English as a second language, with over 100 different languages spoken (School Census 2012).
- Evidence suggests that 16 - 30 year olds are the most common alcohol offenders in the borough.
- There are an estimated 2700 binge drinkers and 5700 dependant alcohol users living in the borough.
- Mortality from chronic liver disease is higher than in women nationally and regionally. The rate for women in Barking and Dagenham is significantly higher than anywhere else in Outer North East London or the London and England average.
- Barking and Dagenham is significantly higher than the National/London average for alcohol attributable and related hospital admissions for both males and females. We also rank higher than average for alcohol attributable violent crimes.
- There are around 1000 alcohol related ambulance call outs in Barking and Dagenham every year. The age breakdown for the call outs shows the highest proportion is to the 20-44 and the over 65 age group. In the last year there has been an steady increase in the amount of 65+ accessing treatment .As the availability of alcohol (in particular online) becomes easier, we anticipate a further increase in older people needing targeted alcohol interventions.
- Barking and Dagenham has however consistently reduced overall adult re offending and is one of the few London boroughs to reduce crime in 2010/11.
- There has been a 136% increase in the amount of people accessing alcohol treatment in Barking and Dagenham over the last 3 years, from 273 in 2009/10 to 643 in 2011/12. This may be because of better information about available services and increasing levels of need for services.
- Barking and Dagenham has a borough wide DPPO (Designated Public Protection Order) in place which came into effect on 24 March 2010. These orders give police special powers to deal with rowdy drunks in public by confiscating their drinks.
- Within services working with vulnerable adults, there is a significant cohort of people with substance misuse needs who continue to come to the attention of adult social care.
- According to a 2009 place survey for the borough, 45.5 per cent of residents felt that drunk and rowdy behavior in public was a problem.
- Barking and Dagenham ranks 12th highest in London for binge drinking.
- Barking and Dagenham has 17 wards, 6 of which have been identified as particular binge drinking hotspot areas.



# Governance Arrangements: How we are structured

8

The diagram below sets out the framework within which the Alcohol strategy will be delivered.



# Monitoring, Evaluation, and Review 9

Like all strategies, success depends on regular and robust monitoring and review to ensure that the intended outcomes are being achieved and action is taken to address service failings, or any other problems that arise.

Throughout the life of this strategy the monitoring, evaluation, and review will be undertaken by the Alcohol Alliance, which will answer to the Community Safety Partnership (CSP). The CSP is a multi-agency board consisting of the Council, the Police, the Probation Service, the Fire Brigade, Health services, and third sector organisations who work to reduce crime and disorder in the Borough.

## Alcohol Alliance

The group's role is:

- To drive and monitor the work of the borough's Alcohol Programme Plan
- To be responsible for the development continued updating and presentation of the Alcohol Strategy and delivery plan and linked policies and procedures.
- To monitor all target measures under the remit of the CSP related to alcohol.
- To bring together all agencies involved in working with the effects of alcohol on individuals, families, and communities. It creates a structure to enable partnership working using a coordinated approach to this priority issue.
- To implement the borough's alcohol strategy, which sets out actions to ensure alcohol is being used responsibly and where harm and crime is associated effects are responded to swiftly
- To meet bi monthly to evaluate and monitor progress against agreed delivery plan targets. The alliance is a strategic group and includes representation from Licensing, Children's Services, Probation, Adult and Community Services, Treatment Providers, Public Health, Police and Commissioners. The Alcohol Alliance is chaired by the Metropolitan Police Barking and Dagenham Borough Commander.

## Drug Strategy Board

The Drug Strategy Board:

- is responsible for the development of the LBBDD Drug Strategy
- will ensure the Integrated Adult and Young People Substance Misuse Treatment Plan is being delivered
- will ensure budgetary control and value for money
- will escalate issues to the CSP and Health and Wellbeing Boards where necessary
- is responsible for performance monitoring of commissioned services and strategy targets

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# Process

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10

**This strategy draws on several national, regional, and local strategies and plans.**

The priorities and actions set out in the strategy improvement action plan have been developed by the Alcohol alliance

The priorities were selected following consultation with stakeholders from February to October 2012.

The public have been consulted through events such as the Town Show, Alcohol Awareness Week 2011 and targeted consultations as part of the needs assessment process. The public's feedback and views have been taken into consideration in the preparation of this document.

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# Equality and Diversity

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11

Equality is about making sure people are treated fairly and are given fair chances. Equality is not about treating everyone in the same way, but it recognises that their needs are met in different ways. Diversity is about valuing individual difference. A diversity approach aims to recognise value and manage difference to enable all to contribute and realise their full potential. There is a commitment to working with all members of LBBD diverse communities and understanding the prevalence and impacts of alcohol on specific groups. We will use a range of communication approaches to ensure all groups are offered equal access to alcohol services.

A full Equalities Impact Assessment has been undertaken as part of the recent Alcohol Needs Assessment. The latest Alcohol Needs Assessment (2010) highlights inequalities in relation to gender, whereby males are over represented in alcohol services as well as older people accessing treatment services. 4.6% of adults who accessed alcohol treatment during 2009/10 were aged 60 or over, although there is a suggestion their overall consumption is generally lower, the treatment figures still suggest that this age group are not accessing treatment in the community in the proportion that may be expected. The assessment also identifies differences in consumption levels and frequency across various wards in the Borough.

The delivery plan details actions that are set against target indicators so that performance can be identified and monitored and remedial action taken if necessary. There is an acknowledged lack of data on many aspects of alcohol misuse in the borough, which is why the strategy makes improving data a priority.

Further work will take place within the Community Alcohol Team to establish how alcohol is used and consumed within different cultures. An accurate assessment of both service needs and consumption of the local population involves ensuring there is an adequate understanding of equality and diversity issues in relation to alcohol harm.

# The Purpose of this Strategy

12

<b>Outcome</b>	<b>Reduction in Alcohol Related Harm</b>
<b>Vision</b>	<b>A Borough where people choose to drink alcohol in a safe and responsible manner to prevent as much harm as possible. Where harm from the effects of alcohol does occur, we will aim to respond quickly.</b>
<b>Focus Areas</b>	<b>Objectives</b>
<ol style="list-style-type: none"><li>1. Advice and Information</li><li>2. Alcohol Related Crime, Domestic Violence and ASB</li><li>3. Children, Young People and Families</li><li>4. Adults</li><li>5. Alcohol Related Hospital Admissions, Treatment and Health</li><li>6. Licensing and Alcohol Retail</li><li>7. Alcohol : The Economic Impact</li></ol>	<p>By 2016 we will have achieved the following:</p> <ol style="list-style-type: none"><li>1. A reduction in the number of hospital admissions for alcohol related illness for adults and young people.</li><li>2. A reduction in alcohol related offending and re offending including ASB (PI 16).</li><li>3. Better support for parents on talking to their children about alcohol, by providing information and advice where appropriate.</li><li>4. A reduction in domestic and violent crime.</li><li>5. A reduction in child neglect and emotional abuse as a result of alcohol misuse.</li><li>6. An increase in the availability of targeted information for adults including older people.</li></ol>

# **Barking and Dagenham Alcohol Strategy**

**2013 – 2016**

## **Delivery Plan**

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## Evidence of Good Practice

### **Delivery of Information and Brief Advice Training (IBA)**

Information and Brief Advice is the process of identifying people who may have alcohol issues and then taking action to raise awareness and encourage change.

KCA who provide community alcohol services in the borough, began delivering IBA to frontline practitioners in February 2010. The project's intention was to train a minimum of 100 staff across the borough by February 2011. The training's aim was to improve the screening and detection of hazardous, harmful drinking amongst local people and enable staff to deliver brief interventions.

The project has trained staff from a variety of settings and last year achieved the following:

- Training delivered to 8 teams consisting of 132 individuals
- Teams were made up of youth workers, Children's Centre staff, Treatment providers, Looked After Children workers and Adult Social Care.
- Obtained sign up for 11 further teams during November 2011 and March 2012.

### **How we will develop**

To ensure the longevity of the project we will seek to deliver training for trainers to 20 staff. This will consist of a 1 or 2 day programme depending on experience of trainee, and will allow staff to deliver IBA training in a variety of settings as well as providing a range of basic interventions.





FOCUS AREAS	ACTION	SUCCESS MEASURES	BY WHEN	LED BY
1.1 Alcohol screening and Brief Interventions training for frontline public and private sector staff	1.1.1 Raise awareness and increase delivery of Brief Interventions.	1.1.1 Community Alcohol Team to deliver a minimum of 12 targeted sessions per year (1 per month) to be targeted to priority linked departments and services.	1.1.1 April 2013	1.1.1 Adele Shepherd CAT team
	1.1.2 Increase referrals from targeted services.	1.1.2 10% increase on baseline.	1.1.2 December 2014	1.1.2 Adele Shepherd CAT team
	1.1.3 Promote the use of the Government's Change for Life alcohol calculator and entire campaign materials.	1.1.3 Increase in the number of self referrals to alcohol treatment services.	1.1.3 February 2014	1.1.3 Adele Shepherd CAT / Paul Starkey Health
1.2 Alcohol related data and information systems	1.2.1 Develop mechanism and system for obtaining frequent data on alcohol related hospital admissions.	1.2.1 Frequent availability of local alcohol related hospital data.	1.2.1 April 2014	1.2.1 Linda Bailey Public Health
		1.2.2 Utilise data from young person's A+E worker for young people's alcohol related and specific admissions.	1.2.2 April 2014	1.2.2 Linda Bailey Public Health
1.3 Utilise available data and information to further develop alcohol services	1.3.1 Consider feasibility of using Alcohol Systems Model when the Community Alcohol Service is tendered.	1.3.1 Undertake a programme of redesign for Alcohol Treatment Services.	1.3.1 April 2014	1.3.1 Christianah George Adult Commissioning
		1.3.2 Consider increased funding for Community Alcohol Team to address the increased demand for services.	1.3.2 April 2014	1.3.2 Christianah George / Linda Bailey Public Health

FOCUS AREAS	ACTION	SUCCESS MEASURES	BY WHEN	LED BY
1.4 Information on alcohol related injuries	1.4.1 Work with BHRUT hospitals to share non confidential information on alcohol related injuries with the Police.	1.4.1 Establish assault data collections systems in emergency departments.	1.4.1 September 2013	1.4.1 Andy Ewing Police
		1.4.2 Agreed protocols for sharing information.	1.4.2 September 2013	1.4.2 Andy Ewing Police
		1.4.3 Ensure information is used to plan prevention and Enforcement activity.	1.4.3 April 2014	1.4.3 Sonia Drozd DAAT

# Focus Area Two: Crime, Domestic Violence, and Anti-Social Behaviour

14

## **Examples of Good Practice**

During 2011/12, Barking and Dagenham Alcohol Alliance were awarded funding from the Greater London Authority Community Safety Fund to develop our work around alcohol as a driver for offending. As a pilot for the Rehabilitation Revolution and as a specific project for our approach to Integrated Offender Management, we intended to review our overall capability and the way our local system works in relation to how we managed alcohol related offenders in the community.

In June 2012 a full time Alcohol and Offending Outreach Officer was employed (as a one year pilot) to target individuals who are treatment naive or disengaged from treatment and who's offending and/or anti social behaviour is linked to their alcohol abuse. The dedicated worker works closely with the ASB team and works with clients to sign up to acceptable behaviour agreements (ABA) as a measure that reduces anti-social behaviour, but with the option to progress with an anti-social behaviour order for those who do not meet identified goals in terms of behavioural compliance. The officer liaises with community auditors to gather intelligence and evidence improvements to support either the avoidance of ASBOs or evidence to support the progression to enforcement where necessary.

## **How we will develop**

We will seek to secure funds to continue to utilise this unique and specialist pilot role.



FOCUS AREAS	ACTIONS	SUCCESS MEASURES	BY WHEN	LED BY
2.1 Clients with alcohol related anti social behaviour and crimiongenic needs	2.1.1 Identify persistent offenders whose alcohol use is contributing to their offending behaviour and ensure help is offered to them to break this link.	2.1.1 Increase the number of alcohol crime and ASB related offenders accessing treatment programmes.	2.1.1 December 2013	2.1.1 Sonia Drozd DAAT
		2.1.2 Increase in referrals to and from the newly recruited Alcohol and Offending Outreach worker.	2.1.2 September 2013	2.1.2 CRI Alcohol Outreach
2.2 Alcohol related anti-social behaviour	2.2.1 Treatment services to increase engagement at community cohesion events.	2.2.1 Increase awareness of local treatment agencies available and pathways to access them.	2.2.1 December 2013	2.2.1 Adele Shepherd CAT team
	2.2.2 Safer neighbourhood's teams alongside CAT, to deliver targeted outreach in identified alcohol hotspot areas surrounding Barking Town Centre and other hotspot areas.	2.2.2 Continue to reduce the public's perception of alcohol related ASB.	2.2.2 December 2014	2.2.2 Adele Shepherd CAT team / Cara Tribe CRI
	2.2.3 Police to continue to play a preventative role by focusing targeted Efforts to reduce specific alcohol-related ASB	2.2.3 Continue the Use of proactive visible policing. <ul style="list-style-type: none"> <li>Introduce a new Police team to tackle crime and Alcohol related ASB on estates.</li> </ul>	2.2.3 April 2014 <ul style="list-style-type: none"> <li>April 2014</li> </ul>	2.2.3 Andy Ewing - Police <ul style="list-style-type: none"> <li>Andy Ewing Police</li> </ul>
	2.2.4 Ensure the work we are doing to address alcohol and its effects is Clear and transparent to the public.	2.2.4 Continue use of the local media. <ul style="list-style-type: none"> <li>Increase use of social media To engage with the local community</li> </ul>	2.2.4 April 2014	2.2.4 Sherine Howell DAAT

FOCUS AREAS	ACTIONS	SUCCESS MEASURES	BY WHEN	LED BY
2.3 Monitoring and evaluation of alcohol related ASB	2.3 Explore more effective data recording systems for the DPPO (Borough wide alcohol control zone).	2.3.1 Develop searchable system for alcohol related seizures to allow for more effective recording and monitoring. <ul style="list-style-type: none"> <li>• Feedback to probation and link to offenders.</li> <li>• Continue to utilise data from Police Public attitudes survey for future planning.</li> </ul>	2.3.1 December 2013	2.3.1 Andy Ewing Police
2.4 Alcohol related crime and offending	2.4 Maintain and develop high level partnership work to manage alcohol related crime and offending.  2.4.2 Consider an outreach pilot service that targets Offenders arrested where alcohol has been a factor.	2.4.1 Develop alcohol and offending conference to highlight priorities and concerns as well as share good practice with partners <ul style="list-style-type: none"> <li>• Consider collating data on alcohol related arrests via Police Custody Nurses.</li> <li>• Establish feedback mechanisms to the courts to update on offender compliance to inform future sentencing.</li> </ul> 2.4.2 Seek to engage alcohol offenders into treatment and target them for enforcement through Integrated Offender Management	2.4.1 September 2013 <ul style="list-style-type: none"> <li>• September 2013</li> <li>• September 2015</li> </ul> 2.4.2 April 2014	2.4.1 Sherine Howell/ Sonia Drozd DAAT <ul style="list-style-type: none"> <li>• Sherine Howell DAAT / Andy Ewing Police</li> <li>• Sonia Drozd DAAT</li> </ul> 2.4.2 Sonia Drozd DAAT

FOCUS AREAS	ACTIONS	SUCCESS MEASURES	BY WHEN	LED BY
		<ul style="list-style-type: none"> <li>Reduction of alcohol related crime and disorder.</li> </ul>	<ul style="list-style-type: none"> <li>April 2014</li> </ul>	<ul style="list-style-type: none"> <li>Andy Ewing Police</li> </ul>
2.5 Alcohol intervention programmes and diversionary activities	<p>2.5.1 Develop and implement programmes and diversionary activities for alcohol users.</p> <p>2.5.2 Intelligence led approach by alcohol services to identify individuals who frequently disengage from treatment, and whose offending and/or ASB is linked to their alcohol abuse.</p> <p>2.5.3 Support implementation of London wide Alcohol Sobriety Scheme as noted in the Governments most recent Alcohol Strategy 2012.</p> <p>2.5.4 Earlier interventions for those at risk of or engaged in alcohol related crime and offending</p>	<p>2.5.1 All programmes to address alcohol related offending and lifestyle/ social issues.</p> <p>2.5.2 Continue to intensively target this cohort for diversionary activities.</p> <ul style="list-style-type: none"> <li>Increase in successful completions of Intuitive Recovery and similar programmes.</li> </ul> <p>2.5.3 Continue attendance at Sobriety Scheme specialist focus groups.</p> <ul style="list-style-type: none"> <li>Implement Government led sobriety scheme as advised by MOPAC.</li> </ul> <p>2.5.4 Explore the feasibility of expanding the arrest referral service to include alcohol.</p>	<p>2.5.1 April 2014</p> <p>2.5.2 December 2013</p> <p>2.5.3 April 2015</p> <ul style="list-style-type: none"> <li>June 2014</li> </ul> <p>2.5.4 December 2014</p>	<p>2.5.1 Adele Shepherd CAT team</p> <p>2.5.2 Cara Tribe CRI Alcohol Outreach</p> <p>2.5.3 Sherine Howell DAAT</p> <ul style="list-style-type: none"> <li>Sherine Howell DAAT</li> </ul> <p>2.5.4 Sonia Drozd DAAT</p>



FOCUS AREAS	ACTIONS	SUCCESS MEASURES	BY WHEN	LED BY
2.6 Alcohol, domestic violence and Hate Crime	2.6.1 Monitor and improve direct access to treatment services for victims of domestic abuse who may have problems with alcohol.	2.6.1 Improved referral pathways between Alcohol and Domestic Violence services. <ul style="list-style-type: none"> <li>• Devise targeted literature for victims of DV on accessing support around their own use</li> <li>• Ensure information and referral pathways are available at all refuges and clients are appropriately signposted.</li> <li>• Increase in referrals from DV services to treatment agencies.</li> <li>• Increase in referrals from treatment services to DV services.</li> </ul>	2.6.1 September 2012	2.6.1 Helen Oliver Safeguarding (Domestic Violence lead) / Adele Shepherd CAT team
	2.6.2 Alcohol services continue to attend DV Multi Agency Risk Assessment Group (MARAC).	2.6.2 Increase in number of cases referred from treatment services and IDVAS to MARAC.	2.6.2 December 2014	2.6.2 Adele Shepherd CAT team
	2.6.3 Ensure all DV perpetrator programmes include alcohol Education.	2.6.3 Increased awareness of the role alcohol plays in violent behaviour for all perpetrators. <ul style="list-style-type: none"> <li>• Reduction in alcohol related domestic violence.</li> </ul>	2.6.3 April 2015	2.6.3 Helen Oliver Safeguarding

FOCUS AREAS	ACTIONS	SUCCESS MEASURES	BY WHEN	LED BY
	2.6.4 Tackle alcohol as a contributing factor of violence, including violence resulting from Hate Crime.	2.6.4 Reduction in alcohol related Hate Crime. <ul style="list-style-type: none"> <li>• Increase use of the Government's national Alcohol Strategy, which focuses on changing public behaviour.</li> </ul>	2.6.4 September 2016	2.6.4 Adele Shepherd CAT team

# Focus Area Three: Children, Young People 15 and Families

## Evidence of Good Practice

### LBBB Young People One Day Alcohol Awareness Event

During November 2011, CRI SubWize Young People Drugs Project hosted a one day alcohol awareness and education event for ages 0- 19. The event was held at the Foyer, which provides supported accommodation for local people. The event was attended by young people and a variety of staff, who took part in a range of events including:

- Alcohol information, advice, and guidance.
- A “Guess the celebrity now” quiz.
- Alcohol-free recipe and cocktail bar
- NHS alcohol ageing programme (Takes photo, adds age, adds average units consumed and produces photo highlighting long term damage of alcohol abuse)
- Locally sponsored competition including meals and event tickets.

The event was attended by over 80 people throughout the afternoon, who evaluated the event as being very informative and fun. A young entrepreneur from SubWize, who frequently engages with wrap around services, ran his own stall at the event providing CD's of his own produced music, t-shirts and mugs with his own branding and logos.

### How we will develop

During planning of 2012 Alcohol Awareness Week, we aim to consult with young service users to further increase the success of this event and ensure we pitch future events are pitched at the right level. We will also consider developing a young people's alcohol consultation event in conjunction with children's services and local schools to ensure we are meeting the needs of our young people.



FOCUS AREAS		ACTIONS	SUCCESS MEASURES	BY WHEN	LED BY				
3.1	Effective alcohol education to raise awareness and highlight dangers of alcohol use for young people	3.1.1	Effective PSHE Programmes in schools for key stages 2- 5.	3.1.1	100% of schools to teach PSHE programmes with a significant alcohol component, to incorporate the talking from experience programme.	3.1.1	September 2014	3.1.1	Jason Hatherill Education
		3.1.2	Young people to have access to drug and alcohol information.	3.1.2	Drug and Alcohol workshops to be delivered once per term in all youth centres via the youth bus by contracted provider.	3.1.2	September 2014	3.1.2	Simone James SubWize
		3.1.3	Deliver annual young people's alcohol campaign and awareness event.	3.1.3	Evaluation of workshop feedback to demonstrate impact of lesson. <ul style="list-style-type: none"> <li>Awareness event information to be updated on young people's websites including street base, my heads up and youth 4 us.</li> </ul>	3.1.3	September 2014	3.1.3	Simone James SubWize
		3.1.4	Research the use of mobile and e-learning to develop young people's knowledge of alcohol.	3.1.4	Increased number of opportunities of mobile and e-learning for young people including; social media, Twitter and targeted Apps.	3.1.4	September 2014	3.1.4	Sherine Howell DAAT / Natasha Dafesh LBBB
		3.1.5	All schools to have an up to date drug and alcohol policy.	3.1.5	All schools have reviewed drug and alcohol policy to include young people's referral routes.	3.1.5	September 2014	3.1.5	Jason Hatherill Education
		3.1.6	Specialist input from drug alcohol professionals.	3.1.6	Secondary schools to benefit from a young people's drug and alcohol specialist worker.	3.1.6	September 2014	3.1.6	Meena Kishinani LBBB/ Sonia Drozd DAAT

FOCUS AREAS	ACTIONS	SUCCESS MEASURES	BY WHEN	LED BY
	<p>3.1.7 Provide effective satellites for young people.</p> <p>3.1.8 Explore the option of young people collecting connect points via the strretbase website, for engaging with SubWize young people's project.</p>	<p>3.1.7 All secondary schools and youth centres to provide opportunities for young people to drop in for specialist drug and alcohol advice.</p> <p>3.1.8 SubWize added to reward scheme for young people and students in Barking and Dagenham</p>	<p>3.1.7 September 2014</p> <p>3.1.8 September 2014</p>	<p>3.1.7 Simone James SubWize</p> <p>3.1.8 Simone James SubWize/ Phillip Cobham LBBDD</p>
3.2 Improve the support given to families with Alcohol related needs	<p>3.2.1 Continue to provide Targeted parenting programmes for families with alcohol related needs.</p> <p>3.2.2 Further imbed and continue the effective use of CAF and team alongside the family approach.</p> <p>3.2.3 Increased delivery of further brief interventions training for family based practitioners.</p>	<p>3.2.1 Treatment services and Children's Centres will increase by 100% their delivery of Family based Programmes to targeted families with identified alcohol related needs.</p> <ul style="list-style-type: none"> <li>• Increase the number of families accessing programme.</li> </ul> <p>3.2.2 Increase the number of CAF initiations (including family CAF) for families with identified alcohol use from treatment services.</p> <p>3.2.3 Minimum of 6 annual targeted training events for family based practitioners.</p>	<p>3.2.1 September 2014</p> <p>3.2.2 September 2014</p> <p>3.2.3 September 2014</p>	<p>3.2.1 Adele Shepherd CAT team</p> <p>3.2.2 Adele Shepherd CAT team / Perry Wright Treatment Service</p> <p>3.2.3 Adele Shepherd CAT team</p>

FOCUS AREAS	ACTIONS	SUCCESS MEASURES	BY WHEN	LED BY
	<p>3.2.4 Utilise the newly appointed Family and Transitions worker.</p> <p>3.2.5 Review number of voluntary and community sector organisations providing alcohol awareness.</p>	<p>3.2.4 Increase in referrals for hidden harm and transitional issues via newly created targeted worker based at SubWize young people's service</p> <p>3.2.5 All available community venues for young people, including libraries and leisure facilities to provide alcohol awareness literature and information on support and services that are available.</p>	<p>3.2.4 September 2014</p> <p>3.2.5 September 2014</p>	<p>3.2.4 Simone James SubWize</p> <p>3.2.5 Sherine Howell DAAT / Adele Shepherd CAT team.</p>
<p>3.3 Develop a service aimed at those young people coming to the attention of A&amp;E</p>	<p>3.3.1 Appoint Young People's A&amp;E Community Link worker to be based between SubWize and local hospitals.</p> <p>3.3.2 Utilise current social media tools to provide advice on A&amp;E services for young people</p> <p>3.3.3 Develop young people specific literature on pathways to service and harm reduction and unit advice.</p>	<p>3.3.1 Increase in referrals from BHRUT hospitals to SubWize.</p> <p>3.3.2 Increase in young people accessing targeted social media information on drug and alcohol.</p> <p>3.3.3 Increase in dissemination of targeted literature.</p> <ul style="list-style-type: none"> <li>• Reduction in young people presenting at A&amp;E for non emergency alcohol related problems.</li> </ul>	<p>3.3.1 September 2013</p> <p>3.3.2 September 2014</p> <p>3.3.3 September 2014</p> <ul style="list-style-type: none"> <li>• September 2015</li> </ul>	<p>3.3.1 Perry Wright Treatment Provider</p> <p>3.3.2 Simone James SubWize</p> <p>3.3.3 Simone James SubWize</p> <ul style="list-style-type: none"> <li>• Simone James SubWize</li> </ul>



FOCUS AREAS	ACTIONS	SUCCESS MEASURES	BY WHEN	LED BY
3.4 Troubled Families	3.4.1 Effective referral routes to alcohol treatment and services for troubled families	3.4.1 100% of children whose parents are identified as having alcohol related needs, to be referred to SubWize as a hidden harm referral.	3.4.1 September 2014	3.4.1 Simone James SubWize
	3.4.2 Develop interventions for young carer's that support adults who have alcohol related needs.	3.4.2 Further develop peer support networks, specific support forums, increase in carer's assessment and information on coping with substance misuse for young carers.	3.4.2 September 2014	3.4.2 Simone James SubWize
	3.4.3 More effective use of the family CAF.	3.4.3 Increase instigation of family CAF for adults accessing treatment services.	3.4.3 September 2014	3.4.3 Damien Cole LBBD
3.5 Increase in awareness of alcohol foetal syndrome for all young people in particular pregnant girls	3.5.1 Increased awareness of Alcohol Foetal Syndrome (FAS) for young expectant mothers via BHRUT and Family Nurse Partnership.	3.5.1 100% of health visitors and Family Nurse Practitioners to provide alcohol awareness for pregnant girls at their first appointment.	3.5.1 September 2014	3.5.1 Linda Bailey Public Health
	3.5.2 Young mothers to receive specialist and targeted support on alcohol use during pregnancy.	3.5.2 100% of expectant teen mums who screen positive for alcohol use to be referred to specialist treatment agencies.	3.5.2 September 2014	3.5.2 Linda Bailey Public Health/ Family Nurse partnership
	3.5.3 Utilise resources available through Avent to increase awareness locally.	3.5.3 Avent to distribute FAS targeted literature to 100 % of clinics.	3.5.3 September 2014	3.5.3 Linda Bailey Public Health / Family Nurse Partnership
	3.5.4 Better relationship with FNP (Family Nurse Practitioners) to identify mothers with alcohol related needs.	3.5.4 Increase in identification of mothers with alcohol related needs.	3.5.4 September 2014	3.5.4 Adele Shepherd CAT team

## Evidence of Good Practice

### Hospital Based Alcohol Service

Alcohol has long been a subject of concern for public health. Despite efforts to educate against the harmful effects of drinking, the problem is increasing. Attendance and admission rates to acute general hospitals for alcohol-related health problems also continue to escalate.

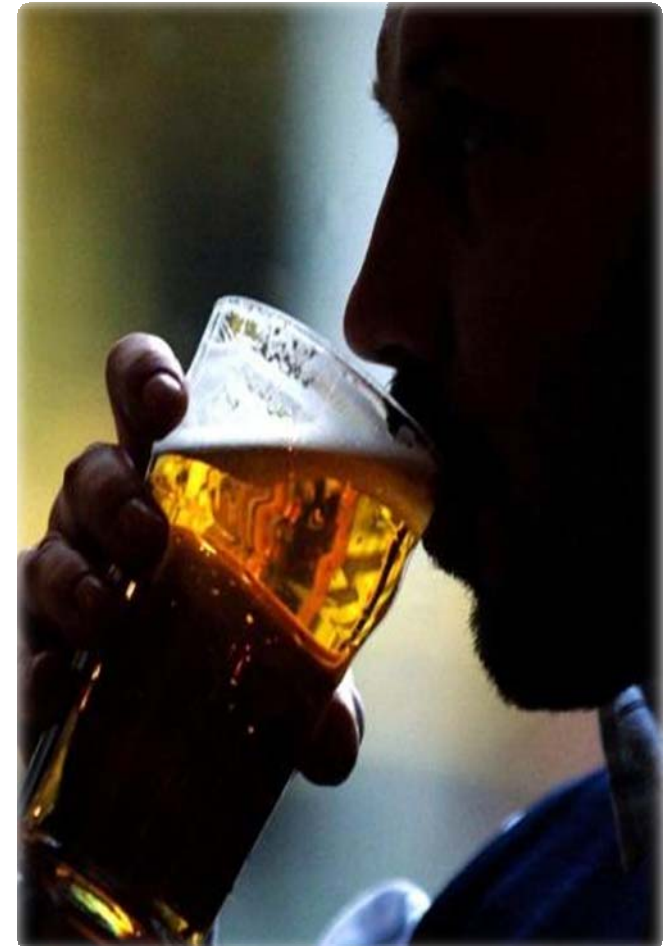
The hospital based alcohol liaison service offers the opportunity for acute hospital patients to be provided with a brief intervention and education on their alcohol use and, for those who need it, the opportunity to be fast-tracked to appropriate community services.

The role of the alcohol liaison nurse means patients can be offered health promotion, education and advice on their alcohol consumption. They can also reduce patients' risk of future alcohol-related admissions by discussing the reason for their admission, addressing lifestyle behavior and choices and giving a direct link to community services to those who need it.

In 2001, the Royal College of Physicians (RCP) published recommendations for a coherent alcohol strategy for hospitals, entitled 'Alcohol - can the NHS afford it?'. It suggested that at least one healthcare worker, such as a specialist nurse, should be employed to implement such a strategy.

### How we will develop

Excessive consumption of alcohol is associated with numerous major health risks, and the number of patients who are admitted predominantly for alcohol problems represent a significant financial burden on acute hospital services. It is therefore recommended that an alcohol liaison service is incorporated within acute general hospitals in BHRUT. Although we have been delivering this service on a part time basis for the last 2 years, this requires a dedicated post.



FOCUS AREA	ACTION	SUCCESS MEASURES	BY WHEN	LED BY
4.1 Presentation of alcohol in older people (65+)	4.1.1 Collate more research on alcohol misuse in older people in order to generate localised practical responses	4.1.1 Further examination of trends in the nature, extent, and predictors of alcohol misuse in older people  Identify and train alcohol champions in Older People's Services	4.1.1 December 2014	4.1.1 Adele Shepherd CAT team / Linda Bailey Public Health
	4.1.2 Ensure that all older people have access to clear and specific information on the risks associated with alcohol use.	4.1.2 Develop and commission targeted literature for older people.  <ul style="list-style-type: none"> <li>Professional advice and targeted information will continue to be available at events such as town show, older people's day and other related events.</li> <li>Increase access to a range of treatment options and services available for older people.</li> </ul>	4.1.2 December 2013	4.1.2 Adele Shepherd CAT team / Sherine Howell DAAT
	4.1.3 Healthcare workers in all settings to be vigilant in the role of alcohol in the presentation of older people.	4.1.3 Development of training package for healthcare staff working with older groups including 65 plus.  <ul style="list-style-type: none"> <li>Deliver further screening and Brief Interventions training for professionals.</li> <li>Reduce un-detection and misdiagnosis by raising awareness of the signs of problematic use in older people.</li> </ul>	4.1.3 December 2014	4.1.3 Linda Bailey Public Health / Sherine Howell DAAT  <ul style="list-style-type: none"> <li>Adele Shepherd CAT team</li> <li>Adele Shepherd CAT team</li> </ul>

FOCUS AREA	ACTION	SUCCESS MEASURES	BY WHEN	LED BY
		<ul style="list-style-type: none"> <li>Work with boroughs GP practices to advise that people over the age of 65 are screened for alcohol as part of their routine health checks.</li> </ul>		<ul style="list-style-type: none"> <li>Adele Shepherd CAT team / Linda Bailey Public Health</li> </ul>
4.2 Safeguarding Adults	4.2.1 Work with Local Safeguarding Adults Board (SAB) to ensure self neglect protocols incorporate addressing issues of substance misuse.	4.2.1 Dissemination of alcohol literature via Adult Social Care. <ul style="list-style-type: none"> <li>Increase identification of vulnerable adults with substance misuse needs and offer targeted support.</li> </ul>	4.2.1 April 2014	4.2.1 Sonia Drozd DAAT
4.3 Responding to safeguarding issues	4.3.1 Ensure alcohol treatment services identify and respond to safeguarding issues for adults as part of a whole family approach.	4.3.1 Increase supported access to alcohol treatment and primary care for vulnerable adults and those with complex needs. <ul style="list-style-type: none"> <li>Coordinated responses across all agencies.</li> <li>Reduced consumption and increased awareness.</li> <li>Establish baseline target cohort within Adult and Children's Social Care.</li> </ul>	4.3.1 December 2013	4.3.1 Sonia Drozd DAAT

FOCUS AREA	ACTION	SUCCESS MEASURES	BY WHEN	LED BY
4.4 Vulnerable adults becoming a victim of alcohol related crime	4.4.1 Provide information for vulnerable groups to highlight the risk of them becoming victims of alcohol related crime.	4.4.1 Commission and disseminate targeted literature. <ul style="list-style-type: none"> <li>• Reduction in vulnerable adults who are victims of alcohol related crime.</li> <li>• Improved social functioning and health.</li> </ul>	4.4.1 September 2013 <ul style="list-style-type: none"> <li>• December 2013</li> <li>• April 2014</li> </ul>	4.4.1 Adele Shepherd CAT team

# Focus Area Five: Alcohol-Related Hospital Admissions, Health and Treatment 17

## Evidence of Good Practice

During 2012, CRI who provide local drug treatment services for adults and young people, were successful in their bid for 3 years funding from the UK Comic Relief fund. This was used to employ a full time Young People's A&E Recovery Worker whose role includes engaging with service users aged up to 25, who have been admitted to Accident & Emergency with drug and alcohol related illnesses and injuries. The worker will also increase opportunities for service users to achieve sustainable treatment outcomes by engaging with them at a time where their drinking has caused them harm.

## **Other key activities include:**

- Carrying out triage and comprehensive assessments, and to contribute to the development of individual community recovery plans with those who express a wish to access community treatment/support services.
- In conjunction with medical staff, the recovery worker offer's referrals into substitute prescribing regimes to improve social functioning and recovery.
- Utilise motivational interviewing, ITEP, cognitive behavioural techniques, and brief interventions in one-to-one and group settings to promote engagement in treatment services.
- Working in partnership with Community Pharmacists ensuring clear communication pathways in relation to medication and supervised consumption.
- Promoting sexual health awareness and offering screening and materials to service users

## How we will develop

As a partnership we will continue to deliver a joint approach to delivering alcohol interventions and pathways at BHRUT hospitals, as well as utilising the existing young peoples post to capture other clients. Barking and Dagenham utilised one year funding from the GLA community safety fund, to employ a full time Alcohol and Offending Outreach Officer. This role has proved effective and as part of our future development, we will seek funding for this post to remain.



FOCUS AREA		ACTION	SUCCESS MEASURES	BY WHEN	LED BY				
5.1	Rate of alcohol related hospital admissions	5.1.1	Reduce the rate of alcohol related hospital Admissions by 1% year on year.	5.1.1	Deploy a dedicated specialist alcohol service within A&E.	5.1.1	September 2013	5.1.1	Adele Shepherd CAT team
		5.1.2	Raise awareness of community based treatment for those who frequently attend A+E.	5.1.2	Decrease in client attending A+E For non serious interventions.	5.1.2	April 2013	5.1.2	Adele Shepherd CAT team
		5.1.3	Review information and referral pathways to specialist agencies.	5.1.3	Up to date pathways and information available at all BHRUT Hospitals.	5.1.3	September 2013	5.1.3	Linda Bailey Public Health / Adele Shepherd CAT team
		5.1.4	Work with local hospitals to develop integrated alcohol Treatment pathways between primary and secondary care	5.1.4	Increase in shift from secondary care, to care within the Community, thus reducing costs.	5.1.4	December 2014	5.1.4	Linda Bailey Adele Shepherd
		5.1.5	Work with GPs to develop shared care arrangements	5.1.5	Increase in GPs delivering home detox where appropriate.	5.1.5	April 2013	5.1.5	Dr Kalkat CCG
		5.1.6	Consider pooling resources for full time alcohol liaison posts to increase long term savings.	5.1.6	Consider pooling resources for full time alcohol liaison posts to increase long term savings.	5.1.6	April 2014	5.1.6	Christianah George Adult Commissioning



FOCUS AREA	ACTION	SUCCESS MEASURES	BY WHEN	LED BY
5.2 Better use of data and intelligence	5.2.1 Better links and partnership-working with local hospitals to make better use of data and intelligence on our alcohol related admissions.	5.2.1 Continue to represent B&D at ONEL alcohol sector network which has worked hard to develop robust links with local hospitals.	5.2.1 April 2014	5.2.1 Sherine Howell DAAT Adele Shepherd CAT team
		5.2.2 Joint analysis of treatment data versus those who are being admitted.	5.2.2 December 2012	5.2.2 Michael Sinclair DAAT
		5.2.3 Identify repeat attendees and engage in mainstream services, as evidence suggests this group generally have less support networks.	5.2.3 April 2013	5.2.3 Adele Shepherd CAT team
5.3 Mainstream health promotions	5.3.1 Include alcohol in all mainstream health promotions including sexual health and obesity	5.3.1 Support launch and promotion of Alcohol Awareness Week through local partnership and multi agency approach.	5.3.1 December 2013	5.3.1 Linda Bailey Public Health
		5.3.2 Updated unit information to be routinely circulated to key contacts.	5.3.2 December 2013	5.3.2 Adele Shepherd CAT team
5.4 Completion of alcohol treatment and exiting the recovery system	5.4.1 Improve the amount of clients successfully completing alcohol treatment and exiting the recovery system in a planned way.	5.4.1 Support service users to proactively engage with wrap around services.	5.4.1 April 2014	5.4.1 Adele Shepherd CAT team
		5.4.2 Workers to proactively engage those who continue to return to treatment.	5.4.2 April 2014	5.4.2 Adele Shepherd CAT team

FOCUS AREA	ACTION	SUCCESS MEASURES	BY WHEN	LED BY
5.5 Delivery of screening	5.5.1 Increase delivery of screening to those identified as having pre existing Health conditions which may be linked to alcohol misuse.	5.5.1 CAT team will continue to raise awareness in acute care settings and encourage early identification and referrals to Specialist Services.	5.5.1 April 2014	5.5.1 Adele Shepherd CAT team
		5.5.2 Target people with raised liver tests which may be linked to Alcohol misuse.	5.5.2 April 2014	5.5.2 Adele Shepherd CAT team / Dr Kalkat CCG

# Focus Area Six: Licensing and Alcohol Retail

18

## Evidence of Good Practice

On 29 - 30 June 2012, Barking and Dagenham Police, in partnership with Trading Standards, took part in one of the Metropolitan Police Service's (MPS) biggest policing operations of the year so far that focused on tackling the sale of unlicensed goods and services. Venues checked included pubs, off-licenses. Officers were on the look out for drug taking and other illegal activity inside pubs and checking that alcohol is sold and consumed in line with licensing laws. Action was taken against those selling alcohol and other items illegally.

## **Results for Barking and Dagenham Police's 48 hour operation included:**

- Alcohol Awareness Schools Visits - 8 conducted
- Counterfeit Alcohol Patrols - Seized - 111 bottles of mixed alcohol (includes suspected counterfeit alcohol and duty evaded alcohol),
- Test Purchase Visits for Alcohol - 80 premises visited resulted in 6 failures.
- Late Night License Visits - 25 premises visited.
- DPPO (Designated public place order) street drinking - 59 seizures and 1 arrest
- Counterfeit Alcohol Awareness Stand staffed by VPC

## How we will develop

We will continue working hard to ensure that the alcohol in the borough's pubs and clubs is sold and consumed in a responsible way which will include taking enforcement against any retailer found to be in breach of any related laws. Raising awareness of counterfeit alcohol continues to be a priority for the partnership. Future operations are likely to take place where possible.



FOCUS AREAS	ACTIONS	SUCCESS MEASURES	BY WHEN	LED BY
6.1 Licensing Applications	6.1.1 Enable local people to raise objections to licenses and license changes in unsuitable premises.	6.1.1 Publish information on new licensing applications and guidance on how to make representations to the local authority. <ul style="list-style-type: none"> <li>• Advice interested parties and responsible authorities on how to initiate reviews.</li> <li>• Communicate more effectively with the public through existing mechanisms, including ward newsletters and the Community Safety Partnership website.</li> </ul>	6.1.1 December 2013 <ul style="list-style-type: none"> <li>• December 2013</li> <li>• December 2013</li> </ul>	6.1.1 Kath Stent LBBD <ul style="list-style-type: none"> <li>• Kath Stent LBBD</li> <li>• Kath Stent LBBD</li> </ul>
6.2 Reduction of underage sales	6.2.1 Targeted test purchasing based on intelligence, collated by the Licensing department	6.2.1 To be delivered annually. 6.2.2 Continue test purchases in both on and off licensed premises in the Borough 6.2.3 Prioritise test purchases in supermarkets and name and shame those who fail to adhere. 6.2.4 Consider expanding the use of surveillance equipment at irresponsible premises.	6.2.1 April 2013 6.2.2 December 2013 6.2.3 April 2014 6.2.4 September 2013	6.2.1 Kath Stent LBBD 6.2.2 Kath Stent LBBD 6.2.3 Kath Stent LBBD 6.2.4 Kath Stent LBBD

FOCUS AREAS	ACTIONS	SUCCESS MEASURES	BY WHEN	LED BY
6.3 Responsible retailing	<p>6.3.1 Promote responsible retailer scheme by rewarding licensed premises that are a model of good practice and prosecuting those who fail to adhere.</p> <p>6.3.2 Work with retailers to introduce a scheme to regulate the price of strong beers, lagers and ciders etc; learning from experience in areas such as Ipswich.</p>	<p>6.3.1 All alcohol licensed premises will receive better Information on identifying drunkenness to enable better Enforcement.</p> <ul style="list-style-type: none"> <li>• Re-launch Responsible Retailer's scheme.</li> <li>• Review the use of refused sales books in key licensed premises across the borough to obtain a clearer picture of its effective use.</li> <li>• Licensed premises to have information about the law, their responsibilities, and good practice on the sale of alcohol.</li> </ul> <p>6.3.2 Licencees to sign up to voluntary price regulation scheme.</p>	<p>6.3.1 September 2013</p> <ul style="list-style-type: none"> <li>• December 2014</li> </ul> <p>6.3.2 December 2014</p>	<p>6.3.1 Kath Stent LBBB</p> <ul style="list-style-type: none"> <li>• Kath Stent LBBB</li> </ul> <p>6.3.2 Kath Stent LBBB</p>
6.4 Illegal and Counterfeit Alcohol	6.4.1 Reduce the amount of illegal and counterfeit alcohol available in the community.	<p>6.4.1 Intelligence led joint working with Community Safety Partnership and police to identify counterfeit sales across the borough.</p> <p>6.4.2 Utilise community events to collate local intelligence and continue to raise awareness of the dangers of fake alcohol.</p>	<p>6.4.1 December 2013</p> <p>6.4.2 December 2013</p>	<p>6.4.1 Andy O'Connor Police</p> <p>6.4.2 Andy O'Connor Police</p>

FOCUS AREAS	ACTIONS	SUCCESS MEASURES	BY WHEN	LED BY
		<ul style="list-style-type: none"> <li>Licensing conference aimed at licensed proprietors and residents to raise awareness of counterfeit and illegal alcohol.</li> </ul>		<ul style="list-style-type: none"> <li>Kath Stent LBBD</li> </ul>

# Focus Area Seven: Alcohol: The Economic Impact 19

## Examples of Good Practice

Alcohol misuse is a costly business. Not just for individuals and their families but also to society, through unemployment, welfare benefits, health care costs and housing support. The cost of problem drinking to society is estimated at £2.7 billion every year for health care costs alone. These costs will increase unless strategic action is taken.

Identifying the costs of alcohol-related harm is essential in informing decision-making and working with multi-agency partners regarding alcohol policy, investment in and commissioning of alcohol interventions at a local level and influencing lifestyle behaviour.

Alcohol concern worked with Bolton PCT and Bolton Council to help reconfigure the alcohol treatment system. Two key principles were agreed upon for the new system. They were that the new service should be a) as simple as possible to enter and b) swift to respond.

These were not the only changes made to the system. For a full summary see *Investing in Alcohol Treatment – Reducing Costs and Improving Lives, Alcohol Concern*.

As a result of all changes made to the alcohol system in Bolton there was a reduction of hospital admissions of 2.4%. Bolton is one of very few areas in the country to have had a reduction. Local workers suggested that the new structure has contributed to the reduction.

## How we will develop

On a local level we will begin to adopt these two very simple aspects of the change that took place in Bolton, with a view to stabilising and reducing our alcohol related admissions.





FOCUS AREAS		ACTION	SUCCESS MEASURES	BY WHEN	LED BY
7.1	Health	7.1.1 Reduce the costs of alcohol related hospital admissions.	7.1.1 Deliver further Brief Interventions training to reduce alcohol related harm, which will lead to fewer admissions.	7.1.1 December 2013	7.1.1 Adele Shepherd CAT team
			7.1.2 Consider costs to the health economy and potential savings in return for investments for harmful and hazardous drinkers.	7.1.2 December 2014	7.1.2 Linda Bailey/ Matthew Cole Public Health
7.2	Treatment	7.2.1 Improve and sustain delivery of alcohol treatment within the current budgetary constraints.	7.2.1 Undertake value for money analysis using NTA Value for Money tool kit.	7.2.1 December 2014	7.2.1 Christianah George Adult Commissioning
			7.2.2 Explore payment by results commissioning framework to ensure the delivery of cost effective recovery.	7.2.2 December 2013	7.2.2 Sherine Howell DAAT
			7.2.3 Consider pooling resources with partner boroughs to deliver health initiatives, such as alcohol liaison nurse.	7.2.3 April 2014	7.2.3 Christianah George Adult Commissioning
			7.2.4 Improve coordination of alcohol treatment commissioning.	7.2.4 September 2014	7.2.4 Jenny Beasley Adult Commissioning