

**Select Committee on Health and Adult Social Care – 6<sup>th</sup> July 2010**

**Report of the Chief Executive Officer**

**Development and Implementation of Dudley's Alcohol Strategy**

**Purpose of Report**

1. The purpose of this report is to inform the Select Committee of the Development and Implementation of Dudley's Alcohol Strategy and highlight initiatives that aim to reduce alcohol related harm

**Background**

**2. Development of the New Alcohol Strategy**

Addressing the harm caused by alcohol misuse to individuals, families and communities in Dudley is a priority for partners. An Alcohol Strategy Group was set up in February 2008 to begin to address the issue of alcohol misuse and develop the Alcohol Strategy.

The Alcohol Strategy Group is a multi-agency group coordinated by the Drug and Alcohol Action Team Manager in collaboration with the Senior Public Health Manager from the Primary Care Trust. The Group has primarily reported to the Substance Misuse Implementation Group, but updating other groups as well.

Key pieces of work that have informed the development of the Strategy include: -

- Mapping Exercise in respect of existing provision and identifying gaps
- Stakeholder Event in July 2008
- Contributions from partners and providers
- PCT Needs Assessment
- Safe & Sound Dudley Borough Strategic Assessment

3. The Alcohol Strategy has been developed in line with Safe.Sensible.Social – The Next Steps in the National Alcohol Strategy and the Youth Alcohol Action Plan.

The new Strategy has incorporated work not covered by the previous Strategy for example Crime Reduction and work in respect of Children and Young People.

**4. Aim of the Alcohol Strategy**

The key aim of the Alcohol Strategy is to reduce the impact of alcohol misuse

on individuals, families and communities enabling them to live healthy, prosperous and safe lives. This will be achieved by a co-ordinated response.

## 5. **Consultation and Reporting to Date**

Reports in respect of the development of the Alcohol Strategy have been received by the Select committee on Health and Adult Social Care in March and November 2008 and Community Safety and Services Select Committee November 2009.

Updates for safe & sound Strategic Board have been included in the SMIG Chair's Reports to Board

A briefing note and a copy of the draft Strategy were sent to the following groups inviting comments and further contributions: -

- SMIG Advisory and Commissioning Groups
- Crime Reduction Implementation Group
- Young Persons Substance Misuse Group
- BME Task Group
- Drug Intervention Programme /Priority and Prolific Offender Steering Group
- Alcohol Strategy Group
- safe & sound Strategic Board
- Service User feedback was invited and received

A copy of the Strategy and briefing note was also placed on the safe and sound website

## 6. **Approval**

Following the support of the Community Safety and Services Select Committee on 5<sup>th</sup> November 2009 and safe and sound Strategic Board in December 2009 the Cabinet approved the Alcohol Strategy on 10<sup>th</sup> February 2010.

## 7. **Implementation of the Strategy**

The Alcohol Strategy Group are overseeing the implementation of the Alcohol Strategy and have begun to develop a performance management framework in respect of the Strategy. Whilst the performance management framework is being firmed up, the progress check column in the Alcohol Strategy Action Plan has been updated to indicate when/how progress will be monitored. (See appendix 1 Action Plan Section). The Alcohol Strategy Group are keen to ensure that performance management in respect of reducing alcohol related harm is robust and joined up so that an overall picture of "activity" and performance are available

## 8. **Provision**

Current provision is detailed within the "Current Responses to Tackle Alcohol Related Harm" section of the Strategy

Appendix 2 details how some of this provision contributes to national and local indicators

9. **Tackling Alcohol Misuse in Dudley – Audit Commission Feedback**  
During March and April 2010 the Audit Commission undertook a review of partnership working in respect of tackling alcohol misuse in Dudley. The outcome of the review was fed back to key people on Friday 30<sup>th</sup> April in the form of a presentation.

Overall the feedback was very positive in respect of partnership working and strategic vision. (The presentation forms Appendix 3 of this report).

The Audit Commission recognised that since planning the review significant steps have been taken in Dudley to improve interventions in this area.

Whilst the strength and maturity of Dudley's Partnerships and the clarity of our strategic vision was recognised some areas for improvement were highlighted.

The feedback indicated that future work needs to be undertaken in respect of commissioning and performance management, the Alcohol Strategy Group will ensure that this work is taken forward through the Alcohol Strategy Action Plan. The Substance Misuse Implementation Group will monitor progress.

A separate action plan was not required by the Audit Commission

10. **Performance**  
A Performance Management Framework is being developed in respect of the Alcohol Strategy.

In 2009/10 Performance against NI 20 – Assault with Less Serious Injury has exceeded target and Substance Misuse amongst young people has reduced (NI 115).

The indication is that NI 39 – Reducing Alcohol Related Hospital Admissions will not be met. However, a number of initiatives have been put in place and the rate of increase is reducing.

## **Finance**

11. There are no immediate financial considerations in respect of this report

## **Law**

12. The Council has a range of powers that may be applicable to this report such as the national Assistance Act 1948 and the Crime and Disorder Act 1998. However, under section 2 of the Local Government Act 2000 the Council may do anything which it considers is likely to achieve the promotion or improvement of the economic, social and environmental well being of its area.

## **Equality Impact**

13. In order to ensure that the new Alcohol Strategy is relevant to the communities of Dudley a stakeholder Event has been held as well as other means of consultation being used.

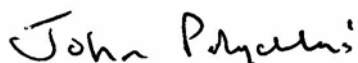
Young People were part of the Stakeholder Event and have had further opportunities to comment on the development of the Strategy through representation on safe and sound Strategic Board.

The new Alcohol Strategy has been Equality Impact and issues raised are being taken forward through the Equality Impact Assessment Action Plan.

Any new provision or redesign of existing provision will take into account the Commissioning Principles of the Dudley Health and Social Care Commissioning Framework and Strategy

### **Recommendation**

14. It is recommended that the progress which has been made in developing and implementing the Alcohol Strategy be noted



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### **List of Background Papers**

- Appendix 1 Alcohol Strategy
- Appendix 2 Provision – Indicators and Drivers
- Appendix 3 Presentation – Tackling Alcohol Misuse in Dudley

# ALCOHOL STRATEGY

**safe and sound**  
**(Dudley's Community Safety Partnership)**

**1<sup>st</sup> April 2010**

**safe & sound**

Dudley's Community Safety Partnership

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## **EXECUTIVE SUMMARY**

The safe and sound partnership recognises the impact of the misuse of alcohol on individuals, families and communities living in the Borough of Dudley. An Alcohol Strategy Group was set up in February 2008 to begin to address the issue of alcohol misuse and to develop the Alcohol Strategy.

Alcohol has been chosen as a priority by the Local Strategic Partnership (Dudley Community Partnership) because of the higher rates of mortality and also an increasing trend of admissions to hospital for alcohol related causes. For the same reason it has been selected as a Primary Care Trust key goal and its importance is reflected in the Primary Care Trust's strategic plan.

The alcohol issue is complex, partly because it is legal for adults and partly because alcohol, in small amounts, has been shown to be beneficial to health in reducing cardiovascular disease. It is also socially acceptable to drink alcohol and our celebrations, social occasions and relaxation are often accompanied by the consumption of alcohol. 90% of the adult population are known to drink alcohol occasionally or regularly and the vast majority of people do so safely and legally. However, excessive drinking can easily develop into an addiction that is hard to control. There are strong associations with violent crime and anti-social behaviour as well as the damage that alcohol dependency can have on individuals and their families.

In acknowledging that alcohol misuse is a complex issue this Strategy sets out: -

- An Alcohol Related Harm Profile – Health
- An Alcohol Related Harm Profile – Crime and Disorder
- Current activities that are in place to address and reduce alcohol related harm
- An action plan to ensure that activities take place and “developments” are moved forward

We believe that by working together we can achieve our aim to reduce the impact of alcohol misuse on individuals, families and communities enabling them to live healthy, prosperous and safe lives.

## **VISION OF THE STRATEGY**

The Alcohol Strategy Group is clear that the strategy needs to provide a vision for the Borough in respect of alcohol and its impact on individuals, families and communities. The Strategy needs to make a difference and be owned at a strategic and operational level by all stakeholders. Stakeholders include individuals, families and communities and work will need to be undertaken to enable and ensure engagement.

## **DEVELOPMENT OF THE STRATEGY**

The Alcohol Strategy has been developed through a comprehensive plan of work, which included: -

- Needs Assessment exercise/gap analysis
- Identification of strategic and community priorities
- Identification and agreement of targets
- Stakeholder consultation
- Work around infrastructure and communication (to include work with the industry, workforce development and commissioning)
- Development of a performance management framework

The successful delivery of the strategy very much relies on commitment to and effective partnership working. This is largely achieved through working with members of the following groups: -

- SMIG Commissioning Group and its Sub Groups
- Crime Reduction Implementation Group
- Children and Young Persons Substance Misuse Group
- Alcohol Strategy Group

The Strategy has been developed “in the spirit” of the National Alcohol Strategy, Safe, Sensible, and Social (2007) and the Youth Alcohol Action Plan (2008)

The Strategy will be updated and reviewed on a regular basis with the first review scheduled for April 2011.

There is currently a Systems Thinking Project underway focussing on the “alcohol” system in its broadest sense. Findings from this project will inform the further development of this Strategy and review of service provision.



## **KEY AIM**

The key aim of the Alcohol Strategy is to reduce the impact of alcohol misuse on individuals, families and communities enabling them to live healthy, prosperous and safe lives.

This will be achieved through the following objectives:

- Awareness raising and education
- Prevention
- Treatment
- Enforcement

Outcomes will include: -

- Health and Health Improvement
- Reduction of substance misuse (particularly alcohol) by young people
- Reduction in Crime and Disorder
- Economic Wellbeing

## **STRATEGIC FRAMEWORK**

The delivery of the strategy will be overseen by the Alcohol Strategy Group, which includes the following key partners:

- Dudley PCT
- Dudley MBC
- West Midlands Police Service
- National Probation Service West Midlands

The Alcohol Strategy Group will be accountable to the safe and sound Strategic Board. Members of the Alcohol Strategy Group are responsible for ensuring that all agreed actions are fed back to the organisations that they represent, that actions agreed are carried out and implemented and that any barriers are fed back to the Alcohol Strategy Group.

The implementation of the Strategy will be monitored and performance managed through the Alcohol Strategy Action Plan

## **OUTLINE OF TARGETS AND TIMESCALES**

Locally there is an obligation to work towards and achieve targets set out in the following national indicators: -

- PSA Delivery Agreement 14: Increase the number of children and young people on the path to success
- PSA Delivery Agreement 23: Make Communities Safer
- PSA Delivery Agreement 25: Reduce the harm caused by alcohol and drugs
- NI 17 Perceptions of Anti-Social Behaviour (To improve respect)
- NI 20 Assault with Less Serious Injury (Reducing Crime)
- NI 39/Vital Signs VSC26 Reducing Alcohol Related Hospital Admissions

- NI 115 Substance Misuse by Young People (Reduction of Substance Misuse amongst Young People in Dudley Borough – Particularly Alcohol)

### **Local targets**

Local targets will be developed in respect of: -

- Reducing the number of alcohol related A and E attendances
- Night time economy – reducing the number of victims and perpetrators of alcohol related crime
- Domestic Abuse

### **BACKGROUND**

Alcohol plays an important and positive role in many aspects of British life. 90% of the adult population drink alcohol and for most of us its use is associated positively with our personal and social lives. However for a minority of drinkers the misuse of alcohol produces significant harm, impacting the individual, the family and the community.

However more needs to be done to promote sensible drinking. Excessive alcohol consumption among some sections of the population is a cause for considerable concern – a concern that is shared by both Government and the general public.

Dudley's Alcohol Strategy will aim to mirror the eight "next steps" as outlined in "Safe, Sensible, Social"

- Sharpened criminal justice for drunken behaviour
- A review of NHS alcohol spending
- More help for people who want to drink less
- Toughened enforcement of underage sales
- Trusted guidance for parents and young people
- Public information campaigns to promote a new sensible drinking culture
- Public consultation on alcohol pricing and promotion
- Local Alcohol Strategies

And the objectives of the Youth Alcohol Action Plan

- Stopping young people drinking in public places
- Taking action with the industry on young people and alcohol
- Developing a national consensus on young people and drinking
- Establishing a new partnership with parents
- Supporting young people to make sensible decisions

## **Alcohol Related Harm: Local Profile**

A local profile will be built up using the findings from the safe & sound Strategic Assessment, and the Alcohol Joint Strategic Needs Assessment,

The profile will include: -

- Alcohol related crime hotspots
- Alcohol Related Violent Crime
- Domestic Abuse where alcohol is a contributory factor
- Alcohol related Ambulance call-outs
- Morbidity rates for alcohol related conditions- including demographics
- Estimates of hazardous, harmful and dependent drinkers
- Numbers in treatment
- Perceptions of alcohol-related problems

## **Health**

An alcohol health needs assessment was undertaken in 2006 and the epidemiology has been refreshed, incorporating more recent data for this strategy. This has been produced as a local alcohol health profile for Dudley and some of the key points are presented here. The alcohol service provision was mapped and updated but there needs to be a comprehensive service review of the tier two and tier three services using Models of Care for Alcohol Misuse as the standard.

Other work that has contributed to our understanding of the extent of the alcohol issue in Dudley have been a needs assessment of alcohol misuse in Halesowen, which was carried out at the request of the Halesowen cluster of GPs, and a commissioned piece of work using Social Marketing to help us identify the profile of the population that ends up being admitted to hospital as a result of alcohol related harm

For most of the indicators associated with alcohol related harm, Dudley is close to the regional and national averages or slightly higher. The exception to this is alcohol specific mortality in males and mortality from chronic liver disease, both of which are significantly worse than regional and national averages.

In Dudley in 2007/08 there were 119 deaths that were specifically caused by alcohol and many more where alcohol was a contributory cause. Admissions to hospital, directly or indirectly caused by alcohol, are a significant cost to the local health economy. The rate of alcohol related admissions to hospital for Dudley PCT residents has been increasing by approximately 22% per year for the last three years, which is one of the largest increases in the West Midlands region. The latest figures for 2007/08 show that there were 6392 episodes of hospital care relating to alcohol (some of these would be repeat admissions for some patients due to their condition). 175 young people under the age of 18 were admitted to hospital for alcohol related reasons. The figures do not take into account the number of people attending Accident and Emergency for treatment relating to alcohol misuse.

It is estimated that 17.7% of over 16's in Dudley are binge drinking on a weekly basis with a further 23.6% drinking at harmful or hazardous levels regularly. Although these figures are only slightly above regional and national averages they do equate to a potentially serious threat to the long term health of many Dudley residents, with middle-aged males between 45 and 64 most at risk. There are also health inequalities in the way in which mortality and morbidity associated with alcohol is distributed. The more deprived areas of the borough show the largest numbers of hospital related admissions and use of alcohol treatment services, but there may be other sections of the population drinking at harmful levels that are not being identified.

Alcohol has been chosen as a priority by the Community Partnership because of the higher rates of mortality and also an increasing trend of admissions to hospital for alcohol related causes. For the same reason it has been selected as a PCT key goal and its importance is reflected in the PCT's strategic plan. The rate of alcohol related admissions to hospital is higher than the regional average and has been increasing at a faster rate than our near neighbours. The rate of admissions was 773 per 100,000 in 2002/03 and this had more than doubled to 1739 per 100,000 by 2007/08. In addition to this the Partnership has recognised the impact alcohol misuse has on crime and disorder statistics and community safety. The target of reducing the rate of increase in alcohol related admissions by 2% per annum over the next three years has been jointly agreed as a challenging target to achieve.

#### Estimates of drinking

Estimates of hazardous, harmful and binge drinking in adults show that Dudley is close to regional and national averages with males between 25 and 44 drinking the most in all three categories.

	<b>Binge drinking</b>		<b>Hazardous drinking</b>		<b>Harmful Drinking</b>	
	<b>%</b>	<b>number</b>	<b>%</b>	<b>number</b>	<b>%</b>	<b>number</b>
<b>Dudley PCT</b>	17.7 (15.7,20.0)	43,465	18.4 (16.9,19.9)	45,253	5.2 (4.7, 5.8)	12,840
<b>West Midlands Region</b>	17.3 (16.3,19.6)	763,430	16.5 (16.8, 19.8)	770,333	5.2 (4.4, 5.4)	206,962
<b>England</b>	18.0 (17.4,18.6)	7,278,674	20.1 (18.4, 21.8)	8,027,474	5.0 (4.5, 5.6)	2, 010,856

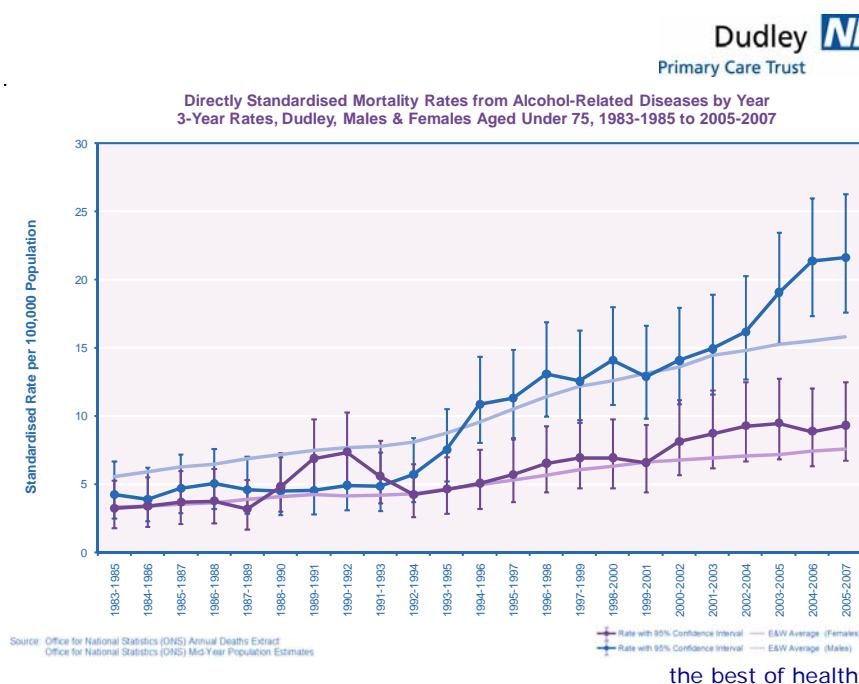
If this is further broken down into gender it shows that overall males drink more than females in all categories. However the age profile shows that binge drinking is more common in both genders under the age of 45 and that males aged 35-44 are more likely to be harmful drinkers.

Lye and Wollescote are estimated to have the highest percentage of harmful drinkers with 5% drinking regularly at harmful levels. Norton has the highest percentage of hazardous drinkers at 15.7% and 25.1% of the local populations of both Castle and Priory and Wollaston and Stourbridge are estimated to be binge drinkers.

## Alcohol Mortality

<u>Dudley 2007</u>	<u>Males</u>	<u>Females</u>
Alcohol specific mortality per 100,000	17.23	7.44
Number of deaths	84	35

More males died as a direct result of alcohol in 2007 than females. The mortality rate for alcohol attributable causes was also higher in males in 2007 with rates of 47.6 per 100,000 compared to 16.5 per 100,000 for females.



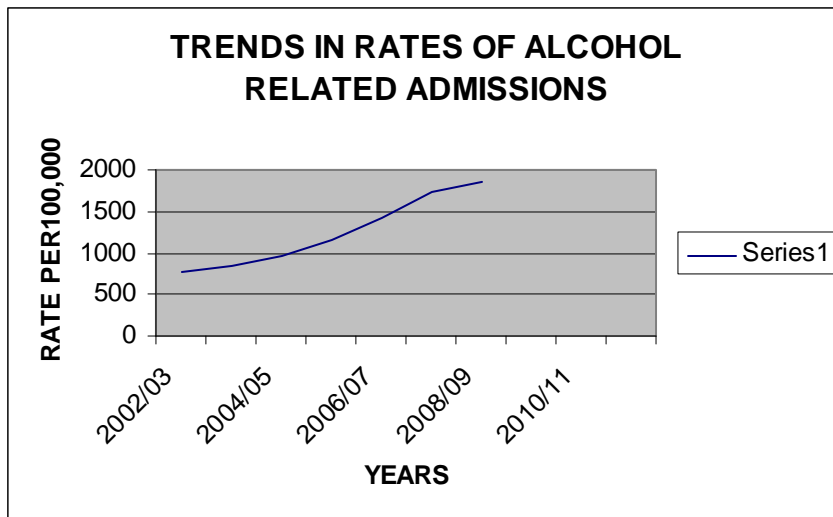
The mortality rates from alcohol have been increasing steadily over the last ten years and the gap between the genders is now very pronounced. The mortality rate for males is now higher than regional and national averages and is a real cause for concern.

## Alcohol related admissions to hospital

This is a complex target and is made up of both alcohol specific and alcohol attributable conditions that result in an episode of inpatient care. It has been chosen as an LAA target and is also one of the PCT's targets, reflecting the importance that the partnership places on reducing alcohol related harm in the borough.

Rates of alcohol related admissions per 100,000 population

YEAR	RATE	% CHANGE
2002/03	773	-
2003/04	853	10.4%
2004/05	957	12.2%
2005/06	1164	21.6%
2006/07	1427	22.6%
2007/08	1742	22.1%
2008/09	1857	6.6%



The rates of admissions to hospital have been showing a steady rise over the last six years with the years 2005 to 2008 showing annual increases of over 20%. The most recent provisional figures for 2008 show a smaller increase in the rate of admissions of just 6.6%, and there have been recent changes to the way the data has been collected which makes direct comparisons unreliable. However, the fact that alcohol related admissions are still increasing and alcohol mortality rates are above average for the population combine to make alcohol a key issue to address.

### **Crime and Disorder**

The safe & sound (Dudley's Community Safety Partnership) – Dudley Borough Strategic Assessment April 2009 provides comprehensive data and information in respect of crime, disorder and substance misuse.

The Strategic Assessment identifies key findings in respect of alcohol related crime and disorder particularly in respect of: -

- Alcohol related violent crime is highly concentrated in the major town centres and entertainment districts linked to the night time economy
- Alcohol related Anti-social Behaviour is concentrated in town centres during the weekend evenings through to the early hours
- Domestic Abuse – alcohol is a major contributory factor to domestic abuse, accounting for 35% of offences detected

Extracts from the Dudley Borough Strategic Assessment have been included in the Crime and Disorder Section of the Alcohol Strategy to give an overview of the harm caused by alcohol to individuals, families and communities in the context of crime and disorder.

## **Alcohol Related Violence (non domestic)**

Assault with less serious injury is a National Indicator (NI20) and has been adopted by Dudley as a NGLAA target. It is regarded as a proxy measure for alcohol related violence although it is acknowledged that it will include some offences with no alcohol element<sup>1</sup>.

This indicator encompasses the majority of recorded violent crime in Dudley, including Actual Bodily Harm. Temporal analysis for NI20 was examined and a clear link to night-time hours was observed with 64% of offences committed between **18:00hrs and 06:00hrs**. As a result of these early findings, it was decided that examining violence between these times would better reflect alcohol related violence in Dudley.

## **Geographical profiling**

The geographical profile of Alcohol Related Violence mirrors that of ABH identified last year. The dominant hotspot was Stourbridge Town Centre. This was followed by Merry Hill / Brierley Hill Town Centre and Dudley Town Centre. 30% of total 'Alcohol Related Violence' was concentrated in these 3 hotspots. 12% of offences alone were concentrated in the small area within the Stourbridge Ring Road.

## **Key Findings – Alcohol Related Violent Crime**

- Alcohol related violence remains highly concentrated in the major town centres and entertainment district linked to the night time economy in the Borough, notably Stourbridge Town Centre.
- Each town centre has its own individual temporal profile of ARV depending on the structure of the night time economy and the closing time of bars and clubs in the area (see Appendix 2.1)

Where the location of the offence was recorded, around half of ARV in Dudley took place on the street. After this, the most common location was in or outside a licensed premise (pubs, clubs and social clubs), accounting for 20% of offences. 14% occurred within a dwelling, and 4% in or outside a takeaway or fast food outlet.

## **Domestic Abuse**

The Strategic Assessment highlights that alcohol is a contributory factor to domestic abuse accounting for 35% of detected offences.

## **Sexual Assault Referral Centre (SARC)**

There are two SARCs in the West Midland Police Force area. One is in Walsall and the other in Birmingham, both of which are accessible to the victims of sexual assault, either by self reporting or by referral from the Police. This provision is currently being reviewed regionally to ensure equity of access for all victims of sexual assault, both male and female. There are

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<sup>1</sup> [www.countingrules.homeoffice.gov.uk](http://www.countingrules.homeoffice.gov.uk)

facilities at the Birmingham centre for the referral of child victims linked to Birmingham Children's hospital.

There are strong links between unintended pregnancies and the risk of the spread of sexually transmitted infections arising from excess alcohol consumption and there are links from the SARCS to GUM services and termination providers.

### **Youth Related Anti-Social Behaviour and Alcohol Misuse**

It is difficult to assess strategically the link between youth related ASB and alcohol. This is due to a failure in data recording, notably the significant under use of the WMP 'alcohol' qualifier a feature designed to obtain a more detailed view of the issues. Of all youth related ASB, just 8% was flagged as being alcohol related (621). A dip sample of logs indicates that this considerably under-estimates the true scale of the problem.

Where it is alcohol driven, Youth Related ASB refers to rowdy, drunken and disruptive behaviour, often by large groups of young people. This can escalate into violence and criminal damage. It may deter other community members from using public spaces and leaves a mark on the environment through damage and littering. It often occurs in parks/open spaces, car parks and outside local facilities such as off licences, youth clubs and community centres.

ASB outside off licences is often linked to underage sales. Whilst it is difficult for under 18s to buy alcohol in Dudley, sales do take place. In 2008, 13% of boys aged 14-15, and 14% of girls claimed to have bought alcohol from an off licence<sup>2</sup>.

### **Development of the 2010/11 Strategic Assessment**

Work is underway in respect of the 2010/11 Strategic Assessment. There are seven proposed Strategic Priorities these are: -

1. Improve trust and confidence in the safe & sound partnership
2. Improve town centre safety
3. Improving quality of life in key neighbourhoods
4. Tackle reoffending
5. Tackle offending by higher risk groups
6. Reduce repeat Victims
7. Strengthen partnership work to support access to treatment and services

These priorities have been identified following analysis based around the themes of Place, Offender, and Victims

In working to achieve these priorities the harm caused by alcohol misuse to individuals, families and communities will be reduced.

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<sup>2</sup> Schools Health Education Unit (SHEU) Lifestyle Survey with 12,796 Dudley School Pupils



## **Homelessness**

Alcohol Misuse is quite commonly a factor in people becoming homeless, for example as a cause or effect of relationship break down, part of domestic abuse or contributing to financial problems. Alcohol misuse contributes to people remaining homeless and being unable to re-establish a stable lifestyle.

## **CURRENT RESPONSES TO TACKLE ALCOHOL RELATED HARM**

Some of the current responses to tackling alcohol related harm within the Borough are detailed in this section of the Strategy. Further and fuller details can be found in the Joint Strategic Needs Assessment Document and the safe & sound Strategic Assessment 2009.

## **Health and Health Improvement**

### Primary Care Trust – Health Improvement Team

Prevention activities for alcohol misuse have been an underdeveloped area of work until 2008. A new community health improvement team was formed and an alcohol health improvement adviser was appointed as part of the new team. Key activities have been:

- A planned programme of alcohol awareness campaigns throughout the year, linking in with the government's Know Your Limits campaign and the West Midlands Big Drink Debate.
- Partnership working with police and trading standards on raising awareness of alcohol issues, underage sales and providing information to parents whose children have been involved in anti-social behaviour related to alcohol misuse
- A social marketing scoping exercise to understand the nature of alcohol misuse in Dudley. The recommendations of the report will form the basis of targeted interventions for 2009/10
- Development of an accredited training programme for community members to enable them to become skilled in delivering alcohol awareness training in their local communities.
- Introduction of a small grants scheme to enable users and carers to form self help groups and support networks and have access to small amounts of money to enable them to carry out their own activities.

Additional funding was made available to enhance existing services:

- Secure the alcohol arrest referral scheme which is seen as an example of good practice and has now been introduced in other areas
- Appoint an additional alcohol nurse specialist to provide brief interventions in A&E
- Support the rollout of brief interventions in Primary Care

- Training the healthcare workforce in early detection of problem drinking

**Priorities** – Action Plan – Health and Health Improvement Plan (pages 25 and 26)

- Alcohol awareness campaigns
- Information about units and sensible drinking limits are available in the main community languages on the council and PCT websites, and in key healthcare and community settings
- Increase awareness of alcohol in the workplace and ensure businesses are supported to develop alcohol policies
- Introduce regular alcohol health promotion sessions with employers and community groups
- Targeted interventions to reduce alcohol related admissions to hospital
- Small grants scheme to support user and carer groups
- Implementation of accredited community training course
- Implement of routine identification in Emergency Department of Russells Hall Hospital and provide brief advice to those identified
- Raise awareness of the links between alcohol misuse and mental ill health

The Community Health Improvement Programmes make links with the Sexual Health and Teenage Pregnancy Strategies to raise awareness and reduce risks

**Primary Care**

Primary Care is an important environment for accessing problematic drinkers and it is estimated that only 1 in 8 patients who are drinking at hazardous or harmful levels are currently identified.

The introduction of a Directed Enhanced Service (DES) for new patients registering with a GP, which assesses patients for alcohol misuse

**Priorities** – Action Plan – Early Intervention and Treatment (page 29)

Provide routine identification and brief advice in primary care through the introduction of a Locally Enhanced Service (LES)

Develop an alcohol register for patients in primary care

## **Specialist Treatment – Adults and Families**

### **Dudley & Walsall Mental Health NHS Partnership Trust**

Currently in Dudley treatment services are delivered by both the Statutory and Voluntary sector providing a wide range of interventions that span the four tiers as set out in Models of Care for Alcohol Misuse.

The statutory service provider is Dudley & Walsall Mental Health NHS Partnership Trust and it provides interventions that fall within tier three and four of Models of Care for Alcohol Misuse.

The service comprises of teams, which are, Acute Hospital Drug and Alcohol Liaison, Dual Diagnosis, Community Team, Home Detox Team (seconded to the voluntary sector provider) and Medical Team and deliver the following interventions:

- Medical interventions that include substitute prescribing
- Inpatient detoxification
- Home Detoxification
- Auricular acupuncture for outpatients
- Alcohol maintenance support group
- Yoga
- Referral and assessment for residential rehabilitation
- Behavioural family therapy
- Relapse prevention
- Cognitive behavioural therapy
- Service user group
- Production of Changing Times Magazine
- RCN Accredited Training delivered at Russells Hall Hospital
- Assessment and joint work with Community Mental Health Teams in respect of patients with dual diagnosis

### **Aquarius**

Aquarius is a Midlands based alcohol and drugs charity. The aim of the service is to reduce alcohol and drug related harm and to promote informed and responsible choices about the use of alcohol and other potentially addictive substances (Gambling) and behaviour.

As part of the local treatment system Aquarius provide a range of brief interventions and a range of services which seek to achieve a reduction in alcohol related harm and improvements in health and social functioning for people residing within the Dudley Borough appropriate to agreed tier/service delivery – stepped care

Provision includes: -

- Counselling
- Home Detox
- Acupuncture
- Psycho-social interventions
- Group work
- Work with families
- Tenancy Support
- Homelessness – Work with homeless individuals to reduce their drinking and improve access to appropriate services
- Work with Primary Care
- Alcohol Arrest Referral Scheme

**Priorities** – Action Plan – Early Intervention and Treatment (pages 29, 30 and 31)

- Review current specialist alcohol treatment services in light of MoCAM and the Review of the Effectiveness of Treatment for Alcohol Problems
- Reconfigure treatment provision where appropriate to ensure that an accessible integrated system of effective interventions is provided across the four tiers to meet local needs
- Review commissioning and performance management systems for all levels of alcohol intervention
- Involve service users and carers in the planning and delivery of alcohol services

### **Training Activity/Workforce Development**

The Drug and Alcohol Action Team currently provides: -

- Basic Drug and Alcohol Awareness Training (Tier 1)
- Drug and Alcohol Intervention Programme (Tier 2)
- Parental Substance Misuse (in conjunction with the Safeguarding Children's Board)
- Sorted Programme

This training meets the Drug and Alcohol National Occupational Standards (DANOS). The DANOS competences are relevant to everyone who is working to improve the quality of life for individuals and communities by minimising the harm associated with substance misuse.

**Priorities** – Action Plan – Early Intervention and Treatment (pages 29 and 30)

- Training needs assessment to assess number of all staff requiring training and number of programmes to be offered
- Training of healthcare workforce in early identification and provide brief advice

## **Reduction of Substance Misuse (Particularly Alcohol) by Young People**

### Children and Young People

To address the needs and issues that arise for children and young people living in Dudley there are a number of “initiatives” that are taking place. These are detailed in the Children and Young Persons Substance Misuse Plan and the Delivery Plan in respect of NI 115

#### **Universal**

Activities in schools are co-ordinated and delivered by Health Promoting Schools through school curriculum and after school activities these include:

- Personal social and health education to promote healthy lifestyles
- Alcohol Challenge (Year 6 pupils – part of Survive Alive)
- Various publications including YAP and GUMO
- Increasing parental knowledge in respect of alcohol and its effects on health and personal safety
- Development of the healthy college agenda

#### **Targeted**

- Theatre in Education – Drugs and Alcohol and Teenage Pregnancy and Alcohol
- Schools Drug Adviser provides support to Alternative provision e.g. Pupil Referral Units
- Time for Me Project – provided by Barnardos for children of substance misusing parent and carers

Substance Use is a golden thread throughout the 5 priority areas of the Targeted Youth Support Programme (Teenage Parents, Young Offenders, NEET, LAC, Disabilities)

#### **Young Persons Specialist Substance Misuse Treatment**

The Young Persons Specialist Substance Misuse Service provided by CRI and the service is known as the Zone.

- Comprehensive Assessment
- Harm Reduction
- Health
- Psychosocial Interventions
- Relapse Prevention
- Alternative Therapies
- Family work
- Referral to Positive Activities
- Service developments being explored e.g. the use of Cognitive Behaviour Therapy

## **Reducing Crime and Disorder**

### **Activity to tackle alcohol related crime and disorder including the night-time economy (NTE)**

A number of enforcement powers and initiatives have been implemented to address and tackle alcohol related crime including the following:

- Legislative powers including the Violent Crime Reduction 2006 Act and the Licensing Act 2003 (Alcohol Free Zones, Drink Banning Orders)
- Proof of Age e.g. Citizen Card
- Drink Banning Orders

### **West Midlands Police Service**

West Midlands Police Service undertakes specific initiatives that contribute to reducing the harm caused by alcohol Misuse to individuals families and communities. Some of these initiatives include

- Bottle Watch
- Operation Imbibe
- Drink Drive Campaigns e.g. Traffic Police summer and Christmas campaigns with breathalyser testing
- Regular visits to licensed premises
- Proxy Sales (with Trading Standards)
- Test Purchasing (with Trading Standards)

### **DMBC Licensing Section**

Licensing Section contributes to reducing the harm caused by alcohol misuse to individuals, families and communities in Dudley Borough by: -

- Enforcing conditions on Premises Licences, which have been attached to ensure the Licensing Objectives of the prevention of crime and disorder, public safety, the prevention of public nuisance and the protection of children from harm are met.
- Working in partnership with other responsible agencies to ensure that licensed premises are operating correctly within the law
- Working with partner agencies have introduced a Cumulative Impact Policy in Stourbridge Town Centre where there was evidence of alcohol related crime, which affected families and individuals and communities within the vicinity.
- Have worked with partner agencies to introduce a taxi marshal scheme in Stourbridge Town Centre to ensure that there is an efficient and swift dispersal of the public at the end of the evening.

- Working proactively on intelligence with partner agencies to prevent offences linked to licensed premises.
- Facilitating applications for reviews of Premises Licences
- Attending JAG meetings and taking an active role for example in the annual Christmas Alcohol Campaigns and the Beat Sweep initiatives.
- Working with the taxi trade to promote the advertising on taxis of 'Don't Drink and Drive' Campaigns and a recent campaign in relation to the consequences of excessive drinking.
- Attending Halesowen College Safety week with the police to advise young people of the dangers of the misuse of alcohol
- Issuing posters in relation to the dangers of drink driving and informing the public of local taxi firms.
- Alcohol Free Zones in town centers throughout the Borough

### **Offender Management**

It is important that Criminal Justice System partner's work together to ensure that those for whom alcohol misuse has contributed to their offending behaviour receive the appropriate sentence and intervention that will address their alcohol misuse as well as their offending behaviour.

### **Management of offenders subject to Community Orders and those on Licence**

There are several ways at present that the Probation Service is addressing alcohol misuse in respect of individuals, families and communities in Dudley:

- Staff can set offenders exercises and goals around their alcohol use.
- Supervise offenders subject to a Community Order with the Low Intervention Alcohol Programme
- Supervise offenders whose offending is linked to alcohol misuse who have been sentenced to a Community Order with the Offender Substance Abuse Programmes. This Programme helps offenders to explore what behaviours related to alcohol misuse they are prepared to change with the view that a change in their thinking will result in a change to their offending behaviour.

- Supervise dependent drinkers sentenced to a Community Order with an Alcohol Treatment Requirement. This Requirement is delivered by Aquarius who provide medical and detoxification treatment, whilst the Probation Officers deliver offence-focused work.
- Drink Drivers sentenced to a Community Order with the Drink Impaired Drivers Programme. This Programme seeks to educate individuals about how alcohol impairs driving, how they pose a risk of injuring themselves and others and how to get their licences back.
- The Dudley Probation District is currently piloting an Alcohol Programme with Telford Training Consortium. An alcohol tutor attends Probation Offices one day a week to deliver alcohol awareness sessions on a flexible basis, based upon each individual's level of need. The Programme also offers alcohol awareness training for Probation staff working with offenders. Some offenders may be referred to educate them and their families about alcohol units to promote a healthy lifestyle, even though their offence may not be linked to alcohol misuse. TTC can be viewed proactively as prevention being better than cure to keep individuals out of the Criminal Justice System

### **West Midlands Fire Service**

West Midlands Fire Service contribute to reducing the harm caused by alcohol misuse to individuals, families and communities through a number of initiatives in respect of the preventative agenda and the crime and disorder agenda.

- Contact with local communities e.g. through Home Fire Safety Checks (HFSC). HFSC allows the Fire Service access into individual's homes at which point advice is given on the dangers associated with excess alcohol consumption and personal/home safety
- Programmes delivered to young people have a healthy lifestyle and healthy eating emphasis. These support partnership aims of reducing drug and alcohol related harm. Specific programmes include Calamity Cottage, Safeside, ANR Obesity and Your Choice
- Packages are also delivered that address behaviours and their consequences. A key component of these packages is in respect of alcohol misuse. These packages are targeted at groups of people who are more likely to be involved in Road Traffic Accidents and Anti-Social Behaviour

### **Trading Standards**

- **Education and Advice-** To schools, retailers and trade bodies. The Service promotes Citizen Card (an accredited proof of age scheme) in schools and colleges, the No ID No Sale and Challenge 25 initiatives.
- **Social Responsibility Scheme-** The Service in partnership with the Police, Primary Care Trust and Local Authority Neighbourhood



Management teams have set up a scheme to promote and encourage 'ownership' of local problems associated with anti-social behaviour especially attributed to children and alcohol misuse. DPS's who join the scheme are given help and advice regarding legal obligations, training of staff and support from Neighbourhood Policing teams.

- **Test Purchasing** - The Service responds to all complaints relating to the illegal sale of alcohol to persons under the age of eighteen. Where appropriate evidence will be obtained by covert test purchase using underage volunteers.
- **Proxy Sales** - Complaints regarding Proxy sales (where an adult purchases alcohol for distribution to those underage) are becoming a cause for concern. Enforcement action is being taken in partnership with Police with funding from the Home Office.
- **Prosecution/Licence Review**- The Service has a duty to enforce the Licensing act 2003. In this role it acts as a responsible authority in the licence application process. Traders who persistently breach the law will be reported for prosecution. Alternatively where there is an admission of the offence a simple caution may be issued. Action may also be taken via the Licensing Committee to review the conditions of a traders licence to sell alcohol.
- **Safe and Sound Partnership Attending** Joint Activities Group meetings and taking an active role in Beat Sweep initiatives.

### **Activity to Tackle Anti Social Behaviour**

- ASB Case Conferences identify problematic individuals and through a multi-agency approach develop appropriate interventions to address these
- Case Work – through working with individuals provide support and sign posting e.g. those with alcohol problems are sign posted to Aquarius or the Zone
- Acceptable Behaviour Contracts – using a holistic approach to presenting ASB problems, ABCs are drawn up in respect of individuals to help address some of the underlying causes of anti-social behaviour. There are close working relationships with Youth Offending Service, the Zone (Young Persons Substance Misuse Service) and Dudley and Walsall Mental Health Partnership NHS Trust
- Members of the DMBC Anti-Social Behaviour Unit are members of the Positive Activities for Young People Steering Group. Part of the role of this group is to identify hot spot areas for a range of activities to take place to divert young people away from Anti-Social Behaviour and address underlying issues
- Development and co-ordination of activities e.g. Operation Stay Safe
- NI 17 Local Problem Solving groups – Links with Community Renewal and Trading Standards

## Safe and Sound Partnership Approach

- Intelligence led activities to respond to a particular problem
- Deployment of partnership resources e.g. Sherpa Cameras
- Monitoring of alcohol related crime and planned responses

Priorities – Crime and Disorder – Action Plan – Reducing Crime and Disorder (page 31 and safe & sound Strategic Assessment) (to be published 01/04/10)

- Conduct operational activities to reduce Crime and Disorder
- Tackle all aspects of night time economy violence
- Optimise media opportunities to reduce crime
- Address inequalities with regard to safety in key identified vulnerable neighbourhoods
- Prioritise domestic abuse repeat perpetrators
- Address offending by young adults
- Focus on those made vulnerable through issues with drugs, alcohol and/or mental health

## Working with Communities

### Community Renewal Team

The Community Renewal Team helps to facilitate better service delivery in those communities and neighbourhoods where services are not joined up.

The Community Renewal Team will look at how the Alcohol Strategy meets the needs of neighbourhoods and communities and inform the Alcohol Strategy Group of any improvements that the Team feels can be made to ensure effective services are delivered on the ground.

The Community Renewal Team work with partners to deliver specific initiatives e.g. the Social Responsibility Scheme, Street Pastor Scheme

### Housing Services (Provided through Directorate of Adult, Community and Housing Services - DACHS)

As a delivery partner DACHS contribute to reducing the harm caused by alcohol to individuals, families and communities in a number of ways. These include early intervention, reducing crime and disorder and contributing to economic wellbeing (by working with the CAB around income maximisation, debt prevention and mortgage rescues). Other specific initiatives include: -

## Tenancy Sustainment

Tenancy Sustainment Services support a number of people with alcohol misuse amongst their other issues. Homelessness presentations will be monitored in order to identify where alcohol misuse is a factor and appropriate sign posting and support will be offered to clients.

## Participation Development Team

The Participation Development Team has supported the development of Tenants and Residents Associations across council estates in the Borough and works closely with their umbrella organisation Dudley Federation of Tenants and Residents Associations to facilitate new opportunities for engagement. This network, together with the Council's own newsletter for tenants and residents will be used to promote key messages around alcohol misuse and provide tenants and residents with information in respect of local services

## Healthy Town Agenda

Links to be developed with the Healthy Town agenda (See action Plan page 32)

### Priorities – Early Intervention and Treatment Action Plan Page 32

- Equip staff to identify alcohol misuse issues in respect of Tenancy Sustainment Referrals and homelessness presentations to enable sign posting of clients and appropriate support

### Other

- Use of existing publications to promote key messages in respect of alcohol misuse and information in respect of local services

## **IMPLEMENTATION OF THE STRATEGY**

### **Strategic Framework for implementing the strategy**

Whilst the Alcohol Strategy Group will oversee the implementation of the Strategy there should be recognition that alcohol misuse is a crosscutting issue that impacts on a number of agendas and should therefore be adopted by the themed partnerships of the Dudley Community Partnership.

- Children's Trust
- Economic Development and Regeneration Partnership Board
- Health and Wellbeing Partnership Board
- Heritage culture and Leisure Partnership Board
- Strategic Housing and Environment Partnership Board

Safe and Sound is the themed partnership of Dudley Community Partnership, to which the Alcohol Strategic Group will be accountable to through the Substance Misuse Implementation Group

The Alcohol Strategy links to and supports other partnership strategies and plans, including:

- Community Strategy
- Community Safety Plan
- Health Improvement strategy
- Health Inequalities Strategy
- Homelessness Strategy and Action Plan
- Primary Care Strategy
- Domestic Abuse Strategy
- Children and Young Persons Plan
- Dudley Children's Trust Parenting Support and Family Learning Strategy
- Children and Young People's Substance Misuse plan
- Adult Drug Treatment Plan
- Improving Client Engagement Action Plan
- NGLAA – Delivery Plans
- Sexual Health Strategy
- Teenage Pregnancy Strategy
- Adult Mental Health Strategy

The Alcohol Strategy will be implemented through the Action Plan, which forms part of this Strategy and has been developed using the template from Safe.Sensible.Social

## **Conclusion**

The Alcohol Strategy demonstrates a significant amount of “activity” that is already in place in order to reduce alcohol related harm.

It is important that these activities and any future developments take place in a planned and co-ordinated way in order to maximise their benefits.

The implementation of the Alcohol Strategy relies very much on effective partnership working.

Partners, providers and service users have contributed to the development of this Strategy, which highlights its importance to those concerned with reducing the impact of alcohol misuse on individuals, families and communities.

The Strategy has been developed within existing funding streams and therefore is cost neutral. However, recent predictive modelling undertaken by the Primary Care Trust’s Public Health Manager indicates that it will be difficult to meet some targets within current investment.

## **Way Forward**

- The Alcohol Strategy Group will ensure that the Alcohol Strategy is implemented from 1<sup>st</sup> April 2010 and that a performance management framework is established to monitor its progress
- That opportunities for funding are explored in order to enhance provision
- The outcomes of Systems Thinking Project are taken on board to inform the future development of the “alcohol system”
- The Alcohol Strategy Group will explore links into the “Think Family” agenda
- The Alcohol Strategy Group will take on board any changes in legislation and feedback from national consultations
- The Alcohol Strategy will be refreshed during March 2011

## ACTION PLAN FOR IMPLEMENTATION OF THE STRATEGY (refer to MOC)

### Health and Health Improvement

Activity	Outputs and outcomes to be achieved	Lead Partner	Deliverable Date	Progress Check
Alcohol awareness campaigns	<ul style="list-style-type: none"> <li>• Three general awareness campaigns to improve knowledge of units and health risks of drinking to excess of the general population</li> <li>• Targeted campaign for under 25s on the health risks of binge drinking</li> <li>• Partnership Campaign e.g. Christmas Alcohol and Cocaine Campaign</li> </ul>	PCT (Public Health) + all partners	2010/11	
Information about units and sensible drinking limits are available in the main community languages on the council and PCT websites, and in key healthcare and community settings	<ul style="list-style-type: none"> <li>• Increase in awareness as measured by baseline lifestyle survey</li> <li>• Increase in number of places/services where alcohol information is available</li> </ul>	PCT (Public Health) + all partners	2010/11	
Increase awareness of alcohol in the workplace and ensure businesses are supported to develop alcohol policies	<ul style="list-style-type: none"> <li>• Ensure PCT, NHS Trust and Local Authority have up to date policies on alcohol in the workplace and monitor implementation</li> <li>• Establish baseline to reduce alcohol related absenteeism</li> </ul>	PCT (Public Health) + all partners	31/03/2011  31/03/2011	
Introduce regular	Develop and implement number of sessions held	PCT (Public	2010/11	

alcohol health promotion sessions with employers and community groups	Raised awareness measured by evaluation of sessions	Health) + all partners		
Targeted interventions to reduce alcohol related admissions to hospital	Awaiting outcome of social marketing study. The interventions may be campaigns or specific interventions e.g. access to brief interventions, community liver function testing etc.	PCT (Public Health) + all partners	2010/11	
Small grants scheme to support user and carer groups	A minimum of five groups to be supported per annum	PCT (Public Health) + all partners	2009/10 2010/11	
Implementation of accredited community training course	A minimum of 10 people trained and accredited to deliver alcohol awareness training to community groups	PCT (Public Health) + all partners	2010/11	
Healthy Towns	Park Rangers to undertake Tier 1 and Tier 2 Drug and Alcohol Awareness Training Further links between the Alcohol Strategy and the Healthy Towns agenda to be developed	DMBC/DAAT	2010/11	
Alcohol Misuse and Mental Health	Raise awareness of the links between mental ill health and alcohol misuse	PCT/DAAT	2010/11	

## Children and Young People (include in activities education in schools and colleges)

Activity	Outputs and outcomes to be achieved	Lead Partner	Deliverable Date	Progress Check
Theatre in Education	<ul style="list-style-type: none"> <li>Young People aware of the consequences of substance misuse</li> </ul>	David Kinnair (Health Promoting Schools)	On-going	Through the Children and Young Persons Substance Misuse Plan
Parents Evenings	<ul style="list-style-type: none"> <li>Parents and carers being aware of health issues for young people as a result of drinking alcohol</li> <li>Parents and carers being aware of how their behaviour impacts on their child's choices (hidden harm)</li> </ul>	David Kinnair (Health Promoting Schools)	On-going	Through the Children and Young Persons Substance Misuse Plan
Community Based Awareness Raising Sessions	<ul style="list-style-type: none"> <li>Community aware of the impact of alcohol misuse on individuals, families and communities</li> <li>Community know how and where to access services</li> </ul>	Roy Stokes (DAAT) Pardeep Gahlan (PCT)	On-going subject to funding	Through course evaluation And 6 monthly reports from the training database
Work outside of the Box	<ul style="list-style-type: none"> <li>Development of a Curriculum to ensure that consistent and on going messages are delivered to children and young people outside of the school setting</li> </ul>	Health Promoting Schools	To be reviewed	
Development of Healthy College agenda	<ul style="list-style-type: none"> <li>Healthy Colleges will follow a similar model to Healthy Schools. There will be an expectation of participants to address smoking, substance misuse, and sexual health amongst other health issues</li> </ul>	Mary-Joy Albutt (PCT)	2010/11	
Peer Education	<ul style="list-style-type: none"> <li>Peer education has a recognised evidence base for delivering educational messages to young people. Peer Education is currently being delivered through Respect Yourself</li> </ul>	Rachel Allen (Respect Yourself)	2010/11	Through the Children and Young Persons substance Misuse Plan
Positive Activities	<ul style="list-style-type: none"> <li>Increase self confidence, self esteem and</li> </ul>	Helen Ellis	2010/11	



		(Connexions) Amanda Grove Youth Service		
Workforce Development	<ul style="list-style-type: none"> <li>• Increased knowledge base of staff and clarity in respect of service provision/referral pathways. Increase in referrals to the Zone</li> <li>• Workforce development requirement in respect of core competencies – Children and Young Persons Workforce Development</li> </ul>	Roy Stokes (DAAT) and Partners  Audrey Heer	2010/11  2010/11	Quarterly Reports from the Training Database and feedback to partners and providers
Campaigns linked to the Department for Children School and Families national campaign	<ul style="list-style-type: none"> <li>• Raise Awareness of the impact of alcohol misuse</li> <li>• Delay the age at which children and young people start to drink and reduce the amount of alcohol consumed if they are already drinking</li> </ul>	Audrey Heer	2010/11  On going	Children and Young Persons Substance Misuse Group

## Early intervention and treatment

Activity	Outputs and outcomes to be achieved	Lead Partner	Deliverable Date	Progress Check
Implement routine identification in A&E and provide brief advice to those identified	<ul style="list-style-type: none"> <li>• Reduction in frequent attendees at ED (baseline to be set)</li> <li>• Reduction in alcohol consumption for patients given brief advice measured at 3 month follow-up</li> </ul>	PCT	2010/11	
Routine identification and brief advice in Primary Care	<ul style="list-style-type: none"> <li>• Alcohol register to be set up to establish baseline</li> <li>• Alcohol DES to be offered to interested GPs</li> <li>• Increase in referrals to alcohol services</li> <li>• Reduction in alcohol consumption for patients given brief advice measured at 3 month follow-up</li> </ul>	PCT	2010/11	
Routine identification and brief advice when people are arrested and in custody	<ul style="list-style-type: none"> <li>• Reduction in alcohol consumption for patients given brief advice measured at 3 month follow-up</li> <li>• Reduction in offending rate</li> </ul>	Arrest Referral Scheme  Lead Officer – Sue Haywood	2010/11	
Training needs assessment to assess number of all staff requiring training and number of programmes to be offered	Increase in number of staff trained	PCT – Commissioning /DAAT	2010/11	

Training of healthcare workforce in early identification and provide brief advice	<ul style="list-style-type: none"> <li>• Increase in skills and confidence of staff</li> <li>• Increase in numbers of harmful and hazardous drinkers identified and given brief advice</li> </ul>	PCT (Primary Care Commissioning)		
Review current specialist alcohol treatment services in light of MoCAM and the Review of the Effectiveness of Treatment for Alcohol Problems	<ul style="list-style-type: none"> <li>• Identify gaps, strengths and weaknesses in current provision</li> <li>• Outcome of review to determine future levels of service required to reduce waiting times and address unmet needs</li> </ul>	PCT/DAAT	2010/11	
Reconfigure treatment provision where appropriate to ensure that an accessible integrated system of effective interventions is provided across the four tiers to meet local needs	A treatment strategy and action plan is in place and implemented	PCT/DAAT	2011/12	
Review commissioning and performance management systems for all levels of alcohol intervention	Performance management and reporting systems in place	PCT/DAAT	2010/11	
Involve service	<ul style="list-style-type: none"> <li>• Service user and carer involvement</li> </ul>	PCT/DAAT	2010/11	

users and carers in the planning and delivery of alcohol services	<ul style="list-style-type: none"> <li>• Service users and carers are demonstrably involved</li> </ul>			
Improving the identification of alcohol misuse issues in respect of tenancy sustainment referrals and homelessness presentations	<ul style="list-style-type: none"> <li>• Better equipping of staff to respond appropriately</li> </ul>	Sian Evans DACHS	2010/11	<ul style="list-style-type: none"> <li>• Number of staff who have attend training</li> <li>• Number of clients sign posted to appropriate services</li> </ul>
Building Links with the Healthy Town agenda	<ul style="list-style-type: none"> <li>• Park Rangers to attend basic drug and alcohol awareness training</li> <li>• Appropriate information and advice to be available in “hubs” in respect of alcohol</li> </ul>	Liz Stuffins  Sue Haywood/Dean Hill/Liz Stuffins	2010/11	<ul style="list-style-type: none"> <li>• Number of staff who have attended training</li> <li>• Range of information provided</li> </ul>

## Reducing crime and disorder, including domestic abuse

Activity	Outputs and outcomes to be achieved	Lead Partner	Deliverable Date	Progress Check
Alcohol Arrest Referral Scheme	<ul style="list-style-type: none"> <li>Reduce alcohol related offending and improve health outcomes</li> </ul>	Aquarius Lead Officer –Sue Haywood	Ongoing – subject to funding	SLA Meetings
Taxi Marshalling Scheme	<ul style="list-style-type: none"> <li>Sustain funding for scheme to continue</li> </ul>	DMBC Licensing – Janet Elliott		
Pub Watch	<ul style="list-style-type: none"> <li>Develop effective links with relevant legislation and the “pub trade”</li> </ul>	West Midlands Police Service- Lead Officer - Ray Dawson	On going	
Social Responsibility Scheme	<ul style="list-style-type: none"> <li>Explore further role out of scheme</li> <li>Receive evaluation of scheme</li> </ul>	DMBC Trading Standards/ Community Renewal Team Lead Officer – Mike Chambers	2010/11	
Cumulative Impact Policy	<ul style="list-style-type: none"> <li>Ensure that cumulative impact is retained in Stourbridge</li> </ul>	West Midlands Police Service – Lead Officer to be confirmed	On going	
Test Purchasing	<ul style="list-style-type: none"> <li>On going test purchasing activity informed by intelligence</li> </ul>	DMBC – Trading Standards – Lead Officer – Mike Chambers	2010/11	
JAG	<ul style="list-style-type: none"> <li>Implement activities led by Intelligence</li> </ul>	DMBC – Community safety Team Lead Officer – Bob Dimmock	2010/11	

## Offender Management

Activity	Outputs and outcomes to be achieved	Lead Partner	Deliverable Date	Progress Check
Drink Impaired Drivers Programme	<ul style="list-style-type: none"> <li>Reduce drink drive offences (groupwork)</li> </ul>	Probation – Delivered by Aquarius Staff Lead Officer – Bronwen Elphick	Throughout the calendar year	Monthly – Probation District Management Team Meeting (DMT)
Low Intensity Alcohol Programme	<ul style="list-style-type: none"> <li>Reduce Alcohol related offences (groupwork)</li> </ul>	Probation – Delivered by Aquarius Staff Lead Officer – Bronwen Elphick	Throughout the calendar year	Monthly – Probation DMT
Offender Substance Abuse Programme	<ul style="list-style-type: none"> <li>Work with offenders where alcohol has contributed to their offending. Reduce offending and alcohol misuse (groupwork)</li> </ul>	Probation – Delivered by Aquarius Staff Lead Officer – Bronwen Elphick	Throughout the calendar year	Monthly – Probation DMT
Telford Training Consortium 2000	<ul style="list-style-type: none"> <li>1 to 1 work with offenders who may disclose problems with alcohol pre or post sentence. Input may be tailored to safer drinking/healthier lifestyles and/drink driving.</li> <li>Training sessions are also arranged for probation staff to acquire expertise in addressing alcohol use with offenders and also to educate them in leading healthier lifestyles themselves</li> </ul>	Probation – Delivered by TTC staff	Time limited due to funding	Monthly – Probation DMT
Alcohol Treatment	<ul style="list-style-type: none"> <li>1 to 1 work with drink dependant offenders</li> </ul>	Probation –	Throughout	Monthly Probation DMT

Requirement	who may require detox or other medical treatment over 4 sessions	Delivered by Aquarius staff Lead Officer – Bronwen Elphick	the calendar year	Meetings
Ensuring robust links with Drug Treatment Services	<ul style="list-style-type: none"> <li>• Workforce development – ensure that all Drug Intervention Programme Workers are trained and skilled to be able to deliver a brief intervention or signpost to specialist treatment those drug misusing offenders for whom alcohol is also a “problem”</li> <li>• Ensure that brief advice and information is delivered to those who receive a DIP Conditional Caution</li> </ul>	Cranstoun Drug Services  Lead Officer – Dee Russell	2010/11	SLA Meetings

## Bibliography

- Models of care for alcohol misusers (MoCAM)  
Department of Health/National Treatment Agency for Substance Misuse (2006)
- safe.sensible.social. The next steps in the National Alcohol Strategy  
Home Office, Department of Health, Department for Children, Schools and Families (2007)
- Youth Alcohol Action Plan  
Department for Children, Schools and Families, The Home Office, The Department of Health (2008)
- Signs for Improvement: Commissioning Interventions to reduce alcohol related harm  
(includes 7 High Impact Changes) (2009)
- Joint Strategic Needs Assessment
- Safe & Sound (Dudley's Community Safety partnership) Strategic Assessment  
April 2009



## Definitions

### Purpose of Models of care for alcohol misusers

*Models of care for alcohol misusers* (MoCAM) provides best practice guidance for commissioning and providing interventions and treatment for adults affected by alcohol misuse. It has been developed by the National Treatment Agency for Substance Misuse (NTA), with support from the Department of Health (DH). MoCAM is explicitly identified as a significant milestone towards achieving the second aim of the *Alcohol harm reduction strategy for England*, 'to better identify and treat alcohol misuse, and is a direct commitment in the *Choosing Health* White Paper.

### Hazardous drinkers

The World Health Organization (WHO) defines hazardous use of psychoactive substance, such as alcohol, as 'a pattern of substance use that increases the risk of harmful consequences for the user... In contrast to harmful use, hazardous use refers to patterns of use that are of public health significance despite the absence of any current disorder in the individual user.'

Hazardous drinkers are drinking levels over the sensible drinking limits, either in terms of regular excessive consumption or less frequent sessions of heavy drinking. However, they have so far avoided significant alcohol-related problems. Despite this, hazardous drinkers, if identified, may benefit from brief advice about their alcohol use.

### Harmful drinkers

The WHO International Classification of Diseases (ICD-10) defines harmful use of a psychoactive substance, such as alcohol, as 'a pattern of use which is already causing damage to health. The damage may be physical or mental.' This definition does not include those with alcohol dependence.

Harmful drinkers are usually drinking at levels above those recommended for sensible drinking, typically at higher levels than most hazardous drinkers. Unlike hazardous drinkers, harmful drinkers show clear evidence of some alcohol-related harm. Many harmful drinkers may not have understood the link between their drinking and the range of problems they may be experiencing.

### Moderately dependent drinkers

Moderately dependent drinkers may recognise that they have a problem with drinking, even if this recognition has only come about reluctantly through pressure, for example from family members or employers.

The level of dependence of drinkers in this category is not severe. For example, they may not have reached the stage of 'relief drinking' – which is drinking to relieve or avoid physical discomfort from withdrawal symptoms. This is a very broad category and includes a wide range of severities and types of problem. Nevertheless, in older terminology, drinkers in this category would probably not

have been described as 'chronic alcoholics'. Moderately dependent drinkers' treatment can often be managed effectively in community settings, including medically assisted alcohol withdrawal in the community. The choice of setting in each individual circumstance will depend on the range of accompanying physical, psychological or social problems, including risks posed to the drinker and risks to others from the drinker's behaviour. Some in this category will be identified as needing interventions more typically provided to severe or complex dependent drinkers.

### Severely dependent drinkers

People in this category may have serious and long-standing problems. This category includes individuals described in older terminology as 'chronic alcoholics'.

Typically, they have experienced significant alcohol withdrawal and may have formed the habit of drinking to stop withdrawal symptoms. They may have progressed to habitual significant daily alcohol or heavy use over prolonged periods or bouts of drinking.

Given adequate risk assessment and a comprehensive and intensive care plan, medically assisted alcohol withdrawal can safely be provided to many severely dependent drinkers in the home or in community settings. However, more drinkers in this category may be in need of inpatient assisted withdrawal and residential rehabilitation. Some may have special needs, such as treatment for co-existing psychiatric problems, polydrug dependence or complicated assisted alcohol withdrawal; others may need rehabilitation and strategies to address the level of their dependence, or to address other issues, such as homelessness or social dislocation. Some may have had multiple previous episodes of treatment. Some will respond to community interventions more typically successful when provided to moderately dependent drinkers.

### Drinkers with complex problems

Those with additional and co-existing problems, including people with mental health problems, people with learning disabilities, some older people, and some with social and housing problems, may be particularly vulnerable. They may have complex needs that require more intensive or prolonged interventions, even at lower levels of alcohol use and dependence. Complex problems may also include difficulties that have significant impact on others, such as domestic abuse, whether as victim or perpetrator.

## **Key Contacts**

- Aquarius  
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DY5 1RE  
  
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- The Zone  
27-29 Stone Street  
Dudley  
West Midlands  
DY1 1NT  
  
Tel: 01384 241440
- Substance Misuse Service Team  
Rose Cottage  
27-29 Hall Church Road  
Holly Hall  
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Provision of Interventions in respect of National Targets and Local Indicators  
Alcohol Misuse

**PSA 14 – Increase the Number of Children and Young People on the path to success (For further details see Children and Young Peoples Section of the Alcohol Strategy)**

- Provision of Young Persons Specialist Substance Misuse Service

**PSA 23 – Make Communities Safer**

Alcohol Arrest Referral Scheme

- The evaluation of the Alcohol Arrest Referral Scheme that was published in September 2009 demonstrates positive outcomes for key partners - namely Dudley NHS, DMBC and West Midlands Polices Service as well as for individual’s families and communities. Completion of the Alcohol Arrest Referral Scheme resulted in a 28% reduction in reoffending for the Cohort who were “tracked” for the Evaluation

**PSA 25 – Reduce the Harm Caused by Alcohol and Drugs**

- Provision of Alcohol “treatment”

**Campaigns**

- Alcohol Awareness Week – October 2009. Activities took place within G.P. Surgeries led by Aquarius, Russell’s Hall Hospital – led by Dudley and Walsall Mental Health (NHS) Partnership Trust and within Chief Executives Directorate led by the DAAT
- Christmas Alcohol and Cocaine Campaign (2009) to be repeated 2010

**Courses provided by the Drug and Alcohol Action Team**

- 42 Courses ran during 2009/10. These included Basic Drug and Alcohol Awareness Training (Tier 1) and Drug and Alcohol Intervention Programme (Tier 2). A programme is in place for 2010/11
- In conjunction with Safeguarding Children’s Board – delivery of Parental Substance Misuse Courses
- Developed Community Drug and Alcohol Awareness Raising Courses 2009/10 being implemented in 2010/11
- Refresher Course developed 2009/10 being implemented during 2010/11 for those who have been trained 2 years or more ago

**Enforcement Activity – DMBC Trading Standards and Licensing**

**NI 17 Perceptions of Anti-Social Behaviour (For further details see the Crime and Disorder Section of the Alcohol Strategy)**

**Operation Staysafe – Alcohol Misuse/ASB**

- Using Child Protection Legislation in “hot spot” areas where Operation Staysafe is running, young people are taken to a safe centre and their parents/carers are required to “collect” them.
- Whilst at the safe centre an assessment of the young persons needs is undertaken and referrals are made to appropriate agencies. Their parents/carers are interviewed separately. This initiative has been successful in reducing alcohol related ASB. Details of outcomes in respect of specific interventions with the young people and parents are awaited.

**NI 20 Assault with Less Serious Injury (For further details see the Crime and Disorder Section of the Alcohol Strategy)**

- Cumulative Impact Order – Stourbridge Town Centre
- Taxi Marshalling Scheme

**NI 39/VSC26**

- Appointment of an additional nurse specialist to provide Interventions and Brief Advice (IBA) in A and E
- Support the rollout of IBA in Primary Care e.g. Aquarius Workers working in key G.P. Surgeries
- Introduction of a Directed Enhanced Service (DES) for new patients registering with a G.P. which assesses patients for alcohol misuse
- Roll out of IBA training

**NI 115 – Substance Misuse By Young People (See Children and Young Peoples Section of Alcohol Strategy)**

- Activities in Schools co-ordinated and delivered by Health Promoting Schools (Universal and Targeted)
- Workforce development
- Work with children and young people of substance misusing parents and carers

# Tackling alcohol misuse in Dudley

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Dudley MBC and Dudley PCT

Jenny Treanor, Senior Performance Specialist  
April 30<sup>th</sup>, 2010



## Today's agenda

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- Background
- Scope and objectives
- Methodology
- Our conclusions
- The way forward



## **Background**

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- Alcohol related disease rates high and increasing
- Alcohol fuelled anti-social behaviour and crime a concern
- Use of alcohol by children and young people
- The impact of alcohol on individuals, families and communities



## **Scope and objectives**

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### **How do Dudley MBC and Dudley PCT work with partners to tackle alcohol abuse in Dudley ?**

We agreed to consider four issues :

- Partnership working
- Strategic vision
- Commissioning
- Performance management





## Methodology

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- Interviews with 16 senior managers, directors and elected members in key partner organisations
- Review of key documents and papers
- Comparison of findings to good practice
- Identification of good practice and areas for improvement



## Partnership working

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Key issue	Findings
Have all relevant partners been involved in developing the strategy ?	<ul style="list-style-type: none"> <li>• Strong and mature partnership</li> <li>• Good working relationships</li> <li>• All relevant partners involved (and engaged)                             <ul style="list-style-type: none"> <li>- Ambulance service less involved than other emergency services, but do now have key contact</li> </ul> </li> </ul>
Are all relevant partners committed to tackling alcohol abuse ?	<ul style="list-style-type: none"> <li>• Key partners very committed</li> <li>• Focus and impetus increased significantly over the last 12 months</li> <li>• DAAT, SMIG, CYP substance misuse group, Safe and Sound etc committed</li> <li>• Effective Alcohol Strategy Group</li> <li>• Excellent partnership working puts Dudley in a strong position to tackle the whole alcohol misuse agenda</li> </ul>



## Partnership working

Key issue	Finding
Are key partners able to demonstrate commitment at Board level to tackling alcohol misuse ?	<ul style="list-style-type: none"><li>•Driven by Board level commitment</li><li>•Shared target for reducing alcohol related admissions</li><li>•Alcohol strategy presented to relevant partnership groups and at Board and Cabinet level</li></ul> <p>This high level support and profile should increase the likelihood of resourcing and delivering the strategy</p>



## What is expected from a good strategy ?

- Based on an up to date needs assessment which takes account of the diverse nature and needs of the population.
- Able to clearly articulate agreed needs and priorities across the partnership – eg health, crime, by age, to include size or scope of the problem
- Include a clear action plan with measurable actions
- Have a clear performance framework in place with clear routes of reporting and accountability for taking action if progress is not being delivered
- Take into account national guidance on good practice ie is evidence based



## Strategic vision

Does the strategy ...	Findings
Analyse and understand the problem ?	<ul style="list-style-type: none"> <li>• Strategy is based on robust needs assessment</li> <li>• Problems in terms of health and crime are clearly analysed</li> <li>• Analysis by age, gender, geographical area</li> <li>• Additional work to understand profile of admitted patients undertaken</li> <li>• Service mapping carried out</li> </ul>
Articulate agreed needs and priorities ?	<ul style="list-style-type: none"> <li>• Key objectives defined as awareness raising, education, prevention, treatment and enforcement</li> <li>• Key outcomes listed</li> <li>• Clear identification of needs</li> </ul> <p>This clear analysis and articulation of priorities should ensure that the action plan is built on an up to date picture of need</p>



## Strategic vision

Does it	Findings
Take account of national guidance on good practice?	<ul style="list-style-type: none"> <li>• The strategy reflects national guidance</li> <li>• Not all recommendations from national support team visit are included in the strategy</li> </ul>
Plan actions with measurable outcomes ?	<ul style="list-style-type: none"> <li>• Action plan in place which identifies responsibility and reporting</li> <li>• 3 of the 4 key outcomes are supported by a range of actions</li> <li>• Economic wellbeing outcome no specific action plan</li> <li>• Not all outcomes (in the action plan) are SMART</li> </ul> <p>The strategy has a wide range of actions and outcomes which makes it clear how each key outcome will be achieved. This should help to ensure clarity about implementation. However further work is needed to make some SMART'er.</p>



## Strategic vision

Key issue	Findings
Are all key partners aware of and committed to deliver the strategy ?	<ul style="list-style-type: none"> <li>• Key leads aware and committed</li> <li>• High level of confidence to deliver</li> <li>• Development process contributed to commitment</li> </ul>
Is there clarity and understanding within key partnership organisations regarding the expected outcomes ?	<ul style="list-style-type: none"> <li>• Expected outcomes clearly articulated by interviewees</li> <li>• Both health and crime outcomes clearly understood.</li> </ul> <p>Having key partners aware of and committed to delivery of the outcomes within the strategy should facilitate its effective delivery</p>




## Commissioning


Key issue	Findings
Does the vision, which the partnership have, shape the commissioning of alcohol services ?	<ul style="list-style-type: none"> <li>• Interviewees were positive that the vision shapes commissioning</li> <li>• Interviewees mostly clear about accountability for commissioning</li> <li>• Good joint working on commissioning</li> <li>• Some concern about commissioning being carried out in different places</li> <li>• Concerns about capacity – review being carried out</li> <li>• Models of care and clinical pathways work ongoing</li> <li>• ‘Systems Thinking’ work may inform this</li> <li>• Resourcing may be an issue</li> </ul> <p>Commissioning decisions need to be driven by and support the strategic vision in order to ensure its delivery.</p>



## Commissioning

Key issue	Findings
Is the commissioning process based on analysis of reliable data about what is needed ?	<ul style="list-style-type: none"> <li>• Interviewees agreed that the commissioning process was based on reliable data.</li> <li>• Public health information is good. SMIG members positive about information base.</li> <li>• Information about A&amp;E attendance limited – but improving and ongoing work to address.</li> <li>• Information from ambulance service limited</li> <li>• DES and LES should improve information base further.</li> <li>• No commissioning plan with volumes</li> </ul> <p>Having a review of commissioning and developing a commissioning plan would make it explicit what capacity is needed at each level. This should then inform resourcing decisions</p> 

## Performance management

Key issue	Findings
Does the partnership have a robust approach to performance management in place ?	<ul style="list-style-type: none"> <li>• No overall alcohol specific performance management framework is in place</li> <li>• Strategy and outcomes are clear</li> <li>• Lines of reporting clear.</li> <li>• Responsibility within partnership clear.</li> <li>• Limited reporting via SMIG and CRIG to strategic board.</li> <li>• SLAs are performance managed.</li> </ul> <p>Some elements to support performance management are already in place, however..</p> <ul style="list-style-type: none"> <li>• many targets need to be made 'SMART'</li> <li>• need to agree local indicators</li> <li>• need to put an agreed PM framework in place</li> </ul> 

## Performance management framework



## Performance management

Key issue	Findings
Does the partnership have relevant and reliable data to enable it to performance manage alcohol related issues ?	<ul style="list-style-type: none"> <li>• Some information is available</li> <li>• Progress against NI39 tracked</li> <li>• Information collected via SLA monitoring</li> <li>• Lack of empirical data around unit costs and VFM</li> <li>• Need for more robust intelligence and data to evaluate the effect of work and inform resource allocation</li> <li>• Need to develop local measures and indicators to evaluate success</li> </ul> <p>There is a need for relevant and reliable data to inform PM in order that partners can be clear if the alcohol strategy is being implemented and can take the necessary action if not</p>

## Performance management

Key issue	Finding
Will the performance framework be able to demonstrate equity ?	<ul style="list-style-type: none"> <li>• Strategy has been equality impact assessed</li> <li>• Good awareness of diversity and equality issues</li> <li>• Need to ensure that the performance framework can demonstrate this</li> </ul>
Will the performance framework be able to demonstrate value for money ?  Eg quantify inputs (funding, workforce etc) vs outputs and outcomes	<ul style="list-style-type: none"> <li>• Interviewees aware that this is a key area for improvement</li> <li>• Need to ensure that the performance framework can demonstrate this.</li> </ul> <p>There is a need to build these issues into the performance framework in order to provide assurance to partners that the Strategy is delivering equity and value for money</p>



## Tackling alcohol misuse in Dudley – what needs to be improved ?

1. Undertake a review of commissioning for alcohol related services to ensure that this is being done as effectively and efficiently as possible
2. Develop a commissioning plan for tackling alcohol misuse. Identify what resources are required to deliver this
3. Develop and agree a performance framework to measure key outcomes from the alcohol strategy. This should include :
  - Local measures and indicators
  - Consideration of equality and diversity issues
  - Consideration of Value for Money
4. Try to engage the Ambulance service more in the alcohol prevention agenda

