

Warwickshire Alcohol Implementation Plan

**TACKLING
DRUGS
& ALCOHOL
CHANGING
LIVES
IN WARWICKSHIRE**

2014 – 2016

An Equality Impact Assessment on this policy was undertaken in October 2012 and will be reviewed in October 2015.

Joint Foreword

“For many people, alcohol can be something they enjoy with friends and family at home, at a local pub or restaurant, or at a social or recreational gathering. As well as contributing to social interaction and life, the alcohol industry plays an important part in enhancing the economy, supporting over 1.8 million jobs.

However, some people are not able to enjoy alcohol responsibly and the resulting alcohol-related crime, anti-social behaviour and high risk of chronic diseases are unacceptable and likely to be devastating for individuals, their families and the communities they live in.

The statistics around alcohol and violence are stark: in almost half of violent incidents, the victim believed the perpetrator was under the influence of alcohol, and a fifth of all violent incidents took place in or around a pub or club. In almost three quarters of domestic violence incidents the perpetrator had used alcohol prior to committing the offence. This kind of irresponsible and excessive consumption of alcohol imposes a significant and devastating cost on individuals, communities and society.

Alcohol-related healthcare costs in Warwickshire were an estimated £30.8m, equating to £70 per adult. We are concerned that harms to individuals and society as a whole may increase unless action is taken. There is strong evidence to show that for every £1 invested in specialist alcohol treatment, £5 is saved on health, welfare and crime costs.

This Alcohol Implementation Plan takes a partnership approach to tackling alcohol related issues from both a health and crime perspective and we encourage and applaud services to do all they can to support this and remain committed to improve the lives of Warwickshire residents who are affected by alcohol related problems.”



Dr John Linnane,
Director of Public Health Warwickshire County Council



Mr Ronald Ball,
Warwickshire's Police and Crime Commissioner

Introduction

The original comprehensive alcohol implementation plan was agreed by partners in Warwickshire in 2010. This plan was awarded the Alcohol Concern 'kitemark' for good practice. It was then refreshed again in 2012, based on the priorities within the new national alcohol strategy. This current refresh is version 3 of the plan.

In March 2012, the Government launched its new National Alcohol Strategy. This strategy sets out the Government's approach to turning the tide against irresponsible drinking.

Activity within the national strategy sits under three broad themes:

- Challenge and enforcement
- Health, treatment and recovery
- Education and prevention.

Alcohol-related crime is estimated to cost society £11 billion in England and Wales alone. Alcohol misuse also costs the United Kingdom economy an estimated £7.3 billion a year in lost productivity and costs the National Health Service in England an estimated £3.5 billion a year.

In the UK it is estimated that 2.6 million children are living with parents who are drinking at hazardous levels. Parental or carer drug or alcohol use can reduce the capacity for effective parenting. In particular the children of parents or carers who are dependent on drugs or alcohol are more likely to develop behavioural problems, experience low educational attainment, and be vulnerable to developing substance misuse problems themselves. Some children's health or development may be impaired to the extent that they are suffering or likely to suffer significant harm. The aim of all practitioners working with alcohol or drug users who have parental responsibility or children residing with them is to maximise opportunities for families with multiple needs to get timely, appropriate support. This cannot be done in isolation. Drug and alcohol services must work collaboratively with children's services to ensure that children who are affected by parental or others drug or alcohol misuse are kept safe from harm and have the support they need to succeed. Treatment provides a platform for alcohol dependent parents or carers, or those living with children, to stabilise their lives, which can have a positive impact on their families.

Through the Alcohol Strategy, published in March 2012, the Government is promoting proportionate and targeted action to reduce the costs and problems caused to society by irresponsible and excessive drinking without disproportionately affecting responsible drinkers. As the Strategy made clear, reducing the harms caused by alcohol is not only a matter of concern for Government; collective action is required by industry, local agencies and individuals.

Significant progress has been made under the previous plan; however there is still clearly more work to do. The previous strategy aimed to, and achieved, increased access and monitoring of treatment services and the alcohol agenda. However due to the current economic climate, with major restructuring of Public Sector organisations and reductions in funding, the priority of a current, refreshed plan, is to maintain the profile of the agenda and find innovative ways to deliver, protect and tackle alcohol related harm.

Warwickshire's BIG Conversation About Alcohol event was held on Friday 17th January 2014 with a variety of people attending, and participating from, the private, public and voluntary sectors and wider communities to review and refresh the Alcohol Implementation Plan. This refreshed implementation plan reflects both the direction of the national strategy and developments locally since the original plan was produced. It shows how agencies in Warwickshire will aim to tackle the harm caused by alcohol, with a focus on activity under each of the three themes above where significant value can be added through effective partnership working.

Outcomes

Warwickshire partners have agreed that the overall success of this plan will be measured through the achievement of a number of high level performance indicators. Systems are already in place to measure the following indicators:

- A reduction in the amount of alcohol-related serious violent crime
- A reduction in the rate of alcohol-related hospital admissions for both adults and under 18s
- An increase in the numbers of adults and young people successfully completing alcohol treatment
- A reduction in the percentage of young people drinking alcohol on most days.

Monitoring

The plan is designed to achieve co-ordination, integration and best value of alcohol harm reduction activities across the private, public and voluntary sectors and the wider communities. The specific detail of the actions within this plan will be monitored through the Drugs and Alcohol Management Group (DAMG). The lead agency (or, in a few cases, agencies) is listed for each action and this agency is responsible for co-ordinating the activity required to develop the strand of work and providing updates to the Drug and Alcohol Action Team (DAAT) in a timely fashion. These structures will ensure the robust monitoring of implementation and delivery of the strategy, enabling the DAMG to evaluate and review the effectiveness of activities. The actual implementation of many of the actions within this plan is likely to involve several partners, and a list of all the partner agencies signed up to the plan can be found at Appendix A.

This is principally a countywide action plan, with a focus on county level actions. Additional actions to be undertaken at a District / Borough level can be found in the Community Safety Partnership (CSP) Partnership Plans and specific action plans, which will be monitored at a local level. Please note that each action within the plan is identified with a letter and number to aid navigation.

Theme 1: Challenge and Enforcement

Action	Who – Lead Agency	Timescale and Comments	1 st Update	2 nd Update
<p>A1. Implement intelligence led policing operations to ensure appropriate provision in town centres during peak times for alcohol related violence.</p>	<p>Local Policing – Chief Inspector.</p> <p>Will link to Observatory who can contribute to analysis.</p>	<p>Ongoing from Summer 2014.</p> <p>The success of this action will be a reduction in serious violent crime. Early intervention and arrests for lower level violence may prevent more serious harm later in the evening.</p>		<p>Nuneaton Police operates an Enhanced Policing Initiative (EPI) in Nuneaton Town Centre every Thursday, Friday and Saturday night until 4am the following morning. This involves police officers, staff and members of the Special Constabulary. Patrols are targeted in and around potential trouble spots. Prior to each deployment officers and staff are provided with bespoke intelligence led briefings. This is to be regarded as business as usual.</p> <p>Other operations have taken place during the reporting period which included initiatives aimed at tackling alcohol related violence in Town Centres. Examples include Operation Stapleford which sought to address ASB and criminality in Bedworth Town Centre, Alcohol Awareness Week (Nov 2014), Operation Patchway - Nuneaton and Bedworth Town Centres and Operation Protect (26/03/2015).</p>
<p>A2. Undertake enforcement activity throughout the year to</p>	<p>Police – Road Safety</p>	<p>Ongoing from Summer 2014.</p>	<p>Ongoing.</p>	<p>Ongoing.</p>

<p>identify individuals involved in drink driving and take appropriate action against those caught over the limit.</p>		<p>Any driver involved in a collision (where Police are aware) is automatically tested for alcohol.</p>		
<p>A3. Manage and target local licensing issues based on intelligence via MALEM meetings. Develop evidence based action plans for the most problematic licensed premises in each area, as identified through multi-agency licensing meetings.</p>	<p>MALEM Partners, Police and Licensing.</p>	<p>Ongoing from Summer 2014.</p>	<p>Nuneaton and Bedworth MALEM continues to operate approximately every 6 weeks and any problem premises are identified and discussed with all responsible authorities. When any issue is highlighted, the appropriate action is considered and taken by the relevant enforcement body.</p> <p>Multi agency meetings are held approx. every 6 weeks. Premises are visited and targeted by officers as incidents occur. Evidence suggesting that breaches are occurring despite compliance visits will be the subject of the Review mechanism in accordance with the requirements of the legislation.</p>	<p>Regular MALEM meetings taking place.</p> <p>Special MALEM meeting to discuss Rivfest and events in general in regard to licensing Act review mechanism.</p> <p>Stratford DC continues to work with the police and other responsible authorities in a joint approach to enforcement. Representations and review applications are made where intervention is considered necessary. In line with the legislation, this authority will advise and review premises as circumstances dictate.</p> <p>Nuneaton and Bedworth MALEM continues to operate approximately every 6 weeks and any problem premises are identified and discussed with all responsible</p>

				authorities. When any issue is highlighted, the appropriate action is considered and taken by the relevant enforcement body.
A4. Establish a countywide framework to raise awareness of suitable and appropriate court disposals for those guilty of alcohol related offences.	Police and DAMG.	Ongoing from Summer 2014.		Proactive policy including Day in the life training event and joint enforcement visits.
A5. Work with licensed premises to ensure that they are aware of all their responsibilities under the Licensing Act via MALEM groups.	District and Borough Council Licensing Managers and MALEM Partners.	Ongoing from Summer 2014. Activity required will depend on the premise, but may include training to ensure all staff are aware of their responsibilities. Multi-agency licensing visits should be used to ensure all premises are complying with the conditions of their licence.	Work within the Nuneaton and Bedworth MALEM is ongoing all year round and licensing visits to check compliance are a continuing part of this. Also an Officer from the Licensing Services Team regularly attends the pub watch (BAND) meetings where any advice, support and guidance is regularly available for all landlords. Joint visits are conducted and compliance sought – on a reactive basis. Training events organised in conjunction with other external bodies to ensure knowledge is up-to-date and assist compliance. Where consistent breaches occur, the review mechanism will be implemented as required by the Licensing Act 2003.	Operation Protect, joint visits with Licensing Officers and Police to eleven licenced premises taken off MALEM list or Police intelligence, to determine compliance with Licensing Act 2003 conditions. Problematic premises are visited and its PLH or DPS advised accordingly. Joint visits are undertaken as required. Premises that continue to breach conditions or otherwise will be the subject of the review mechanism provided for in the Act.

<p>A6. Amend data recording mechanisms to enable intelligence to be gathered about alcohol related attendances at Accident and Emergency departments.</p>	<p>Hospital Trusts</p>	<p>Ongoing from Summer 2014.</p>	<p>Coventry and Warwickshire CCG: Working on a service specification and KPIs for alcohol liaison service established at UHCW last year. Will include the data recording as per above.</p> <p>UHCW: Implementation of a nationally recognised effective screening tool which is the Modified-Single Alcohol Screening Question (M-SASQ) which was adopted from the Alcohol Use Disorder Identification Test (AUDIT) in A&E for patients presenting with alcohol misuse conditions.</p> <p>Implementation of a stamp as a recording tool to record that screening has been done. This can also be used for audit purposes.</p> <p>Implementation of an electronic referral form that enables us to track how many referrals are coming into the Alcohol Liaison Service and where the referrals are coming from.</p> <p>The ALS has created a</p>	
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			<p>database that we record all the assessments that have been done in A&E and all other clinical areas.</p> <p>The appropriate use of ICD10 Codes for alcohol related admissions and attendances in A&E which promotes acute data collection and the relevant data capturing.</p> <p>Since July 2013, 131 referrals from A&E. 1200 referrals in total since July from across the hospital.</p> <p>6% reductions in alcohol related admissions, potential savings in bed costs of £32,400.</p> <p>Long term plan for ALS service; aim to screen all patients in A&E, aim to have a 7 day service, base the ALS in A&E and run daily clinics.</p> <p>558 referrals made to the Recovery Partnership from UHCW.</p> <p>Over 70% of A&E staff trained to deliver brief</p>	
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			<p>interventions using the M-SASQ and AUDIT assessment tool.</p> <p>A&E doctors induction training on screening for alcohol and referring patients (40-50% doctors trained – on rotation).</p> <p>Rugby GPs have been supported with templates to help collect data. Practice achievement data shared by Director of PH at CCG Governing Body.</p> <p>NHS Warwickshire North CCG: It was agreed at the Warwickshire North Partnership meeting to take this priority to the Urgent Care meetings between the GEH and CCG in the first instance.</p>	
A7. Undertake test purchase operations in on and off-licensed premises, focusing on those receiving a complaint or other intelligence. Target repeat sales.	Trading Standards	<p>Ongoing from Summer 2014.</p> <p>Fixed Penalty Notices issued to all individuals caught selling alcohol to under 18s. Follow up advice offered to premises to prevent repeat offences.</p>	<p>26 test purchases carried out. 1 sale made.</p> <p>Fixed penalty notice issued to seller, investigation of premises continuing.</p>	<p>38 test purchases carried out. 4 sales made.</p> <p>Fixed penalty notice issued to sellers, investigation of premises continuing.</p>

A8. Distribute information and literature about Challenge 25 and the illegality of proxy sales to priority on and off-licensed premises.	Trading Standards	Ongoing from Summer 2014. A condition is also placed on all new premise licences, requiring the premise to display information about age check 25.	17 visits carried out to premises to advise on age verification procedures. TS presentations made at the A Day in the Life working partnerships events in Stratford and Leamington Spa. Event for the licensed trade (networking, training and exhibition stand). Organised by the British Institute of Innkeeping, Institute of Licensing and Kings Chambers.	47 visits carried out to premises to advise on age verification procedures. 80 Licence applications reviewed to ensure appropriate age verification procedures in place.
A9. Utilise existing powers to prosecute and sentence those persistently selling alcohol to under 18s.	Trading Standards	Ongoing from Summer 2014. Problem premises to be targeted for test purchasing activity.	No persistently selling offences identified.	No persistently selling offences identified.
A10. Undertake work to promote Alcohol Diversion Scheme more widely and increase awareness amongst partners.	Police – Wayne Cooke, Recovery Partnership	Ongoing from Summer 2014.	Updated literature has been printed and distributed to the Police. Further work planned to increase awareness and update of the scheme. There is new ASB legislation	ADS slots are in place across all Warwickshire offices. We have a designated worker that delivers the program over 2 sessions.

			commencing on 20th October, the OPCC have been required to produce a list of actions to be used for Community Resolution. There is the opportunity for us to refer individuals to the Recovery Partnership / Alcohol Diversion Scheme as an action for Community Resolution were the minor crime or ASB is alcohol related. This is something you may want to discuss at the next meeting.	
A11. Rollout the Alcohol Diversion Scheme to include people arrested in the street and not taken into custody.	Police – Wayne Cooke, Recovery Partnership	Ongoing from Summer 2014.	A powerpoint briefing document has been produced for officers to move the scheme onto the streets. Awaiting a green light from the relevant agencies to go ahead and I will send it out to the local policing areas for dissemination. Once they've had the briefing they can start utilising it on the streets.	Ongoing.
A12. Maintain the use of effective Alcohol Treatment Requirements (ATRs), delivered as part of a Community Sentence.	Probation	Ongoing from Summer 2014.	Ongoing - proposals to courts/sentencing outcomes, and completions on target at end of August (most recent probation data). The split within probation (NPS/CRC) has had some impact on performance reporting - expected to be short term.	Ongoing. NPS responsible for making proposals to courts in reports; both NPS & CRC supervising offenders subject to ATRs. TRP have specific ATR workers who work closely with probation.

<p>A13. Provide information about all Drug and Alcohol sentencing options available with a balance of enforcement and support to all Magistrates' via training sessions.</p>	<p>Recovery Partnership and Probation.</p>	<p>Ongoing from Summer 2014.</p>	<p>TRP and Probation are currently looking at approaching the Magistrates to provide information on sentencing options.</p> <p>Ongoing. Split within probation resulting in the NPS writing reports and making proposals to courts, and having direct relationship with courts/sentencers. CRC meeting with RP to review delivery. Moving forward there will be a need to ensure CRC/RP representation within sentencer/court liaison meetings and forums, and NPS representation at RP review meetings. Current period of transition whilst CRC waiting to hear who new owners will be. Current plans are for new ones to be announced in November 2014, contracts signed by end of December 2014, and new owners in position by end of February 2015.</p>	<p>Training for Magistrates still not happened. NPS and CRC still going through changes and finalising processes.</p> <p>Sentencers are aware of availability of ATRs (contained in CRC Interventions Directory). Further Magistrates' briefing events by both NPS and CRC scheduled for May 2015.</p> <p>TRP have more presence in Nuneaton and Leamington justice centres. There is now a designated Criminal Justice team, whose sole role is to provide support to this cohort, particularly in cells where we are providing daily coverage.</p>
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<p>A14. Implement and run a number of educational campaigns and promotional activities warning of the dangers of Drink Driving on Warwickshire's roads.</p>	<p>Road Safety Warwickshire.</p>	<p>Summer & Winter</p>	<p>Develop a Christmas Drink Drive campaign in partnership with Safer Rds Partnership - beer mats/runners and posters for licensed premises (Nov/Dec 2014).</p>	<p>Create a campaign working group to tackle prescription drugs and driving (summer 2015).</p>
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Theme 2: Health, Treatment and Recovery

Action	Who – Lead Agency	Timescale and Comments	1 st Update	2 nd Update
B1. Provide effective and appropriate alcohol treatment, support and recovery services for both adults and young people.	DAAT, Recovery Partnership, Compass	Ongoing from Summer 2014.	TRP continuing to provide alcohol treatment & support for SU's including: structured group sessions, one to one psychosocial interventions, inpatient and community detox.	No change. The uptake of group sessions has increased and groups are now more established across sites.
B2. Provide effective alcohol treatment services for young people working with the Youth Justice Service, where this is appropriate.	Youth Justice Service	Ongoing from Summer 2014.	Ongoing.	Ongoing.
B3. Provide support, including a peer mentoring service, for alcohol treatment service users and their carers.	ESH Works and Recovery Partnership.	Ongoing from Summer 2014.	Referral pathway in place between TRP & ESH to provide further support.	<p>Referrals made from TRP to Peer mentoring service for service users and family to receive support. Joint pre-detox groups training now in place between both agencies.</p> <p>Referrals increased and mentoring programme well established. Numbers are monitored regularly at TRP and ESH management meetings to ensure there is continued focus.</p> <p>Referrals to ESH continue, with a designated ESH lead at Rugby to promote interagency referrals. More Recovery Champions and Volunteers are going</p>

				through TRPs training programme to aid support to service users in their treatment journey.
B4. Ensure GPs are appropriately supported to deliver the Identification and Brief Advice (IBA) section of the revised NHS Health Check and are aware of appropriate onward referral mechanisms to specialist alcohol treatment.	Public Health - Consultant in Public Health	Ongoing from Summer 2014.	<p>Coventry and Warwickshire CCG: Rugby GPs have been supported with templates to help collect data. Practice achievement data shared by Director of PH at CCG Governing Body.</p> <p>UHCW: The ALS has been involved with Rugby and Inspires GP nurse forums and encourages the importance of screening and using the opportunity of the NHS health checks to deliver Brief Interventions.</p> <p>Teaching GP nurses to deliver effective BI.</p> <p>Promoting the referral pathway used in the hospital from acute into secondary specialist services (Recovery Partnership). Having a Recovery Partnership In-reach team that can assess identified alcohol dependant patients whiles their still an inpatient and giving out a follow-up appointment before discharge</p>	Ongoing.

			<p>to ensure a smooth transition into community services.</p> <p>GP practice nurses given literature of who, where and how to refer the appropriate patient.</p> <p>Re-enforced the importance of screening and delivering brief intervention in G.P. surgeries using the opportunity when conducting the NHS health checks. (Rugby and Inspires practice nurse forums).</p> <p>Public Health Warwickshire: All GP's have signed up to deliver NHS Health Checks.</p> <p>All GP's who attend the point of care testing receive a resource pack which contains alcohol advice and an audit c tool.</p> <p>52 GP surgeries offer point of care testing, 24 don't, but all have been offered the resources.</p> <p>Use of the audit c tool is a compulsory part of NHS Health Checks.</p> <p>Part of the resource pack is</p>	
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			<p>made up of detail of organisations and programmes people can be referred onto and guidance on how to access drink aware resources.</p> <p>NHS Warwickshire North CCG: The link to the training has been shared with colleagues through the members area of the CCG website.</p>	
<p>B5. Roll out IBA for alcohol to all mainstream services through the 'Making Every Contact Count' (MECC) programme designed to improve unhealthy lifestyles.</p>	<p>Public Health – Consultant in Public Health</p>	<p>Ongoing from Summer 2014.</p>	<p>C&W CCG: MECC included in KPIs in contracts as advised by PH.</p> <p>Clinical areas identified in the training plan on numbers of staff to be trained will be monitored against.</p> <p>Evaluate the impact of MECC roll out on patients using existing patient experience survey/method by including the following lifestyle question to be confirmed by Public Health by 1st April 2014. Patient experience question to be issued to a representative cross section of patients from the agreed priority areas in September 2014 and March 2015.</p> <p>Evaluate the impact of MECC</p>	<p>Ongoing.</p>

			<p>training on staff via a brief annual staff survey. Agree revised methods for issue of staff survey. Issue to 20% of staff trained with a minimum 60% response rate be completed by 31/8/14.</p> <p>C&W Partnership Trust: MECC training figures: 2011-12 60 2012-13 393 2013-14 433 2014-15 1416 Total 2302</p> <p>MECC training is being incorporated into statutory and mandatory training day.</p> <p>UCHW: ALS works closely with MECC within the hospital.</p> <p>Identifying link nurses within the clinical areas that can promote MECC and roll out IBA training to other clinicians.</p> <p>The ALS has also been working with other services in the community such as Aquarius (Service User involvement) to roll out IBA to those areas that come in contact with the members of the general public.</p>	
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			<p>ALS has trained over 70% of A&E staff on how to deliver brief interventions.</p> <p>Public Health Works: MECC is offered as an e learning module through WILMA, WCC internal e learning portal. Alcohol is included in this training.</p> <p>MECC offers face to face open training for individuals and also provides training for groups of staff.</p> <p>Staff taking part in MECC training receives a resource pack containing signposting information to alcohol and lifestyle services.</p> <p>The Health and Wellbeing Portal contains details and links to organisations offering alcohol services to support referrals.</p> <p>MECC literature contains the link back to the HWB portal.</p> <p>NHS Warwickshire North CCG: MECC has been included in the CCGs Commissioning Intentions and is in an element of the quality schedule within</p>	
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			the GEH contract which is monitored by public health.	
B6. Ensure appropriate links are in place between treatment services and the Integrated Offender Management (IOM) scheme, to enable all offenders with alcohol misuse issues to access appropriate treatment.	Recovery Partnership – Criminal Justice Team Leader, IOM Co-ordinator	Ongoing from Summer 2014. Drugs and alcohol has been identified as one of seven pathways required to break the cycle of reoffending in the Warwickshire Reducing Reoffending Strategy. Intensive outreach will be required with some offenders to (re)engage them in treatment.	Links have strengthened between TRP and IOM scheme. More effective joint work has started to proactively engage prolific offenders in Warwickshire.	Links are in place and working well in the North of the county. Recruitment taking place at TRP for IOM lead to increase partnership working in the South.
B7. Raise awareness of young people's treatment services in schools, academies, colleges, GPs and pharmacies.	DAAT, Compass	Ongoing from Summer 2014. All available opportunities (Alcohol Awareness Week, Alcohol and Pharmacy Week etc) utilised to promote services as widely as possible.		Ongoing – all available avenues are used to promote and raise awareness of young people's services.

<p>B8. Extensively promote the adult treatment service to all partners, to ensure practitioners are aware of referral routes for clients requiring specialist support.</p>	<p>DAAT, Recovery Partnership</p>	<p>Ongoing from Summer 2014. All available opportunities utilised to promote services as widely as possible. Services to be promoted to and through agencies that may not previously have received information including; libraries, Children's Centres, cafes and hostels.</p>	<p>Updated literature has been distributed to partners; information sessions have been held at sites to promote the service that TRP offer; regular newsletter is emailed to key stakeholders with regular updates, partners have attended team meeting and TRP have reciprocated. We have provided training for 339 partnership staff in Warwickshire.</p>	<p>Promotion to other professionals continues throughout the county. Lead roles for project workers for all major partnership agencies in Rugby. Promotes closer working with children's/adult services, MARAC, Stonham, Job Centre Plus, ESH etc. Promotes referral pathways and enhanced interagency communication.</p>
<p>B9. Ensure that all treatment services are offered are in accordance with current NICE guidelines.</p>	<p>Recovery Partnership, DAAT</p>	<p>Ongoing from Summer 2014. This can be monitored in a number of ways such as constant monitoring and review through Clinical Meetings, Audits and CCQ Inspections.</p>	<p>This continues to be the case, evidence provided by numerous self audits that have been completed against NICE Guidance along with CQC inspection reports and internal audit processes.</p>	<p>As before. Internal audit completed, awaiting written report however verbal feedback positive. All managers attended updated CQC training and aware of changes in this area. Internal audits continue within the organisation and any learning points are addressed within a timely manner.</p>
<p>B10. Ensure that appropriate care pathways are in place between treatment services and mental health providers for clients with a dual diagnosis.</p>	<p>Recovery Partnership, CWPT and Service User Involvement Agencies.</p>	<p>Ongoing from Summer 2014.</p>	<p>This is currently in process of being signed off, it will then be communicated throughout TRP.</p>	<p>Awaiting date for partnership launch. Good referral process in place between TRP and St Michaels. Team Leaders are taking</p>

				dual diagnosis lead to enhance joint working and TRP/CMHT joint assessments.
B11. Ensure that appropriate support is made available to families with drug or alcohol problems as identified through the Priority Families initiative.	Recovery Partnership, ESH and Priority Families.	Ongoing from Summer 2014.	Support is available, referral pathways are in place between TRP and ESH, stronger links to be built with the priority families' initiatives.	<p>As before. Attendance from TRP to Priority Families event will strengthen links.</p> <p>Ongoing initiatives by ESH to promote and publicise family support, including supermarket community boards where there has been success in increasing referrals. New family support material also being given to clients at first RP worker meetings for family members.</p> <p>TRP staff are promoting family service users by referrals to ESH.</p>

<p>B12. Identify cases where drug and alcohol use is becoming intergenerational across families and liaise with relevant services to ensure that all family members are appropriately supported.</p>	<p>Recovery Partnership, ESH, Compass and Priority Families.</p>	<p>Ongoing from Summer 2014.</p> <p>Links with ESH Works and floating support provider for alcohol users, as well as wider family support services, will be crucial to ensuring the successful implementation of this action.</p>	<p>Yet to be started.</p>	<p>TRP continues to promote partnership working with services around priority families.</p>
<p>B13. Ensure that all services commissioned by WCC adhere to local Safeguarding Protocols and must work collaboratively with children's services to ensure that children who are affected by parental or others' drug or alcohol misuse are kept safe from harm and have the support they need to succeed.</p>	<p>DAAT, Recovery Partnership, ESH, Independent Living Service, Compass, Priority Families and Children's Services.</p>	<p>Ongoing from Summer 2014</p>	<p>All protocols followed; annual training in place within TRP, more training being identified for staff to increase knowledge in this area. Staff work collaboratively and attend meetings when required.</p>	<p>All protocols followed; annual training in place within TRP, more training being identified for staff to increase knowledge in this area. Staff work collaboratively and attend meetings when required.</p> <p>Safeguarding leads in TRP sites – supports other staff and development of newer staff competencies in safeguarding issues. Rugby TRP staff are all due for CAF training/refreshers.</p>
<p>B14. Undertake work with siblings of young people who offend, exploring a range of issues including substance misuse with the aim of breaking the cycle of offending.</p>	<p>Youth Justice Service, Compass and Priority Families.</p>	<p>Ongoing from Summer 2014.</p>		

<p>B15. Provide arrest referral services in Police custody suites at busy times to ensure individuals requiring alcohol treatment are identified at an early stage within the criminal justice system.</p>	<p>Recovery Partnership – Criminal Justice Lead.</p>	<p>Ongoing from Summer 2014.</p>	<p>Arrest referral service continues, current processes being reviewed.</p>	<p>Meetings have taken place between TRP and Police Custody Inspector to review and agree referral process in cells to increase the numbers identified and that enter treatment.</p> <p>TRP provides daily ARW service in both Nuneaton and Leamington.</p>
<p>B16. Continue to implement the Substance Misuse and Fire Protocol and monitor delivery to ensure effective two-way referral processes are in place.</p>	<p>Recovery Partnership, Fire and Rescue</p>	<p>Ongoing from Summer 2014.</p>	<p>Referrals between agencies still remain low; work ongoing to improve this.</p>	<p>Protocol in place. Work required to promote this further within the teams e.g. fire service to attend team meetings to promote their service.</p>
<p>B17. Implement regular Employability Workshops to improve and review employment outcomes for drug and alcohol service users.</p>	<p>DAAT and ILS to co-ordinate.</p>	<p>Ongoing from Summer 2014.</p>	<p>The DAAT co-ordinate quarterly employability forums to push this agenda forward.</p>	<p>Work still ongoing.</p>

Theme 3: Education and Prevention

Action	Who - Lead Agency	Timescale and Comments	1 st Update	2 nd Update
C1. Develop a rolling programme of alcohol awareness campaigns targeting key groups.	DAAT	<p>Ongoing from Summer 2014.</p> <p>Delivery mechanisms appropriate to the target audience for each campaign need to be utilised. Initial campaigns could focus on:</p> <ul style="list-style-type: none"> - Young people (under 18s) - Young adults (18-25) - Pregnant women and those trying to get pregnant - Parents - High risk drinkers - Appropriate migrant communities (information needs to be available in a variety of languages) - Prevention of drink driving (jointly with Road Safety). - Learning from any campaigns proven to work elsewhere to be incorporated 	Ongoing through a variety of media.	Ongoing through a variety of media.

		into the Warwickshire information.		
C2. Utilise all available opportunities to highlight the links between alcohol and domestic abuse, using both local and national resources.	Warwickshire County Council, Domestic Abuse Manager	Ongoing from Summer 2014, utilising available local and national materials.		This is being done as part of the Alcohol Concern Blue Light Pilot to look at the links between Domestic Abuse and Treatment Resistant Drinkers.
C3. Promote healthy lifestyle messages locally.	DAAT	Ongoing from Summer 2014, utilising available national materials. Messages to be made relevant to Warwickshire where appropriate and promoted via social media and incorporated into local campaigns.	Ongoing using a variety of media, particularly Blogs and Tweets.	Ongoing using a variety of media, particularly Blogs and Tweets.
C4. Explore and promote opportunities for delivering key messages about alcohol to young people.	DAAT and Compass	Ongoing from Summer 2014. Explore and promote opportunities for delivering key messages about alcohol to young people. A variety of events, school health and wellbeing events, Leamington peace festival, colleges fresher's fair, Alcohol Awareness week, etc.	Compass and TRP regularly attend Fresher's Fairs, YTYC events and contribute to Alcohol Awareness Week.	Compass and TRP regularly attend Fresher's Fairs, YTYC events and contribute to Alcohol Awareness Week.

C5. Circulate information about alcohol to parents and promote this as appropriate throughout the year.	Compass in partnership with Family Information Service.	Ongoing from Summer 2014.		
C6. Increase the total number of young people receiving brief advice on substance misuse.	Compass	Ongoing from Summer 2014.	This is one of the PBR indicators for Compass.	This is one of the PBR indicators for Compass – ongoing.
C7. Work with universities and further education colleges to raise awareness about the risks of excessive alcohol consumption.	DAAT, Recovery Partnership and Compass	Ongoing from Summer 2014. Possible methods of engagement include: Freshers' Fairs Recruitment of student 'champions' to promote key messages to their peers Online debates. Engagement with student unions	Attendance at Fresher's fairs took place in September, looking at working closer with welfare services and student unions to increase awareness.	Links made with Warwick University and regular attendance at university agreed to increase awareness. Outreach lead at Rugby liaising with local college for education/assessment provision.
C8. Provide alcohol awareness training to targeted professionals from a range of partner agencies, including health trainers and those working with young people.	Recovery Partnership and Compass	Ongoing from Summer 2014. Sessions to be tailored to meet need. Links into MECC agenda.	We have met with Warwickshire COMPASS to suggest a joint training package that is currently running successfully. 132 practitioners have attended training in Q1.	A variety of professionals have attended training including a number of army recruits raising awareness of substances and the effects. A further 234 people trained between November 14 and End March 15. We have generic and bespoke training packages and have delivered to social care and health staff across

				Warwickshire, also having provided training to Warwickshire College staff at the Rugby site.
C9. Update and distribute the 'Guidance for practitioners working with young people using the Alcohol Concern alcohol' toolkit.	Compass	December 2014.	Action discharged due to sickness at Compass.	Action discharged – to be reviewed.

Actions relating to the implementation plan as a whole

Action	Who – Lead Agency	Timescale and Comments	1 st Update	2 nd Update
D1. Regularly report work to reduce alcohol harm to the Health and Well-Being Board, Clinical Commissioning Groups (CCGs), Safer Warwickshire Partnership Board (SWPB) and Police and Crime Commissioner (PCC).	DAAT	Ongoing from Summer 2014.	Alcohol updates are completed regularly and fed back to meetings.	Ongoing.
D2. Review and consider other nationwide best practice schemes, initiatives and strategies, e.g Ipswich Reducing the Strength Initiative and if a similar need is identified consider adopting/adapting for Warwickshire.	DAAT	Ongoing from Summer 2014.	Best practice initiatives are regularly reviewed and considered.	Ongoing.
D3. Respond to Government consultations when published.	DAAT to coordinate	Responses developed and submitted to meet deadlines for each consultation.	Responses developed and submitted to meet deadlines for each consultation.	Ongoing.
D4. Share information as appropriate, within the principles of the Warwickshire Information Sharing Charter, to enable effective services to be delivered.	DAAT to coordinate	Ongoing from Summer 2014. All partners to ensure that the principle of appropriate information sharing is embedded within their organisation.	Ongoing.	Ongoing.

Completed Actions from the Previous Plan

Action	Who – Lead Agency	When	Comments
Undertake an assessment of the extent to which alcohol-related violence and anti-social behaviour occurs in Warwickshire's hospitals.	Warwickshire Observatory	Report presented to DAMG January 2013	
Implement the Alcohol Diversion Scheme in Warwickshire.	Police – Head of Incident Resolution, DAAT and Recovery Partnership	March 2013	
Develop the use of effective Alcohol Treatment Requirements (ATRs), delivered as part of a Community Sentence.	Warwickshire Probation Trust - Assistant Chief Executive (Interventions)	April 2013	
Explore the potential to provide information about ATRs to Magistrates via brief training sessions.	Recovery Partnership – Criminal Justice Team Leader	April 2013	
Develop, approve and implement an alcohol pathway between Warwickshire hospitals, Compass and school nurses.	Compass	September 2013	
Work with children and family services to develop and implement a substance misuse and safeguarding joint working protocol.	DAAT	April 2013	

<p>Re-launch the Substance Misuse and Fire Protocol and monitor delivery to ensure effective two-way referral processes are in place.</p>	<p>Recovery Partnership, Fire and Rescue</p>	<p>Relaunched December 2012</p>	
<p>Develop housing related support provision that enhances recovery and rehabilitation.</p>	<p>Supporting People</p>	<p>The Independent Living Service started on 1st April 2013 and the service is delivered by Swanswell.</p>	

Appendix A

The following agencies have committed to working in partnership to deliver the actions within this implementation plan:

- Warwickshire County Council
- Office of Police and Crime Commissioner for Warwickshire
- Public Health England
- Public Health Warwickshire
- Warwickshire Police
- Warwickshire Probation Trust
- Warwickshire Youth Justice Service
- North Warwickshire Borough Council
- Nuneaton and Bedworth Borough Council
- Rugby Borough Council
- Stratford District Council
- Warwick District Council
- The Recovery Partnership
- COMPASS
- ESH Works
- University Hospitals Coventry and Warwickshire NHS Trust
- South Warwickshire NHS Foundation Trust.
- Blue Sky Centre
- Open Hands Coventry
- Warwickshire Fire and Rescue Service
- Tophill Support Services
- Swanswell
- Alcohol Concern
- SMMGP (Substance Misuse Management in General Practice)
- Coventry Cyrenians Warwickshire Team
- Together
- Fry Housing Trust

- Warwickshire County Council Road Safety
- Warwickshire County Council Trading Standards
- Warwickshire County Council Family Information Service
- Warwickshire Association of Youth Clubs
- West Midlands Ambulance Service
- Chapter 1
- Age UK
- Ubique Partnerships
- Doorway
- Job Centre Plus
- Home Group
- Stratford Street Pastors

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<http://www.alcoholconcern.org.uk/campaign/alcohol-harm-map>

<http://www.nta.nhs.uk/families.aspx>

<http://webarchive.nationalarchives.gov.uk/20130401151715/https://www.education.gov.uk/publications/eOrderingDownload/Think-Family.pdf>

Manning, V et al (2009) New estimates of the number of children living with substance misusing parents: results from UK national household surveys BMC Public Health 2009