

Borough Alcohol Strategy 2009-11

**London Borough of Richmond upon Thames
and NHS Richmond**

Executive Summary

Alcohol has a significant recreational role but it is also an addictive drug and, taken in excess, can lead to serious illnesses and social disorders. National data suggests that around 25% of the adult population are drinking in excess and that the numbers of children drinking are also increasing.

The government has had an Alcohol Strategy in place since 2004 which emphasises the importance of preventative measures.

In 2008 a Health Overview and Scrutiny (O&S) Task Group investigated alcohol issues in the London Borough of Richmond upon Thames (LBRuT) and made recommendations to Cabinet. These recommendations form the basis of this Strategy and the Action Plan. The Strategy has been developed by a multi agency steering group.

The O&S report examined the many aspects of alcohol consumption in the borough and the longer term consequences.

Overall, LBRuT has lower rates of alcohol-related problems than the rest of the country, but it is estimated that around 36,000 adults in the borough drink above sensible limits. Many are drinking at hazardous levels and are above the London average. The number of young people taken to hospital for alcohol problems is also higher than the London average. In terms of crime the most up to date data from the online analysis website iQuanta shows that the LBRuT has the lowest rate (per 1000 population) of assaults with less serious injury, however there is still a link between alcohol and violent crime taking place mostly at the weekends.

The aims and objectives of this Strategy are to:

1. Reduce the negative impact of alcohol on health
2. Reduce anti-social behaviour caused by alcohol
3. Reduce alcohol use amongst children and young people
4. Promote responsible alcohol sales
5. Improve data collection and local knowledge of the impact of alcohol
6. Reduce the negative impact of alcohol use on town centres whilst minimising negative impact on the local economy
7. Promote responsible drinking within the community

The Action Plan for year one is based on achieving these objectives. Years two and three of the Action Plan will be developed over time.

A series of indicators will be used to monitor progress in the delivery of the Strategy. These will be a combination of local and national indicators that will give an overview of the situation in the borough. The indicators that will be used are:

- Health indicators
- Crime / anti-social behaviour indicators
- Young people indicators

Delivery of the strategy and action plan is governed by a Steering Group which reports to the Health and Wellbeing Partnership Board of the Local Strategic Partnership.

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1 Introduction

1.1 Background Information

Alcohol is regarded as an important part of the European cultural tradition. It has a significant recreational role and, consumed in small quantities, can have health benefits for certain groups. Nevertheless, while alcohol is often a source of pleasure, it is also the cause of significant individual, social and economic harm.

Alcohol is an addictive drug and a major cause of illnesses such as liver cirrhosis, cancers, heart disease and social problems including social exclusion, unemployment, homelessness, violence, crime, disorder, health inequality, teenage pregnancy and accidents.

National data in the UK suggests that around 25% of the adult population are drinking alcohol at levels that can damage their health. Over the last 10 years hospital admissions for alcohol related diseases have doubled. The numbers of children drinking alcohol are also increasing.

1.2 The Richmond upon Thames Health Overview and Scrutiny Report

In 2008, Richmond upon Thames' response to this increasing problem was to establish a task group to investigate the issues in the borough concerned with alcohol and to produce a report for the Health Overview & Scrutiny (O&S) Committee.

The O&S report included a wide range of evidence and information collected from businesses and a number of local and national organisations. It examined many aspects of alcohol consumption and the longer term consequences. It looked at services and highlighted gaps. The task group looked at four main areas including:

1. The night time economy and related areas
2. Health issues
3. Crime and alcohol (youth offending in particular)
4. Education

The O&S report highlighted that there was already a considerable amount of work being undertaken in the borough to address excessive alcohol use and its impact across the community.

This work included:

- A clear licensing policy (which includes Cumulative Impact element).
- Controlled drinking zones in Richmond and Twickenham town centres.
- Designated dispersal zones in Richmond and Twickenham town centres.
- A range of treatment commissioned from a variety of providers.
- Treatment and education provided by GPs as part of their general remit.
- A pilot programme rolled out within the Community Safety unit identifying how many Domestic Violence incidents involved alcohol.
- Health Education provided to vulnerable and target groups (e.g. young people, expectant mothers, those with alcohol related illness).

- Police officers tasked to town centres on Friday and Saturday evenings and in higher numbers than usual.
- Publicity campaigns about anti social behaviour related to alcohol.
- Specific alcohol related offending programmes provided by the Probation team.

The report also highlighted that there was considerable work to be done and gaps in some services. The report suggested that more research around town centres was required. It also suggested improving data collection and data sharing, increasing brief interventions and enhanced GP services and continuing the work around young people.

The evidence from the O&S report suggested that there are three key areas that need to be addressed within the Strategy:

1. The clear links between alcohol and anti-social behaviour
2. The impact of alcohol on the health of the borough's residents
3. The need to improve education for young people, adults and local licensees

It was apparent from the report that alcohol-related health problems in LBRuT were an issue. Richmond upon Thames has high rates of hazardous and binge drinking in adults over 16 years old [hazardous drinking for men is over 29 units per week and for women over 22 units]. Binge drinking for men is drinking more than 8 units in a single session and women 6 units. The recommendations for sensible drinking are no more than 28 units a week [3- 4 a day] for men and 21 [2-3 units per day] for women.

It also suggested that an Alcohol Strategy should focus more on health harms because there was evidence that other areas, such as anti-social behaviour and crime, were improving.

The O&S report made a number of recommendations and these were welcomed by the Cabinet in July 2008. The O&S recommendations along with national policy will be used as a basis for the Alcohol Strategy.

1.3 The Current Economic Climate

Since the O&S report, the economic situation has changed. Evidence suggests that alcohol-related businesses have been seriously affected and some have closed. The impact on town centres and residential areas of the loss of pubs, restaurants and small shops can be serious. The council and its partners are committed to working with businesses to reduce drinking to sensible limits while maintaining mixed and vibrant town centres and amenities.

1.4 Recent Data

Recent health data from the North West Public Health Observatory suggests that the high rates of binge drinking in the borough have reduced, but that the high rates of hazardous drinking are higher than the rates for the rest of London. Young people being admitted to hospital for alcohol-related problems also remain higher than the London rate.

In terms of crime the most up to date data from the online analysis website iQuanta shows that the LBRuT has the lowest rate (per 1000 population) of assaults with less serious injury, however there is still a link between alcohol and violent crime taking place mostly at the weekends.

1.5 The Alcohol Strategy Steering Group

Richmond upon Thames' approach has been to establish a steering group consisting of members from the Richmond and Twickenham Primary Care Trust [RTPCT], the Community Safety Partnership, the Young People's Drug and Alcohol Support team and the Health Improvement team. This steering group has developed the strategy and will continue to manage implementation and further development of the Action Plan.

The steering group will allocate the additional measures and recommendations in the O&S report to the most appropriate organisation or partnership for incorporation into mainstream work programmes.

The following agencies will be responsible for delivering the strategy:

- The Community Safety Partnership
- The Richmond and Twickenham Primary Care Trust
- Alcohol Treatment agencies
- GPs
- Metropolitan Police
- LBRuT licensing
- LBRuT Trading Standards
- LBRuT Transport Planning
- LBRuT Health Improvement Team
- The Probation Service
- Schools
- Colleges
- Integrated Youth Support Services
- Richmond Magistrates
- Accident and Emergency Departments

The Strategy will be reported to the Health and Wellbeing Partnership Board of the Local Strategic Partnership.

2. Aims and Objectives of the strategy

The O&S report made 34 recommendations. These have been used to form the following objectives:

1. To reduce the negative impact of alcohol on health.
2. To reduce anti social behaviour caused by alcohol.
3. To reduce alcohol use amongst children and young people.
4. To promote responsible alcohol sales.

5. To improve data collection and local knowledge of the impact of alcohol.
6. To reduce the negative impact of alcohol use on town centres whilst minimising negative impact on the local economy.
7. To promote responsible drinking within the community.

In order to achieve these objectives an Action Plan has been developed which will outline how each of these objectives and scrutiny recommendations will be met. It will have a series of clear indicators against which progress can be monitored. It will also include a reporting framework through which performance and actions can be discussed and new funding streams can be identified to deliver new work where necessary.

3. Monitoring progress and targets

A series of indicators have been identified to monitor progress in the delivery of the Strategy. These are a combination of local and national indicators that give an overview of the situation in the borough.

The indicators set out in the action plan are framed around:

- Health indicators
- Crime / anti-social behaviour indicators
- Young people indicators

4. The National Context

4.1 Health data in UK

Recent data highlights the ever increasing problem of alcohol harm and its rising costs. In October 2008, a report by the Department of Health entitled "Reducing Alcohol Harm: Health services in England for alcohol misuse" indicated that alcohol consumption in England was shown to be a major cause of ill-health. It is estimated that 18% of the adult population (7.6 million) are drinking at 'hazardous' levels; another 7% (2.9 million) are showing evidence of harm to their own physical and mental health, including approximately 1.1 million people who have a level of alcohol addiction (dependency).

Hospital admissions in England for the three main alcohol specific conditions (liver disease, mental health disorders and intoxication) have more than doubled in the 11 years between 1995-96 and 2006-07 from 93,459 to 207,788. Similarly there has been a two-fold increase in alcohol related fatalities over the last 15 years as well as death rates for alcohol disease doubling.

The Department of Health estimated in July 2008 that alcohol misuse costs the Health Service in the order of £2.7 billion per year. The total annual cost of alcohol

misuse to the UK economy has been calculated by the Cabinet Office as up to £25.1 billion.

A fact sheet printed by Alcohol Concern in March 2009 provides recent information on young people and drinking. Over half of 11-15 year-olds had drunk at least one alcoholic drink in their lifetime. This increases with age, from 20% of 11 year-olds to 81% of 15 year-olds. Of those who drank in the last week, the average weekly consumption had more than doubled between 1990 and 2006, from 5.3 units to 11.4 units per week. Boys tended to drink more than girls.

Information from the London Health Observatory in 2006 suggests that Indian, Pakistani, Bangladeshi, Black Caribbean and African people are more likely to be non- drinkers or drink less than the general population.

Unemployed and people on high incomes are more likely to drink above sensible levels. In view of the economic recession, drinking amongst the unemployed could increase and is an area to monitor.

4.2 National Policies

4.2.1 Health

In response to the increase in alcohol-related death rates and hospital admissions, the Department of Health has in recent years emphasised the importance of prevention, public health measures and evidence based practice in order to reduce the harm from alcoholic consumption.

In keeping with this aim, there has been a National Alcohol Strategy in place since 2004. It aims to encourage more sensible drinking and to reduce the burden of alcohol harm on society and the economy.

The White Paper "Choosing Health" published in 2004 encourages and supports sensible drinking.

In 2007 the government reviewed the progress made since the Strategy's launch and also set out the next stage of its National Alcohol Strategy in the report 'Safe, Sensible, Social'. The government's priorities set out in this document are:

- 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

This National Strategy emphasises the importance of early interventions such as 'brief advice', which has been shown to reduce alcohol consumption by people who are drinking more than sensible amounts, but have not developed a dependency on alcohol. Brief interventions/advice includes primary care or social service professionals using a screening tool [four questions] to identify problem drinkers.

Those identified can be referred to the “Enhanced Services” where they can be seen by a counsellor.

More recently, the government has continued this preventative theme with Lord Darzi’s review of the future of the NHS in ‘High Quality Care for All’, published in June 2008. It emphasises commissioning of wellbeing and preventative services and has six key goals, one of which is reducing the harm from alcoholic consumption.

In terms of children’s and young people’s health, the National Institute for Clinical Excellence [NICE] produced guidelines in 2007 to reduce substance misuse among vulnerable and disadvantaged children and young people. These guidelines include five main targets around young people. They suggest advice in helping young people access the right support and services including effective individual, family and group-based support, family interaction and parenting skills.

NICE also produced guidelines for schools on school-based interventions to prevent and reduce alcohol use among children and young people. These identify four main targets including alcohol being an integral part of the curriculum, developing a whole school approach, offering one to one advice for children and working with partners.

In January 2009 the Department for Children, Schools and Families released its ‘Guidance on the Consumption of Alcohol for Children and Young People’. This 5-point plan formed part of a consultation on alcohol and young people, which will close on 23 April 2009.

5. The Richmond upon Thames Context

5.1 Policies

The use, and abuse, of alcohol within the borough has been outlined in detail in the Health O&S Report. However, the impact of alcohol is outlined as a priority within a number of the borough’s strategic plans including:

- The Community Plan
- The Community Safety Partnership Plan
- The Children and Young People’s Plan
- The Annual Substance Misuse Treatment Plan

It is also recognised in the Joint Strategic Needs Assessment [JSNA] 2008 and as part of the Local Area Agreement 2009-11.

5.2 The Joint Strategic Needs Assessment

The JSNA is a comprehensive assessment of the health and well-being needs of the population of the borough.

A summary of the alcohol-related problems in the borough were identified as follows:

Adults

- It is estimated that around 36,000 adults within the borough drink above sensible limits and a further 5,000 are alcohol dependent.

- The relative affluence of the residents of Richmond upon Thames could contribute to this being a hidden problem with many people drinking above sensible limits at home and less evidence of it “on the streets”.
- According to the Annual Health Profile 2008 produced by the Association of Public Health Observatories, the proportion of adults in Richmond upon Thames who binge drink has actually decreased since 2007 from 18.4% of the adult population to 12.3%. This is now below both the national average and the average for London. This figure is based on a modelled estimate from the Health Survey for England 2003-2005 updated from 2000-2002 and it may not accurately represent the true figure within the borough.
- Similarly the 2008 Health Profile also indicates that there are statistically significantly fewer admissions to hospital for illness either directly caused by or contributed to in some part by alcohol per 100,000 of the population compared to the England average. However, there is no statistically significant difference between local alcohol-related mortality rates and the England average.

Children

- The OFSTED survey “TellUs2”, found that 48% of pupils aged between 10 and 15 in schools across the country had consumed a whole alcoholic drink. The corresponding figure for Richmond upon Thames, at 35%, was considerably better than this figure. The London Ambulance Service data showed that in 2005/06, 14% of ambulance assistance for all alcohol related incidents for Richmond upon Thames residents concerned people under 18.
- There were 72 new referrals to the Young People’s Drug and Alcohol Service in 2007/08, which is a 10% decrease since 2005. The highest proportion of referrals was for alcohol or cannabis use.

5.3 Recent Data for Richmond Upon Thames

5.3.1 Health - Adults

Recent figures from the North West Public Health Observatory 2008 suggest that hazardous rates for adults over 16 are still higher than the London average but that binge and harmful drinking rates have now fallen below the average for London. These are estimated figures and may not represent the true picture. However when looking at actual numbers, there are still a considerable number of adults [estimated 39,522 adults] in the London Borough of Richmond upon Thames who may be damaging their health by excessive alcohol consumption.

Table 1. Comparison of hazardous, harmful and binge drinking

Area	%Hazardous Drinking 05	%Hazardous Drinking 08	%Harmful Drinking 05	%Harmful Drinking 08	%Binge Drinking 05	% Binge Drinking 08
LBRuT	21.00	20.6	4.3	4.3	18.4	12.3
London	18.8	18.6	5.1	5.1	15.4	12.7
England	20.1	20.1	5	5.03	18.2	18.00

Source: North West Public Health Observatory

There is a wide range of alcohol data that can be accessed on the North West Public Health Observatory website which can be found in the bibliography section.

5.3.2 Health - Children

Recent figures from the North West Public Health Observatory suggest admissions to hospital for the under 18s for alcohol-specific conditions are higher than the London rates but lower than the England rates.

Table 2. Hospital admissions due to alcohol-specific conditions for persons under 18 years

Area	Crude rate per 100,000 under 18 population
LBRuT	55.4
London	42.3
England	72.5

Source: North West Public Health Observatory

In 2007-08, 27% (12) referrals to the Youth Offending Team (YOT) cited alcohol as their primary drug, a further 27% (12) identified alcohol as their secondary drug and a further 5% (2) stated that alcohol was a tertiary drug. This is a reduction from the previous year, which reveals that 35% (25) of Young People's Drug and Service referrals and 38% (37) of YOT substance misuse referrals cited alcohol as their main substance.

A snapshot survey of Children Looked After and Leaving Care aged 9-21 indicated that 28% (34) identified alcohol as their main drug.

5.3.3 Crime

The London Borough of Richmond's residents, or people who work or visit here, have the lowest risks of being victims of crime than in any other London borough.

Recorded crime has fallen over the last year, with 1335 fewer crimes in 2007/8 compared to 2006/7. This has been achieved by developing closer working relationships between the Police, the Council and other organisations (both voluntary and statutory), together with the roll out of Safer Neighbourhood Teams (SNT) in every ward and Safer Transport Teams (STT) dealing with trains and buses and Richmond Park SNTs.

There have been problems in recording alcohol-related violence. The crime category 'Assault with less serious injury' is used as a proxy measure of alcohol-related violence (Source: Statutory Performance Indicators for Policing and Community Safety 2008/09). Changes in the way violent crime and assaults are recorded by police forces means the most recent financial year 2008/09 is the baseline for this measure.

The headlines from the 2008 Strategic Assessment [a detailed set of documents including mapped data to show hotspots; victim and offender profiles and other key factors for a range of crimes and anti-social behaviour] are:

- There is a significant link between alcohol and violent crime in the borough and a positive correlation between the location of licensed premises and the location of assaults in the borough

- White males between the ages of 18-38 years contribute to the occurrence, repetition or continuance of alcohol-related crime and disorder within the town centres. More crimes are reported and more ambulance calls are made at weekends.

This Community Safety Partnership Plan is the fourth three year plan developed by the Partnership. It consolidates much of the work that has been developed and aims to make substantial progress in some of the more complex and difficult issues – such as alcohol related harms; reducing domestic violence; ensuring staff from several organisations work together at ground level as well as ensuring that inequalities in our five areas of relative deprivation are reduced.

6 Consultation

The O&S Task Group interviewed a number of witnesses as part of their evidence gathering. These included members or representatives from:

- Community Safety Partnership
- Officers from Richmond Council
- Police / Safer Neighbourhoods
- Institute of Alcohol Studies
- Integrated Youth Support Services
- Domestic Abuse Co-ordinator
- Richmond Pubwatch
- Alcohol Concern
- Public Carriage Office
- The Richmond and Twickenham Primary Care Trust, Public Health Lead

A stakeholder event was held by the Community Safety Partnership in November 2008. A wide range of people attended. Results can be found on the website listed in the bibliography.

7 Equality Impact Needs Assessment [EINA]

A detailed report was given to the O&S Task Group by an officer on behalf of the local lesbian, gay, bisexual and transgender group. This links to recommendation 11a "The local alcohol strategy to look at ways to develop the night time economy based on diversity".

An EINA will be carried out on the Strategy and the Action Plan before it goes to Cabinet in June 2009. We will consult with our partners on the development of the EINA.

8 Funding Sources

There are no additional funding resources for this Strategy at the current time. Council activity is being met from current staff resources contained in the 2009/10

budget. Where projects have been identified without funding, the opportunity to apply for funding from the Choosing Health budget for 2010/11 will be explored. Funding sources are identified in the Action Plan.

All funding sources for the RTPCT actions are identified in the Action Plan.

9 The Action Plan 2009-10

The Action Plan has been developed using the seven objectives outlined at the beginning of this document. A number of the O&S recommendations have been incorporated into the plan as well as national policy including the NICE guidelines and "Brief Interventions" included in "Safe, Sensible, Social". The Action Plan identifies outcomes, indicators, partner organisations and actions to be delivered by March 2010.

A number of O&S recommendations have been excluded from the Action Plan as these areas of work are already taking place and have been incorporated into various strategies and plans. The recommendations that have been excluded are numbers 2, 16 -20, 24 and 27. Detailed below is the progress on these recommendations.

Recommendation	Progress
<p>Recommendation 2</p> <p>That any planning applications to change A1 (retail shops) to A3 (restaurants and cafes), A4 (drinking establishments) or A5 (hot food takeaways) be given very careful scrutiny in centres where high numbers of restaurants and bars already exist. Planning and licensing committees should be provided with information on trends and cumulative impacts when such applications are heard.</p>	<p>Planning applications that are permitted are in line with planning policy regarding the town centres. They have regard to the key frontages within the town centres and don't appear to contribute to an over concentration of certain uses in certain areas. Similarly they do not contribute to the unnecessary reduction of retail floor space in the centres.</p> <p>In terms of licensing the Cumulative Impact Policy which covers Richmond and Twickenham town centres is being reviewed following new observational evidence. This new data will be reported to the Regulatory Committee. The Regulatory Committee/Licensing Committee will be informed periodically on trends in Licensing and at least every three years in terms of the proposed revisions to statutory licensing policy. The Police liaise with the licensing team in respect of particular premises or licensing issues.</p>

<p>Recommendation 16 That the best practice contract specifications supplied by Alcohol Concern be compared to current contracts and used in the future if appropriate.</p> <p>Recommendation 17 That the movement from tiers 1 to 2, 2 to 3 be as seamless as possible.</p> <p>Recommendation 18 That the capacity of tier 2 and tier 3 services be monitored to ensure the treatment system works as a whole.</p> <p>Recommendation 19 That the PCT look at substance abuse models more generally to determine synergies in delivery</p> <p>Recommendation 20a That support for family members be picked up in service contracts in tier 2.</p> <p>Recommendation 20b That where there is no close (family) support other types of support be made available for drinkers.</p>	<p>Service contracts are reviewed against best practice guidance and referral pathways are reviewed on an ongoing basis by commissioners, providers and service user representatives.</p> <p>Capacity of Tier 2 and Tier 3 services is being reviewed as part of formal monitoring processes and feedback from all stakeholders.</p> <p>Support for family members is a commissioned element of a range of Tier 2 and Tier 3 services.</p>
<p>Recommendation 24a/b That throughout the borough schools provide an alcohol education programme</p> <p>That alcohol theme days be used by all schools</p>	<p>In LBRuT 83% are engaged in the National Healthy School Programme (NHSP).</p> <p>Alcohol education is happening in all schools but quality and consistency may vary between the different schools.</p>
<p>Recommendation 27 That stakeholders promote opportunities for young people to meet up and socialise responsibly</p>	<p>Since January 2008 a number of projects have been established for young people to meet up and engage responsibly in social settings. These include:</p> <ul style="list-style-type: none"> • Launch of Kingsfield Skate Park and café in Teddington • Launch of a dedicated evening for young people in a café in Twickenham town centre • Launch of Heatham House café open daily and in evenings for young people • Establishment of Whitton sports night every Thursday evening attracting 80+ young people

	<ul style="list-style-type: none">• Opening of a dedicated young people's swimming evening every Friday night at Pools on the Park <p>A further 2 young people's cafés are being planned in 2009/10 across the borough.</p>
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Alcohol Strategy Action Plan 2009-10

Objective 1-Outcome: Reducing the negative impact of alcohol on health

Success/ measures/ indicators	Actions	Lead partner/ Officer	Link to O&S recommendations	Funding
A reduction in the number of alcohol-related admissions of Richmond residents to Kingston Hospital Trust and West Middlesex University Hospital Trust [WMUH].	Monitor alcohol related admissions at Kingston and WMUH on a quarterly basis	PCT / Commissioning Manager Public Health Lead	Recommendation 15- Brief interventions at Tier 1	No funding needed
	Following review and agreement of remit of the A&E Alcohol Liaison post at WMUH , commission the service in partnership with Hounslow PCT for 2009/10		Recommendation 23- maximise opportunities to work with other boroughs and share resources	£12,204 PCT funding to contribute to A&E Nurse post agreed for 2009/10
	Monitor and record the referrals from A&E to the open access service /other services		Recommendation 17- seamless movement between tiers	No funding needed
Ensuring sufficient capacity in Tier 2 open access service	Evaluation of open access service pilot by July 2009	PCT / providers		No funding needed
The Local Enhanced Alcohol service [LES] for GP practices to facilitate Tier 1 / 2 intervention and referral to specialist services will have been	Alcohol subgroup to design LES to meet local need following evaluation of the 2008/09 practice audit and training provision	PCT Joint Commissioning Manager	Recommendation 14- Roll out enhanced service across the borough	PCT Enhanced Alcohol funding £25,000

Success/ measures/ indicators	Actions	Lead partner/ Officer	Link to O&S recommendations	Funding
recommissioned				
Peer support to be available for alcohol clients	Richmond Services User forum to establish peer support groups	PCT and Service User forum	Recommendation 14- Roll out enhanced service across the borough	PCT funding identified
Primary Care professionals are skilled to provide Tier 1 interventions	All GP practices and community pharmacists to receive training on brief interventions and referral to borough services	PCT	Recommendation 14- Roll out enhanced service across the borough	PCT funding identified
National Directed Enhanced service 2008-11 for alcohol to all general practices	Training provided to support practices in delivering DES. * The DES rewards practices for screening all newly registered patient aged 16 and over and referring to alcohol specialist services as required	PCT	Recommendation 14- Roll out enhanced service across the borough	DH funding

Objective 2 -Outcome: Reducing the impact of anti social behaviour caused by alcohol

Success/ measures/ indicators	Actions	Lead partner/ Officer	Link to O&S recommendations	Funding
Place survey indicators NI 21 This relates to public confidence that the police and LBRuT are addressing local concerns on anti - social behaviour.	Joint tasking to problem solve hot spots- On going	CSP / Intelligence manager	Recommendation 5- Research into the use of the borough's town centres	LRRuT staff and annual budget. Actions will be incorporated into team plans 2009-10.
	Alcohol- related anti-social behaviour to be specific issue for Tackling Anti Social Behaviour Group [TASBG]. Process indicators and milestones will be needed with more details being found in the TASBG work plan.			LRRuT staff and annual budget. Actions will be incorporated into team plans 2009-10.
NI 21 This relates to public confidence that the police and LBRuT are addressing local concerns on anti social behaviour.	Undertake a review of the night time economy and partnership responses to cover the recommendations set out in the O&S column as part of the Green Safe and Clean week tasking process. The review to be undertaken in 2009-10 and submitted to the Green Safe and Clean week planning group by end of October 2009.	CSP/ Intelligence manager	Recommendation 3- Co-ordination of rubbish collection from shops and night time cleaning. Recommendation 4- Investigate the possibility of using planning or licensing to minimise the amount of litter generated Recommendation 5- Research into the use of the borough's town centres	LRRuT staff and annual budget. Actions will be incorporated into team plans 2009-10.

Success/ measures/ indicators	Actions	Lead partner/ Officer	Link to O&S recommendations	Funding
<p>Provision of alcohol education to a number of families through street bail initiative.</p> <p>Reducing number of alcohol arrests and changing behaviour in this cohort (i.e. no further contact with police for alcohol related issues).</p> <p>Success will depend on Choosing Health funding.</p>	<p>Apply to Choosing Health funding to support one youth worker for a number of weekend clinics Police to fund other required resources.</p> <p>Provision of brief intervention training to police as part of annual training. Planning of the project in 2009-10. Trainer to be funded by Choosing Health.</p>	Police/PCT/YOT	Recommendation 12- The Alcohol Strategy promotes support for people who are affected by alcohol	Choosing Health Funding
Partnerships developed with other Boroughs to deliver such a scheme	Awaiting response from the national pilot schemes. A feasibility study will be done by March 2010 to look at arrest referral for both drugs and alcohol.	CSP	Recommendation 13- Alcohol arrest referral schemes	LRRuT staff and annual budget. Actions will be incorporated into team plans 2009-10.

Objective 3 -Outcome: Reducing alcohol use amongst children and young people

Success/ measures/ indicators	Actions	Lead Partner/ Officer	Link to O&S recommendations	Funding
<p>Using the healthy schools award as a measure of appropriate interventions and policies.</p> <p>100% of schools are engaged in working towards the NHSP. National target of 75% schools attaining NHSS by end December 2009. The current LBRuT figure is 83%, with 86% projected by the end of this school year.</p>	<p>Encourage all schools to work towards and achieve the award. Ensure schools deliver alcohol education in line with NICE guidelines (final version end 2007)</p> <p>YPDAS to offer support and guidance to all schools including curriculum advice, in school delivery and a single referral pathway for young people in need of an intervention</p>	<p>Healthy Schools team/ Young People's Drug and Alcohol Support [YPDAS]</p>	<p>Recommendation 24a/b- That throughout the borough schools provide an alcohol education programme / That alcohol theme days be used by all schools</p>	<p>LBRuT staff and annual budget. Actions will be incorporated into team plan 2009-10.</p>
<p>Improving communication and alcohol education in schools</p>	<p>Lead Member to receive written briefing on progress with health schools/alcohol education from commissioned consultant for Health education Dec 09</p> <p>New Local Commissioning boards (Quindrats) to place health/alcohol education as a priority for primary-secondary school joint actions. Dec 09</p>	<p>Healthy Schools team</p>	<p>Recommendation 25a/b/c- That the cabinet member for children's services takes a lead on alcohol education//That communication between primary and secondary schools be improved / that primary and secondary schools share information associated with alcohol harm</p>	<p>LBRuT staff and annual budget. Actions will be incorporated into team plan 2009-10.</p>
<p>Identifying who is delivering alcohol education in schools</p>	<p>Named PSHE coordinators in all schools to oversee curriculum support on alcohol and drug education</p>	<p>Healthy Schools team</p>	<p>Recommendation 26- That alcohol co-coordinators be appointed in all schools</p>	<p>LBRuT staff and annual budget. Actions will be incorporated into</p>

Success/ measures/ indicators	Actions	Lead Partner/ Officer	Link to O&S recommendations	Funding
	as part of the PSHE programme			team plan 2009-10.
<p>Last year 2400 young people were educated around drugs and alcohol. Increasing this by 5% in 2009-10</p> <p>Engaging 200 young people through street contacts in alcohol related work in 2009-10</p> <p>Delivering 80 workshops with 1600 young people attending in 2009-10</p>	<p>Detached Drugs Project: Choosing Health funding has been secured for a three year period [2008-2011] It has established and will maintain regular outreach work to young people in schools, colleges and youth clubs. All schools will be offered the outreach services including special schools</p> <p>“Metro” outreach service to be commissioned to deliver sensible drinking information for young adults</p> <p>ABC website to be launched September 2009.</p>	Youth Offending team [YOT] / YPDAS	Recommendation 28- Drugs, smoking and alcohol outreach work be developed to meet and target young people	Choosing Health funding for 3 years 2008-11
Young people are informed about safe drinking.	YPDAS to lead on peer education project 2009/10	YPDAS	Recommendation 29- That a peer led alcohol education campaign for young people be	LBRuT staff and annual budget. Actions will be incorporated into

Success/ measures/ indicators	Actions	Lead Partner/ Officer	Link to O&S recommendations	Funding
			developed	team plan 2009-10.
Young people and parents are informed about safe drinking	<p>To deliver 20 “Family Links” parenting groups in 2009/10 which offer information advise and guidance on alcohol and substance misuse</p> <p>To promote the national sensible drinking campaign For parents and young people</p>	YDPAS/ Education	<p>Recommendation 30- improve awareness of social implications of adult role modelling</p> <p>Recommendation 31- That a more robust strategy be developed to engage parents in alcohol education</p>	LBRuT staff and annual budget. Actions will be incorporated into team plan 2009-10.

Objective 4-Outcome: Reducing the negative impact of alcohol use on Town Centres whilst ensuring there is no negative impact on the local economy

Success/ measures/ indicators	Actions	Lead partner/ Officer	Link to O&S recommendations	Funding
Achieve a Purple Flag award	<p>Work with the Civic Society when the pilot Purple Flags for town centre management are completed. Formation of a working group by August 2009. Self Assessment against by end of December 2009.</p> <p>Feasibility report to be completed by end of March 2010 for applying in 2010/2011.</p>	C S P and Intelligence Manager /Town Centre managers Twickenham/ Richmond	<p>Recommendation 9- Richmond Town Centre redevelopment plans to be to ensure adequate night time provision</p> <p>Recommendation 10- Investigate the setting up of a pilot marshalled taxi rank.</p> <p>Recommendation 11a- The local Alcohol Strategy to look at ways to develop the night time economy based on diversity</p> <p>Recommendation 11c- Consideration to be given to piloting more cultural and sports activities</p>	LBRuT staff and annual budget. Actions will be incorporated into team plans 2009-10.

Objective 5-Outcome: Improving data collection and local knowledge of the impact of Alcohol

Success/ measures/ indicators	Actions	Lead partner/ Officer	Link to O&S recommendations	Funding
Detailed alcohol information included in JSNA	Compile annually updated alcohol profile pulling together data from JSNA and Strategic Assessment, together with information on resources committed to alcohol.	Intelligence Officer LA supported by	Recommendation 21- The collection and sharing of data needs to be improved by all	LBRuT staff and annual budget. Actions will be incorporated into team plans 2009-10.
	Use of profile to measure progress of other measures and to attract funding or other resources to the borough			
Guidance issued to all practices on standardised alcohol recording and referral	By April 2009 a baseline of practice registered patients for whom alcohol consumption has been recorded in the last 5 years (Alcohol LES 08/09)	Joint Commissioning Manager and Alcohol subgroup	Recommendation 21- The collection and sharing of data needs to be improved by all	None required
	Review of (pending) DH guidance on recording to support the alcohol Directed Enhanced Service			None required

Success/ measures/ indicators	Actions	Lead partner/ Officer	Link to O&S recommendations	Funding
	(DES 2008-11)			
	Alcohol subgroup to lead on drafting and ratification of local recording protocols			None required

Objective 6 -Outcome: Improving responsible alcohol sales

Success/ measures/ indicators	Actions	Lead partner/ Officer	Link to O&S recommendations	Funding
<p>NI 21 Reduced numbers of reports of under age sales.</p> <p>Increased number of premises with soft drink menus; designated driver schemes.</p>	<p>Work with colleges to identify training opportunities – process/output measure to be numbers being trained.</p> <p>Identify current schemes by end of July 09.</p> <p>Report future plans end of March 2010 for actioning in 2010-11.</p>	CSP/TS	<p>Recommendations 7/8- Work with colleges to develop training module for staff working in off licenses/ All staff in the borough to be trained to sell alcohol responsibly</p>	LBRuT staff and annual budget. Actions will be incorporated into team plans 2009-10.
<p>NI 21 This relates to public confidence that the police and LBRuT are addressing local concerns on anti social behaviour.</p>	<p>Work to identify 'where the last drink was served' to people who are subsequently arrested and/or taken to A&E, and take appropriate action</p>	<p>CSP/Police By joint tasking by end of June 2009.</p> <p>A&E liaison contract by September 2009.</p>	<p>Recommendation 22- A and E departments share with police where drunken patients bought their last drink</p>	LBRuT staff and annual budget. Actions will be incorporated into team plans 2009-10.
<p>NI 21 This relates to public confidence that the police and LBRuT are addressing local concerns on anti social behaviour.</p>	<p>Review the voluntary code of practice for alcohol retailers by end of October 2009</p> <p>Consult and relaunch end of January 2010.</p>	CSP/ Town Centre manager	<p>Recommendation 6- Re-launch the voluntary code of practice for alcohol retailers</p>	LBRuT staff and annual budget. Actions will be incorporated into team plans 2009-10.

Objective 7 -Outcome: Improving responsible drinking within the Community

Success/ measures/ indicators	Actions	Lead partner/ Officer	Link to O&S recommendations	Funding
<p>2 major employers will have identified the need for alcohol policies</p> <p>2 smaller employers/voluntary sector will have identified the need for alcohol policies</p>	Promote workplace alcohol policies by March 2010	Town Centre management / Health Improvement team/ Principle Tourism and Marketing Manager	Recommendation 12- The Alcohol Strategy promotes support for people who are affected by alcohol	LBRuT staff and annual budget. Actions will be incorporated into team plans 2009-10.
Staff who attends the Health day gain information on sensible drinking.	Promote sensible drinking at the LBRuT annual Staff Health Day in November 2009 and monitor numbers attending	Health Improvement Team	Recommendation 12- The Alcohol Strategy promotes support for people who are affected by alcohol	LBRuT staff and annual budget. Actions will be incorporated into team plans 2009-10.

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