

# Appendix B

## Proposed Strategic Aims, Halton 2012-2015

### Aim 1: Facilitate Behaviour and Culture Change

*Rationale:* To date, the majority of alcohol publicity campaigns both locally and national have concentrated on raising awareness in relation to sensible drinking and providing standardised messages in relation to alcohol related harm. There has been some success in this respect, for example, as one survey showed, many people know the recommended drinking limits, but there is no guarantee that the awareness that something is potentially harmful to you will actually change your behaviour, if there are other more rewarding pay-offs.

Social marketing research undertaken in Halton showed that despite drinking at excessive levels many individuals had no desire to alter their behaviour and there was a strong theme of drinking to get drunk linked with low self efficacy. Similarly it is believed that key underlying causes of child and family poverty in Halton include low family aspirations and a cycle of benefit dependence. In some areas we see low levels of confidence in the police dealing with issues of anti-social behaviour and harm. We will seek to:

- Provide clear, targeted information about harms from excessive drinking
- Reinforce responsibility and give examples of consequences of excessive drinking including police and court action
- Ensure that people not only have clear, accurate information to make informed choices but that they have the self belief and the tools to actively improve health and wellbeing for themselves, their families, and their communities. Consequently we will raise aspirations about what can be achieved.

#### Specific Projects Include:

Ref	Project
1.1	Spread success and good news stories <b>via a single Alcohol Communication Strategy</b> and local publicity campaign which unite the efforts of the Police, the Council and the PCT Press Offices. The campaign would focus on what can be achieved at a local level and challenge misconceptions and considered social norms.  It will also highlight proactive action taken to tackle alcohol related harms including court sentencing and action on businesses that encourage irresponsible drinking cultures. It will describe how local people can become involved in tackling alcohol related harm in their communities.
1.2	Utilise the latest in behavioural science and research to influence the way in which we engage with people and what we are asking of them, thereby ensuring that the messages we sent out are more likely to influence positive change.
1.3	Ensure that Service Users (including Young People) have a voice in the design of campaigns and that service user involvement is publicised.
1.4	Utilise the latest digital technologies to develop self help packages. This will include information and advice for people who drink to relieve stress and it has the potential to encompass advice about all substance misuse.
1.5	Encourage more honest and open dialogue with the people of Halton in relation to their thoughts and behaviours regarding their use of alcohol and specific problems in their communities. Utilise Area Forums.
1.6	Develop and formalise our local Alcohol Champions Network and include Community Champions.
1.7	Promote visible recovery within the Community and work to reduce stigma in relation to alcohol issues (particularly stigma which acts as a barrier to employment or someone seeking help).
1.8	Ensure that messages to all children, young people and families are relevant, appropriate

	and consistent and delivered within the most appropriate settings (including schools, colleges etc.).
1.9	Support National Social Marketing Campaigns were relevant locally and encourage parents to access ParentPort.
1.10	Continue (via ChamPS) to lobby the Government in relation to availability and marketing and around the introduction of a minimum unit price (MUP) until legislation is introduced.

## **2: Enlist the support of the local communities (including the business community) to tackle our key priorities**

**Rationale:** Whilst the robust partnership working of statutory bodies has been extremely productive in relation to alcohol related harm, there are many more benefits to be had from broadening our approach and engaging the public and the business community, including on licences and off licences and supermarkets, to help us in key initiatives. In 2012/13, these would include:

<b>Ref</b>	<b>Project</b>
2.1	Revamp the Alcohol Partnership Commissioning Group with Senior Level Chair who will attract a diverse membership from the hospitality, leisure and retail industries. The Group should have the right representation, accountability and engagement to deliver on broad aims.
2.2	Improve our town centres at night and reduce alcohol related violence, through a co-ordinated initiative and aim for Purple Flag Status/ArcAngel.
2.3	Enlisting the support of the Community to tackle the proxy sales for underage drinkers. This will involve alerting the public to the harm caused to underage young people when alcohol is bought by an adult on their behalf.
2.4	Maximise opportunities arising from changes in licensing law to help shape the drinking environment locally. In order to do this we will need to: <ul style="list-style-type: none"> <li>• Undertake assessment of the capacity of Licensing Officers and Trading Standards to embrace changes detailed in the strategy</li> <li>• Consider make-up of the Licensing Team (Consider PCSO involvement)</li> <li>• Undertake training needs analysis</li> <li>• Link activity with Communication Strategy</li> </ul>
2.5	Explore the scope of implementing a late night levy to fund a Police Officer in A&E or Proactive Night Time Economy Operation.
2.6	Ensure that health data is taken into consideration when making licensing decisions and support health bodies to instigate a review of the licence at those premises.

## **3: Combine the efforts of the Key partners and Stakeholders to targeted help for those with greatest need**

**Rationale:** Often it is the same individuals and families who present to services with high levels of need and in many cases will be accessing care from different organisations at the same time. This strategy will support a targeted approach wherein we identify those individuals in greatest need and focus our resources where they are likely to have the greatest impact. We will adopt a multi agency approach in order to maximise our efforts, avoid repetition and waste and provide seamless care. Priority groups will be:

- Criminal Justice Clients - with a focus on health needs and substance misuse
- Hospital Regular Attendees
- Troubled Families
- Victims of domestic violence
- Vulnerable children who are drinking in public spaces (Stay safe)

- Older People (particular those who are socially isolated)
- Vulnerable individuals with complex needs - Review of Tier 4 Services for alcohol (The Windsor Clinic) and NHS Mersey Review of health pathways for people with substance misuse and mental health needs.
- Continue to embed recently commissioned, recovery orientated drug and alcohol services in the Borough
- Review of mental health care pathway in the Borough and links with alcohol misuse disorders

In order for this aim to be met, actions will be required to ensure that robust data sharing agreements are in place to facilitate effective data sharing.

Ref	Project
3.1	Review of alcohol (and health) related needs and potential routes into treatment for those who have come to the attention of Criminal Justice Agencies. Includes custody suites and prison.
3.2	Consider Payment by Results approach to alcohol treatment for offenders.
3.3	Review Conditional Cautioning Scheme and Alcohol Treatment Requirements/Community Sentence orders to ensure that they are fit for purpose, taking into consideration the 'Enforced Sobriety Pilots'
3.4	Domestic Violence Initiative – To be discussed.
3.5	Participation in the QIPP Frequent Attendees Project ensuring joined up approach.
3.6	Full implementation of Alcohol Liaison Nursing Project and revisiting pathway for under 18s.
3.7	Continuation of the Stay Safe Scheme ensuring that parents are involved/supported.
3.8	Needs analysis to encompass older people and specific actions such as targeted IBA to reduce harm in the older age groups, following needs assessment.
3.9	Develop business case to secure funding for data sharing from A&E in relation to the Cardiff Model.
3.10	Review of Tier 4 Services for alcohol (The Windsor Clinic) of Tier 4 Services for alcohol.
3.11	Review of mental health care pathway in the Borough and links with alcohol misuse disorders. Needs to include health needs of military veterans.
3.12	Participate in the Troubled Families Initiative ensuring alcohol related treatment needs are met and families are empowered to take action against alcohol related harm.
3.13	Raise awareness of Foetal Alcohol Spectrum disorders (FASD) and ensure that pregnant ladies receive support

#### **4. Support key frontline professionals to identify alcohol problems early, offer an intervention and be supported by a robust care pathway**

**Rationale:** Raising the awareness of front line staff in relation to alcohol misuse and its harms (including not only health harms but issues in relation to Safeguarding and domestic violence) and improving their ability to deal with any issues raised, is essential if we are to identify problems early and prevent need and associated costs from escalating. Identification of carers, including young carers is important.

#### **How will we achieve our aim?**

- Review of enhanced services GPs and Pharmacies

- A programme of training frontline professionals to deliver identification and brief advice (IBA) has been undertaken as part of the 12 Point Plan. This training will continue following prioritization of cohorts for training.

<b>Ref</b>	<b>Project</b>
4.1	Review of GP Shared Care.
4.2	Review of Shared Care – Pharmacies.
4.3	Prioritisation and delivery of IBA Training Programme.
4.4	Ensure that there is a robust liver disease pathway in the area in line with the recently published Liver Disease Strategy.
4.5	Better training for bar staff to reduce sales to people who are drunk.
4.6	Ensure that locally an Alcohol Screening Intervention is within the Health Checks + Programme and that practitioners are trained to deliver this.