

Southwark's Alcohol Action Plan 2017-2020

Southwark's Alcohol Prevention Group

18 September 2017

STRATEGIC CONTEXT

Alcohol was highlighted in Southwark's 2016 Annual Report of the Director of Public Health¹ as a key prevention opportunity to achieve better local health outcomes. Similarly in its 2015-20 Health and Wellbeing Strategy,² Southwark's Health and Wellbeing Board identified alcohol as a 'deep dive' topic in order to better understand how preventative work around alcohol can improve population health and reduce inequalities. Southwark has also recently updated its Statement of Licensing Policy 2016-20³ which aims to provide a balance between enabling responsible business operators to thrive and contribute towards a vibrant night-time economy and ensuring that the quality of life of those who live and work in the borough is protected and enhanced through the licensing system.

OUR VISION

For all of Southwark's residents to be aware of alcohol harm and be empowered to reduce its impact on themselves, their families and communities.

We will achieve our vision through raising awareness of alcohol harm, helping those who drink too much to reduce their intake, enabling people to be identified earlier and linked to intervention programmes, mitigating harm among those who are struggling with alcohol and facilitating access to effective, high quality treatment.

Southwark's Public Health Directorate and Drug and Alcohol Action Team have developed this action plan alongside partners from across the council, Southwark NHS Clinical Commissioning Group, providers and the voluntary and community sector. In order to realise this vision, a combination of preventative approaches at an individual, community, clinical and societal level are required.

This action plan outlines the innovative work that partners are doing well currently and are committed to continue doing in order to reduce the prevalence of harmful drinking and its consequences within Southwark. It also highlights the key proposed actions for partner organisations in Southwark to focus on over the next three years. Southwark's Alcohol Prevention Group has agreed to oversee the development and subsequent implementation of the actions outlined in this plan. The collated actions provides an opportunity for improved joint working and shared accountability for achieving better outcomes for our borough.

STRUCTURE OF THE ACTION PLAN

The action plan will have two overarching aims broken down into four objectives. Under each objective we have outlined all the ongoing actions towards achieving that objective, as well as a number of proposed actions for the next three years. The actions have been grouped into themes.

Aim 1. Healthier communities: Reduce the burden of alcohol-related harm on individuals and communities in order to promote a safer borough to live, work and socialise in

Objective 1: Protect our streets and communities from the negative impacts of alcohol while preserving a vibrant night time economy

Objective 2: Protect families, homes, and workplaces from the harms of alcohol

Aim 2. Healthier people: Reduce the health and well-being burden associated with alcohol use and misuse across the borough

Objective 3: Reduce alcohol-related health harms through promoting early identification, brief intervention, and better care

Objective 4: Develop and promote better community well-being through improved awareness, harm reduction and treatment

SOUTHWARK ALCOHOL ACTION PLAN 2017-20 | PLAN ON A PAGE

Our vision is for all Southwark residents to be aware of alcohol harm and be empowered to reduce its impact on themselves, their families and communities.

HEALTHIER COMMUNITIES

HEALTHIER PEOPLE

OBJECTIVES

1. Protect streets and communities from negative impacts of alcohol while preserving a vibrant night time economy

2. Protect families, homes and workplaces from the harms of alcohol

3. Reduce alcohol related health harms via early identification, brief intervention and better care

4. Develop and promote better wellbeing through improved awareness, harm reduction and treatment

THEMES

1.1 Collaborative working

2.1 Raising awareness

3.1 Health intelligence and data

4.1 Dual diagnosis and mental health

1.2 Community level data and intelligence

2.2 Safeguarding and support

3.2 Prevention and early intervention

4.2 Training and quality assurance

1.3 Operational and enforcement activities

2.3 At-risk and vulnerable groups

3.3 Treatment system and pathway

4.3 Integrating services

PARTNERS



EVALUATION

With this strategy Southwark has set a vision for all of the borough's residents to be aware of alcohol harm and be empowered to reduce its impact on themselves, their families and communities. In order to realise this vision, it is crucial to measure progress against the actions that partners have committed to undertaking. The following framework will be used to monitor and evaluate the success of Southwark's Alcohol Action Plan.

	Evaluation metric	Lead (Source)	Time Period
AIM 1: Healthier Communities	Incidence of alcohol-related crime: <ul style="list-style-type: none"> ▪ Across the borough ▪ Within CIZs ▪ Within each ward 	CCTV and Analytical Team (APP / MPS)	<ul style="list-style-type: none"> ▪ Baseline: January 2017 (retrospective analysis for 2016) ▪ Annual until January 2021
	Incidence of anti-social behaviour related to street drinking: <ul style="list-style-type: none"> ▪ Across the borough ▪ Within pre-determined 'hotspot areas' 	CCTV and Analytical Team (APP / Community Wardens)	<ul style="list-style-type: none"> ▪ Baseline: January 2017 (retrospective analysis for 2016) ▪ Annual until January 2021
	Safeguarding – to be confirmed with safeguarding team		
AIM 2: Healthier people	IBA monitoring – to be determined following next Alcohol Prevention Group, November 2017		
	Improve Southwark's successful completions (as a proportion of all in treatment) for alcohol only clients to be comparable to the national average	DAAT (NDTMS)	<ul style="list-style-type: none"> ▪ Quarterly trajectory analysis ▪ Final measure Q3 2020/2021
	Improve hospital admissions due to alcohol misuse: <ul style="list-style-type: none"> ▪ Persons admitted to hospital for alcohol-specific conditions ▪ Admission episodes for alcohol-related conditions (Narrow) 	Public Health (Local Alcohol Profiles England)	<ul style="list-style-type: none"> ▪ Baseline: Q3 2017/18 ▪ Quarterly reporting
AIMS 1 and 2 and to support development of plan refresh in 2021	Improve our local CLeaR self-assessment score focusing on areas that scored low initially: <ul style="list-style-type: none"> ▪ Partnership ▪ Communication ▪ Results 	Self-assessment tool to be completed by Public Health and DAAT	<ul style="list-style-type: none"> ▪ Baseline self-assessment completed July 2017 ▪ Re-do the CLeaR self-assessment Q4 2020/2021

GOVERNANCE AND OVERSIGHT

Local partners committed to reducing the burden of health and societal impacts of alcohol use in Southwark have come together as an Alcohol Prevention Group. The group was formed in July 2016 and meets every six months. Southwark's Alcohol Prevention Group comprises the following partners; Public Health, the Drug and Alcohol Action Team, primary

care, adult alcohol treatment service, acute care, dual diagnosis services, Southwark's Licensing Authority, Southwark Trading Standards, the Metropolitan Police Service, London Ambulance Service, local wardens, Southwark Adult Social Care, older adults services and local safeguarding and troubled families services. The group has agreed to oversee the development and implementation of this action plan, monitor progress and ensure the delivery of agreed actions.

The Alcohol Prevention Group is accountable to the Southwark Safer Communities Subgroup (of the Southwark Safeguarding Adults Board) and ultimately to Southwark's Health and Wellbeing Board.

COMMUNICATION AND DISSEMINATION

In order to monitor progress against this action plan, an annual evaluation will be carried out by the Public Health and Drug and Alcohol Action Teams. The report will be disseminated to all stakeholders, the Health and Wellbeing Board and Safer Southwark Partnership and will communicate key updates and results over the three years of the action plan.

NEXT STEPS

Following the ratification of this action plan, we have committed to carrying out the CLear self-audit tool, developed by Public Health England, as well as complete an alcohol section of the Joint Strategic Needs Assessment (JSNA). The CLear audit provides an opportunity to review current provision, identify good and effective practice, as well as any gaps within our alcohol prevention delivery. The alcohol JSNA chapter will seek to identify the current and future alcohol-related health and wellbeing needs of our local population. We will conduct a 12 month review of this action plan and consider whether it needs amending or adding to following the completion of the CLear audit and alcohol JSNA.

CONCLUSION

This action plan has set out our vision and commitments for alcohol prevention in Southwark. We will achieve this vision by working in partnership, as an alcohol prevention group, to oversee the development and subsequent implementation of the actions outlined in this plan.

SOUTHWARK'S ALCOHOL ACTION PLAN

AIM 1:

Healthier communities: Reduce the burden of alcohol-related harm on individuals and communities in order to promote a safer borough to live, work and socialise in

Objective 1: Protect our streets and communities from the negative impacts of alcohol while preserving a vibrant night time economy

Theme	Current and Proposed Actions	Owner	Timescale
1.1. Collaborative working	Current Actions		
	1.1.1. Work in partnership to enforce the borough's Statement of Licensing Policy and the four statutory licensing objectives	Licensing , and all other Responsible Authorities	Ongoing
	1.1.2. Impose conditions on new venues stipulating that all employees serving alcohol should receive training in the responsible sale of alcohol	MPS	Ongoing
	1.1.3. Carry out educational activities at Junior Citizen events	Trading standards	Ongoing
	1.1.4. Continue collaboration work between sexual health and substance misuse	CGL , GSTT, YP substance misuse and sexual health service provider	Ongoing
	1.1.5. Provide free PASS approved Proof of Age London (PAL) cards for residents and students studying in the borough aged 16-25	Trading standards	Ongoing
1.1.6. Develop a better understanding of the needs of specific cohorts such as MSM/Chemsex and ensure these cohorts are properly catered for within services.	DAAT , Public health, CGL, GSTT, YP integrated health service provider	Ongoing (use annual PHE JSNA data to identify groups and explore over following 12 months)	

	<p>Proposed Actions</p> <p>1.1.7. Conduct a review of the current Statement of Licensing Policy to incorporate recent CIZ evaluation, embed health aims and outline the boroughs intentions to tackle the sale of alcohol below cost price</p> <p>1.1.8. Explore opportunities to strengthen links between high-strength products and other licensing objectives and domestic violence</p> <p>1.1.9. Develop a report on illegal smuggling of super strength products sold below cost price and submit to Home Office</p> <p>1.1.10. Develop and implement a Chemsex treatment pathway to meet the needs of MSM service users</p> <p>1.1.11. Introduce a Best Bar None (BBN) award scheme across the Better Bankside and Team London Bridge BID areas and tailor the award criteria to promote responsible retailers and responsible drinking</p>	<p>Licensing, Public Health</p> <p>Public health, licensing</p> <p>Trading Standards</p> <p>CGL, GSTT, DAAT, Public Health,</p> <p>Team London Bridge, Better Bankside, Public Health, MPS, CCTV Analytical Team</p>	<p>January 2018</p> <p>April 2018</p> <p>January 2018</p> <p>September 2017</p> <p>April 2018</p>
<p>1.2. Community level data and intelligence</p>	<p>Proposed Actions</p> <p>1.2.1. Implement Southwark's Local Alcohol Action Area project which focuses on collaborative working and the collation and analysis of multiple data sets</p> <p>1.2.2. Establish a process for the periodic (six-monthly / yearly) analysis of licensing intelligence, MPS, LAS and warden data to develop a profile of the societal impacts of alcohol misuse across the borough</p>	<p>Public Health, CCTV Analytical Team, Acute Care</p> <p>CCTV Analytical Team, Wardens, Public Health (Intelligence)</p>	<p>January 2019</p> <p>July 2018</p>
<p>1.3. Operational and enforcement activities</p>	<p>Current Actions</p> <p>1.3.1. Carry out inspections at licensed premises to check for compliance with licence conditions, illegal workers,</p>	<p>Trading Standards, Licensing, MPS</p>	<p>Ongoing</p>

	<p>counterfeit/duty evaded/duty diverted/smuggled alcohol. Verify products sold above duty price plus cost price; particular emphasis on high strength products. If illegal, seize & take enforcement action – prosecution/bring licence review</p> <p>1.3.2. Advise/train licensed premise holders/staff to prevent underage sales. Carry out tests to check alcohol is not sold illegally Also “Challenge 25” test purchases where condition on licence. Take enforcement action if so-prosecution/bring premise licence reviews</p> <p>1.3.3. Deliver alcohol treatment to offenders subject to alcohol treatment requirements (community orders)</p> <p>1.3.4. Leverage Public Place Protection Order to prevent irresponsible street drinking, ASB, public nuisance and alcohol sales to intoxicated underage individuals. Notify TS/MPS/Licensing</p> <p>1.3.5. Engage with aggressive beggars, pass details to street population team</p>	<p>Trading Standards</p> <p>CGL</p> <p>Wardens, MPS</p> <p>Wardens, MPS</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>
Objective 2: Protect families, homes, and workplaces from the harms of alcohol			
Theme	Ongoing work	Owner	Timescale
1.1. Raising awareness	<p>Current Actions</p> <p>1.1.1. Raise awareness of what a unit of alcohol equates to in order to help individuals ‘know their limits’</p> <p>Proposed Actions</p> <p>1.1.2. Carry out outreach training to local workplaces leveraging opportunities within Alcohol Awareness Week and Dry</p>	<p>Peer mentors (Southwark recovery support service) and others as part of IBA</p> <p>Public Health</p>	<p>Ongoing</p> <p>December 2018</p>

	<p>January and Healthy Workplace Charter</p> <p>1.1.3. Explore opportunities to develop a stakeholder group focusing on the development of a local alcohol services information tool to better sign-post those in need</p> <p>1.1.4. Promote the #NotAnAmbulance campaign through licensed venues and communications, focusing on Christmas and summer months, to reduce the number of ambulance-related call outs in the borough</p>	<p>Public Health (DAAT, CGL, Primary Care, Wardens, Acute Care)</p> <p>Public Health, communications, LAS, Better Bankside, Team London Bridge</p>	<p>August 2019</p> <p>December 2017 (then move to ongoing schedule)</p>
1.2. Safeguarding and support	<p>Current Actions</p> <p>1.2.1. Discuss repeat calls to the police, ASB and APP in partnership tasking group to identify safeguarding issue and make referrals to the appropriate agencies where necessary</p> <p>1.2.2. Deliver support services to concerned and significant others (CSO) of alcohol users</p> <p>1.2.3. Local organisations raising awareness of/providing info about family/carer support groups e.g. Al-Anon, Al-Ateen, SMART</p> <p>Proposed Actions</p> <p>1.2.4. Extend repeat call analysis to include calls to fire and ambulance services to identify safeguarding, alcohol misuse and dual diagnosis issues and make referrals to the appropriate agencies where necessary</p>	<p>CCTV and Analytical Team</p> <p>CGL</p> <p>Primary Care, SLAM, CGL, Insight</p> <p>CCTV and Analytical Team</p>	<p>Ongoing</p> <p>Ongoing (to be considered in annual contract review)</p> <p>Ongoing</p> <p>Tanya can you please propose a deadline</p>
1.3. At-risk and vulnerable groups	<p>Current Actions</p> <p>1.3.1. Explore early intervention and prevention opportunities to reduce the negative impacts of alcohol misuse on young people</p>	<p>Insight, CGL, educational providers</p>	<p>Ongoing</p>

	<p>1.3.2. Improve service access for vulnerable groups including women, older adults, ethnic minorities and the LGBTQ+ community</p> <p>1.3.3. Reconnect non Southwark Central and Eastern Europeans via Routes Home to areas where they have more social capital or support</p> <p>1.3.4. Work in partnership with the Home Office ICE teams, the North and South Jet teams and SASBU to implement enforced reconnection</p> <p>Proposed Actions</p> <p>1.3.5. Improve access to refuges for women with a drug or alcohol problem to support those unsupported in the current system</p>	<p>DAAT, drug and alcohol treatment providers</p> <p>St Mungo's SASBU/ Rough Sleeper Street Population Co-ordinator</p> <p>St Mungos SASBU/ Rough Sleeper Street Population Co-ordinator</p> <p>DAAT</p>	<p>Ongoing (to be reviewed in quarterly contract monitoring)</p> <p>Ongoing reviewed in quarterly contract monitoring</p> <p>Annual</p> <p>October 2019</p>
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AIM 2:

Healthier people: Reduce the health and well-being burden associated with alcohol use and misuse across the borough

Objective 3: Reduce alcohol-related health harms through promoting early identification, brief intervention, and better care

Theme	Current and Proposed Actions	Owner	Timescale
<p>1.1. Health intelligence and data</p>	<p>Current Actions</p> <p>1.1.1. Establish an in depth understanding of local population alcohol need through conducting health needs assessments to include analysis of alcohol use in existing treatment population where alcohol was not the primary substance of use at treatment entry</p>	<p>DAAT, Public Health</p>	<p>Ongoing (linked to annual PHE JSNA data)</p>

	<p>Proposed Actions</p> <p>1.1.2. Evaluate hospital admission data to understand demography, frequent attenders, dual diagnosis</p> <p>1.1.3. Develop a needs assessment programme as part of the JSNA on vulnerable / specific population groups: dual diagnosis, physical health issues, chaotic patients, Eastern Europeans</p> <p>1.1.4. Analyse outcomes associated with different referral pathways</p> <p>1.1.5. Develop and provide a quarterly training programme for other stakeholders; AUDIT/IBA training</p>	<p>Public health (Intelligence)</p> <p>Public health (Intelligence)</p> <p>Public health, DAAT, drug and alcohol treatment providers</p> <p>CGL, Adult Social Care (MH & SM), SLAM</p>	<p>April 2018</p> <p>April 2019</p> <p>April 2019</p> <p>April 2018</p>
<p>1.2. Prevention and early intervention</p>	<p>Current Actions</p> <p>1.2.1. Target intervention activity towards those with high AUDIT scores</p> <p>1.2.2. Deliver IBA as part of peer mentor outreach work</p> <p>1.2.3. Leverage the CQUIN for delivery in outpatient settings. Facilitated by IBA digitalisation and the roll out of MECC across GSTT</p> <p>Proposed Actions</p> <p>1.2.4. Leverage the 2017-19 alcohol screening and brief advice or referral CQUIN</p> <p>1.2.5. Review the provision of IBA in primary care and other health settings</p>	<p>Primary care, drug and alcohol treatment providers</p> <p>Peer mentors</p> <p>Acute care</p> <p>CCG, Acute care, SLAM</p> <p>Public Health</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>April 2019</p> <p>April 2018</p>

1.3. Treatment system and pathway development	Current Actions		
	1.3.1. Manage alcohol withdrawal and prescribing advice for inpatients	Acute care , in-patient detoxification providers	Ongoing
	1.3.2. Manage alcohol withdrawal and prescribing in community settings	CGL	Ongoing
	1.3.3. Deliver physical health assessments to all individuals presenting to structured treatment	CGL , Insight, SLAM, primary care	Ongoing
	1.3.4. Promote recovery for all presentations though recovery plans and recovery support	CGL , Insight	Ongoing
	1.3.5. Ensure robust, informed referrals to the adult alcohol treatment service from the specialist assessment service	Older Adult Services	Ongoing
	1.3.6. Deliver mandatory drug and alcohol screening for all new patients	Older Adult Services	Ongoing
	1.3.7. Manage the inpatient detox of vulnerable clients unsuitable for community detox	Inpatient Detoxification Units Reconnect	Ongoing
	1.3.8. Promote and further develop relationships and pathways and facilitate handovers and transitions between services	CGL , primary care, CCG, acute care, Inpatient detox providers, SLAM	Ongoing
	Proposed Actions		
1.3.9. Ensure dry hostel placements to support continuity of abstinence	DAAT	April 2019	
1.3.10. Develop links and joint working protocol between all services to ensure seamless prescribing of acamprostate/ disulfiram with support from medicines optimisation committee	Primary care , Acute Care, CGL, SLAM	July 2018	

	1.3.11. Prescribe medication to prevent relapse, promote abstinence and refer to IAPT	Primary care (GPs)	July 2018
	1.3.12. Develop a task group focusing on how to address “treatment resistant” patients	Primary care, CGL, Insight, SLAM	January 2018
	1.3.13. Provide appropriate services that take into account age-related needs such as impaired mobility, social isolation, physical co-morbidity and cognitive impairment	DAAT, CGL, SLAM, Older Adults Services	April 2019
	1.3.14. Develop robust care pathways between MHOA and adult treatment service for screening, brief intervention and referral to treatment to ensure that the needs of older people with alcohol problems are met; taking into account complexity and atypical presentations of dual diagnosis	SLAM, Older Adults Services	March 2018

Objective 4: Develop and promote better community well-being through improved awareness, harm reduction and treatment

Theme	Action	Owner	Timescale
1.1. Dual diagnosis and mental health	Current Actions		
	1.1.1. Develop a dual diagnosis strategy for the management of older adults: Mental Health of Older Adults and Dementia Clinical Academic Group	Older Adults Services, CGL	Ongoing
	1.1.2. Assess mental health needs of all alcohol users presenting for structured treatment or make referral to specialist mental health services (where mental health screening indicates that medication will be required), develop recovery plans that promote improvements in mental health and wellbeing	CGL, Insight	Ongoing
	Proposed Actions		
	1.1.3. Undertake an audit (co-ordinated with the adult mental health services) of mental health and substance misuse caseloads	SLAM, CGL, Insight	March 2018

	to identify dual diagnosis patients/cross over in patient caseload		
1.2. Training and quality assurance	Current Actions 1.2.1. Promote more effective work with dual diagnosis patients; facilitated by the dual diagnosis lead for each service and ensuring a consultant nurse is available for advice/information for all teams	SLAM, CGL	Ongoing
	1.2.2. Ensure alcohol e-learning package and level 2 dual diagnosis training is available to all staff	SLAM	Ongoing
	Proposed Actions 1.2.3. Receive training around dual diagnosis assessment and establish MH assessment activities as standard	Adult Social Care (MH & SM)	April 2018
	1.2.4. Develop an automated reporting systems to better monitor performance e.g. percentage of new patients that have been screened using AUDIT	SLAM	April 2017
1.3. Integrating services	Proposed Actions 1.3.1. Provide a single point of contact for community mental health teams for referrals into adult alcohol treatment service (dual diagnosis)	CGL, SLAM	January 2018
	1.3.2. Develop and agree joint working protocols between mental health and substance misuse services (dual diagnosis)	CGL and SLAM	December 2017
	1.3.3. Develop care pathways to enable people that are ready to address alcohol to access the adult alcohol treatment service	SLAM, CGL	December 2017

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3. Southwark Statement of Licensing Policy 2016-2020, Southwark Council, 2016.

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