

# Alcohol Strategy Domain Group 1: Addressing the Drinking Culture

## Action Plan 2013-14

### **Key Objective:**

Prevention - to create a city-wide cultural shift which challenges and changes tolerance to problematic drinking through community engagement, mobilisation and increased social awareness and education both universally and targeted at different groups within the population.

### **Expected outcomes 2013 - 14:**

- 1. Fewer people drinking above recommended guidelines - focus on LGBT, families, older people, young people, schools and pregnant women (clarified in SDG4)*
- 2. Fewer numbers of young people aged 14 - 16, drinking to get drunk on a regular basis. - SAWS Safe and Wellbeing survey results*
- 3. Employers are better able to identify and support hazardous alcohol consumption in their workforce – Baseline to be established in year 1 and identification of high risk occupations.*
- 4. Alcohol-related problems are identified early in increasing risk families/groups and appropriate responses are provided – Continue and review programmes*

## PRIORITY AREAS FOR 2013/14

Activity/Action	Outcome/Impact	Current/Planned Activity	Timeframe/ Milestones	Cost/Resource Implications	Lead/s	Identified KPIs
<b>2013/14 PRIORITIES</b>						
Understand and act upon key findings from the Big Alcohol Debate	<ul style="list-style-type: none"> <li>Providing alternatives to drinking, shifting the emphasis away from just alcohol by highlighting potential opportunity to local business</li> </ul>	<ul style="list-style-type: none"> <li>Working with The Bevy, community pub initiative in Bevendean</li> </ul>	Produce a film of the process behind the development of the first community pub in B&H	4K	Kate Lawson Jake Barlow	Raise awareness in local community and City to raise funds and support for project
		<ul style="list-style-type: none"> <li>'Pink Fringe' at Pride – series of events providing an alternative to alcohol for St James's Street Village Party</li> </ul>	Work with fringe organisers to build on success of last year	None	Jake	Ticket figures for Preston Park and No (headcount) at Pink Fringe
		<ul style="list-style-type: none"> <li>Alternatives to alcohol in the evenings.</li> </ul>	Tony Wright and Kate to investigate possibilities.	None	Kate	Alternatives to alcohol available in the evenings in City centre
		<ul style="list-style-type: none"> <li>Rebranding the city and offering alternatives to the conventional hen and stag nights</li> </ul>	Work local adventure organisations/ businesses	None	Kate +Jake	

Targeted marketing campaigns developed & evaluated, to reach identified priority audiences	<ul style="list-style-type: none"> <li>Pregnant women have a better understanding of the risks associated with alcohol consumption during pregnancy</li> </ul>	<ul style="list-style-type: none"> <li>Develop range of resources for pregnant women on the risks of alcohol consumption during pregnancy. To be distributed by midwives</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	£3,000	Michelle Kane Penny Ashby, Health Promotion	<ul style="list-style-type: none"> <li>Monitor resources distributed and evaluate women's responses to usefulness of resource.</li> <li>Resources to complement training pilot as below.</li> </ul>
Training for priority workforces (initially midwives) in early identification	<ul style="list-style-type: none"> <li>Midwives are competent to provide screening and brief advice</li> <li>Midwives are to refer pregnant women on to Jan Mattis, Specialist Midwife</li> </ul>	<ul style="list-style-type: none"> <li>Training schedule in progress</li> </ul>		£2,000	Health promotion to co-ordinate with Maternity BSUH and Jan Mattis, Specialist Midwife BSUH	<ul style="list-style-type: none"> <li>Date tbc with BSUH</li> <li>Numbers of key workforce trained</li> <li>Change in midwives confidence/competence to screen</li> <li>% increase on baseline of self reported confidence and competence of midwives as result of training</li> <li>Improved referrals to Specialist Midwife</li> </ul>
Quality of secondary school SRE and drug and alcohol education practice is improved with a particular focus on an entitlement for students in Years 9 and 10.  Support engagement providers to delivery SRE and drug education as part of Personal and Social Development.	<ul style="list-style-type: none"> <li>Reduction in high risk alcohol related behaviour and attitudes in the SAWSS</li> </ul>	Agree observations /joint teaching/ coaching sessions with PSHE co-ordinators. Deliver PSHE co-ordinators Development Day and CPD in schools on request. Work with focus groups of students to review and develop practice in SRE and drug and alcohol education. Development of materials to be	March 2012 – July 2013	Post within existing contract arrangements	Healthy Schools Team	<ul style="list-style-type: none"> <li>SAWSS shows an increased student satisfaction with SRE and drug and alcohol education.</li> </ul>

		presented to teachers. Action Plans for development in place in all schools				
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## SDG1 – ACTION PLAN

Activity/Action	Outcome/Impact	Current/Planned Activity	Timeframe/ Milestones	Cost/Resource Implications	Lead/s	Identified KPIs
<b>1. Improved communication &amp; engagement on alcohol related issues</b>						
1.2 Targeted marketing campaigns developed & evaluated, to reach identified priority audiences (e.g young people aged 10-15yrs, pregnant women, older people)	<ul style="list-style-type: none"> <li>• Increased knowledge of drinking guidelines and short and long term dangers of alcohol use and associated risky behaviour in priority audiences</li> <li>• A 'safe' drinking culture/approach is created</li> <li>• Young people are better able to recognise, cope and avoid situations where peer pressure may lead to use of drugs or alcohol</li> <li>• Pregnant women have a better understanding of the risks associated with alcohol consumption during pregnancy</li> <li>• Older people better able to recognise appropriate levels of consumption</li> </ul>	<p>Completion of segmentation process for &lt;25's from A&amp;E data – who lives where, etc. Identify the profiles and matched with effective communication responses/tools to engage with.</p> <p>Develop resources for pregnant women on the risks of alcohol consumption during pregnancy. To be distributed by midwives.</p>	April 2012 – March 2013	£25k additional funding required for resources Post within existing contract arrangements	<p>Liz Tucker to complete MOSAIC profiling</p> <p>Michelle Kane Public Health</p> <p>Youth Service</p>	<ul style="list-style-type: none"> <li>• 3 media &amp; communications campaigns/annum targeted at high risk groups; May Festival campaign agreed by SDG1 on 15<sup>th</sup> March</li> <li>• 3 behaviour change resources for above campaigns developed</li> <li>• Alcohol and Cannabis DVD resource is progressing and is aimed at 13 – 15 year olds in Youth Work settings.</li> <li>• Changes in knowledge to be based on focus groups with pregnant women, older people, under 25's</li> <li>• Monitor "thinkdrinkdrugs" website usage Changes in attitude of older people based on Health Counts 2, and Cheers report.</li> <li>• Monitor resources distributed and evaluate women's responses to usefulness of resource.</li> </ul>
1.3 Quality of Secondary School SRE and Drug and	Reduction in high risk alcohol related behaviours and	Agree observations/ joint teaching/	March 2012 – July 2013	Post within existing contract	Healthy Schools	SAWSS shows an increased student satisfaction with SRE

Alcohol Education practice is improved with a particular focus on an entitlement for students in Years 9 and 10	attitudes in the SAWSS	coaching sessions with PSHE co-ordinators. Deliver PSHE co-ordinators Development Day and CPD in schools on request. Work with focus groups of students to review and develop practice in SRE and drug and alcohol education. Development of materials to be presented to teachers. Action Plans for development in place in all schools		arrangements	Team	and drug and alcohol education.
<b>2013 Ongoing -</b>						
Activity/Action	Outcome/Impact	Current/Planned Activity	Timeframe/ Milestones	Cost/Resource Implications	Lead/s	Identified KPIs
<b>1. Improved support to manage alcohol related issues</b>						
2.1 To equip parents to be able to provide young people with appropriate advice and support around drugs and alcohol <b>(Link with SDG2 – Availability + SDG 3 – NTE)</b>	<ul style="list-style-type: none"> <li>Parents know how to support their teenagers in managing issues related to alcohol</li> <li>Parents have increased understanding of health risks &amp; other consequences associated with proxy-purchasing of alcohol for young people</li> <li>Parents of substance misusing young people have a clear understanding of their support role in treatment</li> </ul>	<p>Parenting sessions in schools and information disseminated via schools communication processes</p> <p>Production of safer drinking guide for parents in partnership with young people</p> <p>Parents meetings at Ru-ok?</p>		£4k requested for resource and group work.	Kerry Clarke and Healthy Schools Team + RUOK Health Promotion	<ul style="list-style-type: none"> <li>No of safer drinking guidelines for parents &amp; teenagers distributed via health promotion events and parent information sessions in 3 schools (Appendix A)</li> <li>Areas of activity and outcome TBC</li> <li>Self reported increase understanding of support role for parents within treatment programs</li> <li>Key messages developed and promoted with and for parents on proxy-</li> </ul>

						purchasing & house parties – community working together
2.2 To promote sensible drinking messages to enable employers to make informed choices and ensure access to specialist services as required	<ul style="list-style-type: none"> <li>Increasing and higher risk alcohol consumption is reduced in the workforce</li> <li>Key messages targeted to employees that includes them as individual and employees</li> <li>Sign posting to local services and the provision of information and self help leaflets to enable employees to seek independent and confidential advice and support</li> </ul>	<p>Consultation exercise with staff to develop policy</p> <p>Key messages provided via individual workforce communication processes focusing on the person as employers &amp; people i.e. as young people, parents, etc.</p> <p>Promote the Workplace Wellbeing Charter to all businesses (includes a standard for alcohol and substance misuse)</p>	April 2011– March 2012	Resource neutral	Michelle Kane , Tony Wright, Workplace s, CRI post,	<ul style="list-style-type: none"> <li>Workplace alcohol health Promotion events</li> <li>Number of policies in place across workforce</li> <li>Consultation processes within individual workforce teams</li> <li>Monitor key message distribution and evaluation of reach</li> <li>Number of businesses signed up to the Workplace Wellbeing Charter Baseline to be established on what % of workforce drinking at increasing risk levels and identification of high risk occupations via questionnaires. (Appendix B).</li> </ul> <p>New workplace alcohol Health Promotion resource has been developed and is being translated into Polish and Spanish.</p>

### 2011 Ongoing - Look at refocusing - depends on outcome of 1.1

Activity/Action	Outcome/Impact	Current/Planned Activity	Timeframe/ Milestones	Cost/Resource Implications	Lead/s	Identified KPIs
<b>2. Improved early identification in high risk families</b>						
3.1 Training for priority workforces (initially midwives) in early identification is embedded in staff induction programs and the professional workforce development schedule ( <b>Link with LEAD SDG4 – Treatment &amp; Aftercare in providing training as part of contracts</b> )	<ul style="list-style-type: none"> <li>Reduced early exposure to parental drinking in families – during pregnancy &amp; under 5s</li> <li>Reduced experimentation with alcohol in 14-16yrs</li> <li>Staff are competent to provide screening, brief advice and interventions</li> </ul>	<p>Training schedule in progress</p> <p>Midwifery</p>	April 2011 to March 2012	Within core funding	Health promotion to co-ordinate with Maternity BSUH and Jan Mattis,	<ul style="list-style-type: none"> <li>Numbers of key workforce trained. No-FAS training expected June/July 2013, dates tbc with BSUH.</li> <li>Change in confidence/competence of key staff to screen</li> <li>% increase on baseline of self reported confidence</li> </ul>

(Appendix C has training update)	and manage risk within their own service as opposed to refer on, where appropriate. Midwives are to refer pregnant women on to Jan Mattis, Specialist Midwife				Specialist Midwife BSUH	and competence of staff as result of training <ul style="list-style-type: none"> <li>Improved referral rates specialists/ alcohol treatment services</li> </ul>
3.2 Increase in CAF/CAF+ activity, reducing the need for higher tier interventions and thereby improving VfM  (Link with SDG4 – Treatment & Aftercare and taken from the VFM prevention highlight report)	<ul style="list-style-type: none"> <li>Reduction in children/young people entering the care system</li> <li>Families are identified early for support where domestic violence, alcohol / substance misuse and mental health issues and other risks are present</li> <li>Increase the numbers of family CAFs where screening and intervention for alcohol use form part of the action plan</li> <li>Improved referrals rates into appropriate alcohol treatment services</li> </ul>	Performance activity to be agreed with service reviews for health visitors and school nurses  Targets set and achieved across children's services commissioned activities	April 2011– March 2012	Within core funding	Value For Money Prevention Work stream.	<ul style="list-style-type: none"> <li>LAC : Target is for 24.8 FTE children to be prevented from entering into care</li> <li>100 CAFs to be initiated every month and at least 75% of these to have completed assessments within the target of 30 days.</li> <li>20% increase on baseline of those with CAF's screened for substance misuse and appropriate action taken</li> <li>% improvement for parents undertaking parenting intervention programs.</li> </ul>
3.3 Work with managers to improve existing screening, intervention and referral process for young people at increased risk of substance misuse, particularly those aged 13-18yrs (Link with SDG4 – Treatment & Aftercare)	<ul style="list-style-type: none"> <li>Reduced experimentation, binge drinking, increasing and higher risk drinking in yp</li> <li>Improved early identification &amp; screening</li> <li>Improved care/CAF action plans for yp who are hard to engage / pre-contemplative to treatment</li> <li>Improved referrals rates into alcohol treatment services</li> </ul>	Targets set and achieved across children's services commissioned activities	April – March 2012	Within core funding	Commissioning team Supporting people CAMHS, Social care Youth Services  Kerry Clarke RUOK	<ul style="list-style-type: none"> <li>Performance KPI's as part of the performance compacts between the Commissioning Unit and Delivery unit – social care, housing, youth services and CAMH's</li> </ul>