Newham London

Alcohol Delivery Plan 2017/20

1.Foreword

We are pleased to present to you our Alcohol Delivery Plan for Newham, in which we set out the priority areas we will address as we respond to the challenges caused by alcohol and its connected issues. “Alcohol misuse places a strain on our emergency services and a significant cost burden on society.” [1]

The delivery plan sets out clear local priorities, identified in partnership with stakeholders from Health, Local Authority Enforcement, Social Care, the National Probation Service, the Community Rehabilitation Company, the Police and the Voluntary Sector. It reflects both the priorities identified in the government’s Modern Crime Prevention strategy 2016 and the local picture of alcohol misuse and its negative impacts.

We have learnt that local alcohol related issues in Newham cannot be dealt with in silo and we are committed to ensuring that all partners share information, work together to identify and solve problems related to alcohol and, above all, and work together with our communities. This joint approach will ensure that our local approach is timely, effective and an efficient allocation of resources. Through our multi agency partnership approach, the plan outlines how we will together tackle the problems of alcohol misuse over the next three years.

Councillor Clive Furness, mayoral advisor for adults and health

Purpose: Reduction in Alcohol related harms by raising community and personal resilience

2. Executive Summary

In response to the Modern Crime Prevention strategy and the Newham Alcohol Needs Assessment 2014 the Substance Misuse Commissioning Team was requested to produce an Alcohol Delivery Plan with local partners, including public health team by the Substance Misuse Partnership Board. In September 2016 the Alcohol Task and Finish was established to support the development of the plan the group enabled a partnership approach and secured local buy in and a common shared understanding. The delivery plan outlines how together we will tackle alcohol misuse and reduce alcohol related harms over the next 3 years.

The Alcohol Delivery plan overall purpose was decided by the Alcohol task and finish group after careful consideration of local needs and agreement of intended impact to address identified needs.

[1] Modern Crime Prevention strategy 2016

Following completion of the Alcohol CLeAR Self Assessment Tool in October 2017, in collaboration with the Alcohol Task and Finish Group, the following areas were identified as requiring overall improvement in Newham:

1. Having a local alcohol delivery plan in place that encompasses local vision and governance arrangements.
2. The sharing and use of locally collated data to measure the impact of all partnership activity on reduction of alcohol related harms.
3. Providing a prevention response to reduce consumption in those drinking at increased levels of harm.
4. Having a shared communication plan for alcohol prevention and harm reduction related issues.

Findings from the self assessment informed group discussions on the broader areas which required a coordinated partnership approach to achieve local improvements. By using this information as the evidence based foundation as areas for improvement, it helped to shape the top six key focus areas, which was decided by the group as the most effective approach in achieving the delivery plan purpose.

1: Partnerships, Vision & Governance

The delivery plan aims to build a strong foundation necessary to respond locally to alcohol harm. The partnership will focus on the development of a local approach and style that maximises the contribution from relevant stakeholders across the authority including the voluntary sector. There is commitment that commissioners will work closely with all relevant partners to support the development of high-quality, evidence-led responses that achieve positive outcomes for individuals, families and communities affected by alcohol.

2: Information sharing and analysis across partnership

The delivery plan will focus on activities that will improve local intelligence through sharing of information. Local intelligence will inform commissioning, measure the impact of the delivery plan on alcohol related harm and inform decision making activity in relation to local licensing, community safety and enforcement.

3: Targeted prevention for those at risk

The emphasis is on lowering alcohol consumption for those where alcohol-related risks are increasing. The delivery of targeted brief advice and early interventions aimed at individuals in at-risk groups will help make people more aware of the harm they may be experiencing and can prevent future or further damage to health and wellbeing. There will be a focus on increasing opportunities for screening and referral in primary care and embedding pathways for those needing specialist support.

4: Specialist Community Alcohol Treatment and Prevention

The local commissioned service will continue to reduce alcohol dependency and improve recovery. It will ensure that all residents have prompt access to effective alcohol treatment including packages of psychosocial, pharmacological, therapeutic, mutual aid and recovery

interventions. Targeted provision of Brief and Enhanced Brief advice to reduce harmful drinking, particularly in Criminal Justice settings.

5: Targeted Alcohol related Crime, Enforcement & Domestic Sexual Violence activity

The focus will be on a partnership response to supporting those experiencing Domestic Sexual Violence (DSV) or the perpetrators of DSV to reduce alcohol related harms and increase opportunities for recovery. There will be continued partnership working to reduce alcohol related crime and Anti Social Behaviour (ASB) through effective enforcement and Criminal justice related alcohol interventions.

6: Alcohol hospital admissions and Health & Social Care

Addressing the harms of those admitted to hospital for alcohol-related conditions is a priority and therefore the delivery plan will focus on the establishment of effective treatment and recovery service pathways from hospital for dependent drinkers to achieve sustained abstinence. Activity will also aim to focus on reducing binge drinking and its associated harms, including circulatory problems, liver disease, and poor mental health.

3. Acknowledgements

Members of Alcohol Task & Finish group:

Fiona Hackland – Head of Commissioning Substance Misuse DSV & Homelessness
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Cat Everett – Domestic Violence Commissioning Officer
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Sheila Roberts - Enforcement Manager
Micheal Jones – Healthy Lifestyles Commissioner
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Consultation Group:

Change Grow Live - Alcohol Recovery Workers

Change Grow Live – Health & Wellbeing Assistant

Change Grow Live – Recovery Champion

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5. Background

Alcohol is now the leading risk factor for ill-health, early mortality and disability among those aged 15 to 49 in England, and is the fifth leading risk factor for ill-health across all age groups.[2] In addition to the well-established relationship between alcohol and the development of a number of different disease and health problems, its consumption also has social and economic consequences both to the individual and society.

- The public health burden of alcohol is wide ranging relating to health, social or economic harms[3]
- More than 9 million people in England drink more than the recommended daily limits
- In the UK, in 2014 there were 8,697 alcohol-related deaths
- Alcohol is 10% of the UK burden of disease and death, making alcohol one of the three biggest lifestyle risk factors for disease and death, after smoking and obesity

> *"More working years of life are lost in England as a result of alcohol-related deaths than from cancer of the lung, bronchus, trachea, colon, rectum, brain, pancreas, skin, ovary, kidney, stomach, bladder and prostate combined.* [1] *"*

- An estimated 7.5 million people are unaware of the damage their drinking could be causing
- Alcohol related harm costs England around £21bn per year, with £3.5bn to the NHS, £11bn tackling alcohol-related crime and £7.3bn from lost work days and productivity costs[4]

The London Borough of Newham Alcohol Needs Assessment 2014 identifies that Newham's population has higher than average rates of health-related harms as a result of alcohol use.

In 2012 the Government produced a national Alcohol strategy which had a focus on reducing binge drinking and, subsequently, its wider impact on the community. The strategy sets out key polices which included minimum pricing, zero tolerance of drunken behaviour and improved powers to stop alcohol sales to those already intoxicated.

The 2012 Alcohol strategy is now superseded by the Modern Crime Prevention Strategy 2016 which has a primary focus on alcohol as a driver of crime. The prevention strategy focuses on three core areas:

- Improving local intelligence
- Establishing effective local partnerships.
- Equipping the police and local authorities with the right powers

[2] The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies: An evidence review PHE Dec 2016
[3] Ibid
[4] Alcohol Concern 2016

Public Health England(PHE) in April 2017 published estimated numbers of prevalence of adults with alcohol dependence potentially in need of specialist assessment and treatment at National and Local Authority alcohol related prevalence estimates. In Newham it is estimated that there are 3,615 adults who are dependent and need access to treatment. This is the first time the PHE have provided robust prevalence estimates for adults with alcohol dependence and therefore provides an understanding of the level of need and potential harms that will require a local response.

In response to the Modern Crime Prevention strategy, Alcohol Needs Assessment and newly published PHE prevalence estimates the Substance Misuse Commissioning Team has produced this alcohol delivery plan in partnership with Newham's public health team and other representatives from the Substance Misuse Partnership Board. Taking a partnership approach, it outlines how together we will tackle alcohol misuse and reduce alcohol related harms over the next 3 years.

The Newham Resilience Performance Management Framework sets out the borough's approach to building community and personal resilience to develop skills, health and access to employment for its residents. The performance framework provides a shared vision and builds on concepts such as capabilities, empowerment and research on social mobility. The core components of the resilience framework is made up of three strands – personal, community and economic. The following resilience areas were used to inform the procurement of the integrated adult substance misuse service – the table below details how the alcohol delivery plan will also contribute towards Community and Personal resilience.

Community Resilience	***Integrated Adult Substance Misuse Service***	**Alcohol Delivery Plan**
A Community that is Safe and feels Safe	Reduction in the proportion of drug using criminal justice clients committing specific serious acquisitive crimes. Reduced arrests of those in substance misuse treatment.	Partnership working to reduce harmful levels of consumption and availability of alcohol to aid crime prevention Improving local intelligence

Personal Resilience	***Integrated Adult Substance Misuse Service***	**Alcohol Delivery Plan**
People are Healthy ***People are Safe*** ***People are in Control***	Drug treatment leading to a reduction in chaotic living Successful completion of substance misuse treatment where requested by the user. Reduced alcohol-related hospital admissions. Chaotic and Anti-social behaviour reduction Crime reduction, including violent crime amongst alcohol users	Specialist Alcohol treatment, screening and brief advice Targeted action for those most vulnerable Use of new powers to reduce alcohol related harms Evidence based prevention approaches that build life skills and resilience

Newham's approach to Adult alcohol service provision is to protect the broader community from harms associated with drugs and alcohol, and to provide the people misusing substances in the borough with support to overcome their dependency. This approach aligns with broader community concerns around drugs and alcohol and what service users want for themselves.

Health interventions aimed at drinkers who are already at risk and specialist treatment for people with harmful drinking patterns and dependence are effective approaches to reducing consumption and harm in these groups. Typically, these interventions show favourable returns on investment. However, their success depends on large-scale implementation and dedicated treatment staffing and funding streams, without which they are less effective.[5]

6. Delivery Plan Purpose and Focus Areas

Purpose: Reduction in Alcohol related harms by raising community and personal resilience

The Alcohol Delivery plan overall purpose was decided by the task and finish group after careful consideration of local needs and agreement of what impact the plan intended to create to address identified needs.

Alcohol CLeaR Self Assessment Tool

It was decided at the Substance Misuse Partnership board that the Alcohol CLeaR[6] self assessment tool should be completed to shape and inform the delivery plan. The self assessment was completed in October 2016. Findings from the tool provided direction for the Task & Finish group to identify the key focus areas that would enable the plans purpose to be achieved.

The tool is an evidence and place based self assessment tool devised by Public Health England to stimulate discussion amongst partners about local opportunities for improving outcomes through effective collaborative working. It helps local alcohol partnerships to focus on how local structures and the processes that are currently in place contribute to reductions in alcohol-related harm.

Following completion of the CLeAR Self Assessment Tool, in collaboration with the members of the Alcohol Task and Finish Group, the following areas were identified as requiring improvement in Newham:

- Having a local alcohol delivery plan in place that encompasses local vision and governance arrangements
- The sharing and use of locally collated data to measure the impact of all partnership activity on reduction of alcohol related harms
- Providing a prevention response to reduce consumption in those drinking at increased levels of harm

[5] Ibid
[6] CLeaR stands for the three linked domains of the model: **C**hallenge, **Lea**dership & **R**esults

- Having a shared communication plan for alcohol prevention and harm reduction related issues.

These findings informed task group discussions on the broad areas which required a coordinated partnership approach to achieve improvements. By using this information as evidence based foundation it shaped the six key focus areas as the most effective approach in achieving the delivery plan purpose. This has been further explained below.

Focus areas 1 to 6

The delivery plan main focus areas will apply to over 18's in the borough, however it should be noted that the plan will also impact on those under 18 and children and young people affected by their parents/ carers alcohol use.

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2: Information sharing and analysis across partnership

The delivery plan will focus on activities that will improve local intelligence through sharing of information. Intelligence will inform commissioning, measure the impact of the delivery plan on alcohol related harm and inform decision making activity in relation to local licensing, community safety and enforcement.

3: Targeted prevention for those at risk

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4: Specialist Community Alcohol Treatment and Prevention

The local commissioned service will reduce alcohol dependency and improve recovery. It will ensure that all residents have prompt access to effective alcohol treatment including packages of psychosocial, pharmacological, therapeutic, mutual aid and recovery interventions. It will also provide Brief and Enhanced Brief advice to reduce harmful drinking, particularly in Criminal Justice settings.

5: Targeted Alcohol related Crime, Enforcement & DSV activity

The focus will be on a partnership response to supporting those experiencing DSV or the perpetrators of DSV to reduce alcohol related harms and increase opportunities for recovery. There will be continued partnership working to reduce alcohol related crime and Anti Social Behaviour (ASB) through effective enforcement and Criminal justice related alcohol interventions.

6: Alcohol hospital admissions and Health & Social Care

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7. Local Context

About the London Borough of Newham

Local context background information is based on information from the current draft of the JSNA. Newham is a very young population with an average age of 31 years; 9 years younger than the rest of the country. It is very mixed ethnically. The principal population groups are: White British and White Other (mainly Eastern European); Asian, Black African and Caribbean, each with their own health risks and health behaviours. The most growth is predicted in the Asian population (31-36%) compared to an assumed 9% increase in the white population.

- **Deprivation l**evels are improving but Newham is still the 25th most deprived borough in England in 2015.
- **Turnover and churn** puts services under additional pressure and increased complications in effectively identifying and providing appropriate treatment.
- **Religion** in Newham (40%) as largest group is Christianity followed by Islam (32%); no religion (10%); Hindu (9%)
- **Language** most commonly spoken other than English are Bengali (13%), Urdu (6%) and Gujarati (5%)[7]
- **Newham** has the higher than national averages od alcohol related crimes (including violent and sexual crime) and health problems.[8]

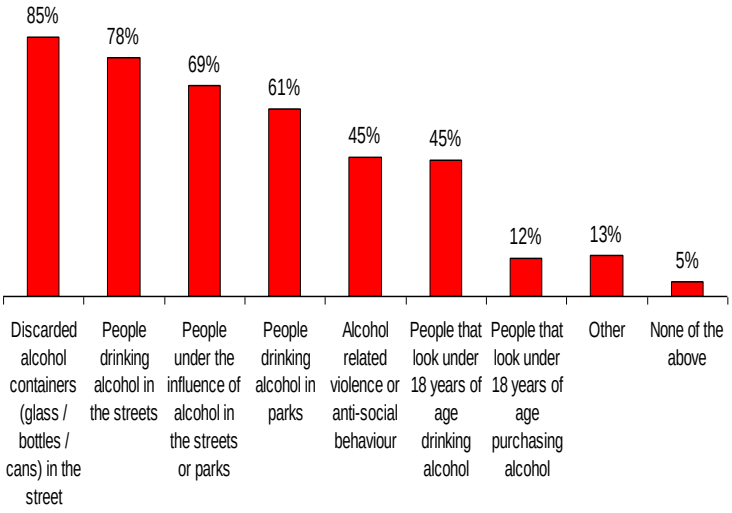
Newham House Hold panel Survey

Newham residents' panel survey highlighted the following issue for residents:

[7] Understanding Newham June 2014 Newham Household Panel Survey Wave 7 Survey Findings
[8] Domestic & Sexual Gender Based Violence delivery Plan 2016 - 2020

- Drugs and alcohol are viewed as a problem in Newham by large proportions of the community.
- People in Newham also directly experience the harms that come from drug and alcohol misuse
- People are sometimes not aware or confident as to where they can access help for people with drug and alcohol problems.
- 70% of respondents to the Newham Household Panel Survey wave 7 thought people being drunk and rowdy in the street or other public places were a big worry.[9]

Figure 1: Substance misuse related issues that residents have noticed in their local area



Don't Bottle it Up Data

Don't Bottle it Up (DBIU) is designed by HAGA[10] and is an innovative Identification and Brief Advice (IBA) delivery model centred on an alcohol screening, advice and referral website. The site is open to all users of the internet and visitors can determine whether their drinking is risky, devise a personalised plan to reduce their drinking, find local support and directly make a self referral to an alcohol service. The site is also a source of alcohol related information for both residents and health and social care staff which includes information on binge drinking, safe alcohol limits and hangovers. The portal also provides commissioners with demographic information and data on levels of alcohol consumption reported by site users.

The portal has been available to Newham residents since January 2016, with numerous campaign activities taking place to raise awareness of the portal and to encourage residents

[9] Ibid
[10] Haringey Advisory Group on Alcohol

to use it. Campaigns have ranged from social media to community coffee mornings. Data collated from the portal has been summarised below:

DBIU Data Summary Jan 2016 – June 2016

Month	Unique Hits	AUDITS Completed	On screen Advice	Typical site user		
				Ave Risk	Ave Age	Demographics
Jan	153	62	62	Increasing Risk	25 - 34	Female (WB[11])
Feb	46	21	21	Increasing Risk	25 - 34	Male (WB)
March	79	30	30	Increasing Risk	25 - 34	Female (WB)
April	84	33	33	High Risk/ Possible Dependence	16 – 24	Male (WB)
May	184	79	79	Increasing Risk/ Low Risk	25 - 34	Male (WB)
June	127	63	63	Increasing Risk	25 – 34	Female (WB)
July	202	113	113	Increasing Risk	25-34	Male (WB)
August	75	33	33	Increasing Risk	25-34	Male (WB)
October	73	29	29	High Risk / Possibly Dependent	25 - 34	Female (WB)
November	654	428	428	Increasing Risk	25-34	Female (WB)
December	105	40	40	High Risk / Possibly Dependent	16 - 34	Male (WB)
Jan 2017	1004	671	671	Increasing Risk	16 - 24	Male (WB)
Total	2786	1602	1602	**Increasing Risk**	**25-34**	**Male (WB)**

The above data highlights that of the 309 AUDITS completed, the emerging need identified is that of *increasing risk*. LAPE[12] data also estimates that 18.91% are engaging in increasing risk drinking. These local area synthetic estimates are generated from statistical models combining national survey and local area level data.

[11] White British
[12] Local Alcohol Profiles for England Mid 2009 synthetic estimate.

The DBIU portal has demonstrated a 'reach' to women and other groups which is not reflected in the numbers seeking treatment locally. There is also a reflection of the borough's population figures, with a younger demographic aged between 25 – 34 years reporting increased risk due to alcohol consumption. This is slightly younger than the main age group (21-40 years) accessing structured treatment during the same time period. This may also indicate that this younger group identified via DBIU are more likely to seek alternative support to conventional routes i.e. structured treatment within a specialist treatment centre. As an alternative to traditional treatment routes the DBIU portal offers alternative options such as online support to via Skype appointments to support those who wish to access advice and support but who do not want to access treatment.

Mental Health

Heavy chronic alcohol consumption increases the risk of mental health disorders including depression, anxiety, psychosis, impairments of memory and learning, alcohol dependence, and an increased risk of suicide. A UK study found 26% of community mental health team patients were hazardous or harmful drinkers and 9% were alcohol dependent[13]. Please see Appendix 1 for definitions of harmful, hazardous and dependant drinking.

Where comorbidities alongside alcohol use exists people will often have increased vulnerabilities and complex needs and will require more intensive or prolonged interventions, even where there are low levels of alcohol use.

As people with poor mental health tend also to experience worse physical health , local treatment systems should work together to avoid alcohol misuse being addressed in isolation from other physical and mental health issues.[14]

The draft Newham Mental Health Needs Assessment 2016-18 also highlights that Newham concurrent[15] rate is similar to the London and national averages, however admissions to hospital in Newham for mental and behavioural disorders due to alcohol are higher than the national and London averages. Dual diagnosis needs locally will require further investigation to inform future service development.

Adult Social Care

Data gathered from Care First October 2016 identified there are 42 individuals currently classified as receiving packages of care who are coded as dementia – substance, on further investigation of the cases most record a formal diagnosis by medical practitioner of alcohol related dementia or Korsakoff-Wernicke disease. The total weekly cost of packages are in excess of £20,000 to Adult Social Care, the youngest person is currently aged 47 and half of all cases are 70 years old or younger. For those with a clear diagnosis it is also evident that there were a number of A&E presentations and hospital admissions before a package of care was put in place to prevent further deterioration to health. There are also insufficient case notes to determine if medical interventions have been administered for alcohol related

[13] Alcohol use Diagnosis, assessment and management of harmful drinking and alcohol dependence NICE Nov 2010
[14] Models of Care DoH 2006
[15] Contact with mental health service and substance misuse service.

dementia, which may be stoppable or reversible. However it should be noted that management recognise that the 42 individuals identified does not reflect the wider hidden impact and cost implications of alcohol related damage across all areas of adult social care i.e. stroke, breaks and falls and other related medical conditions.

Key Issues identified in Alcohol Needs Assessment 2014

The following are the key issues surrounding alcohol use in Newham are:

- Higher than average rates of health-related harms as a result of alcohol use in its population.
- Men who are over-represented in alcohol-related mortality[16], alcohol specific[17] and alcohol-related[18] admissions to hospital.
- This contrasts with self-reported levels of drinking gathered in the national General Lifestyle Survey and in the Newham Household Panel Survey. These show an overall pattern of low levels of drinking, including the lowest rate of binge drinking in England, and high levels of abstention[19].
- The majority of people with alcohol problems are dependent on alcohol by the time they make contact with the specialist alcohol service. This means that individuals have been exposed to greater levels of harm and require intensive support for their problems.
- Alcohol-related issues are not being identified either by individuals or professionals until the point at which the individual is experiencing harm.
- Improve screening and to provide education and information on alcohol and its related harms across the population.
- Possible hidden population of residents not identified as having alcohol problems who remain hidden to data, making an assessment of need a complex activity.

Needs Assessment Recommendations

- Focus on early intervention and prevention may have a positive impact upon reducing alcohol-related harms and their associated costs as well as developing data on levels of alcohol use in LBN. Early intervention approach also affords cost savings, reduction in hospital bed stays and a reduction in alcohol-related public nuisance.

[16] Local Alcohol Profiles for England use attributable fractions to estimate the number of deaths and hospital admissions that are related to alcohol consumption.
[17] Alcohol-specific conditions include those conditions where alcohol is causally implicated in all cases of the condition
[18] Alcohol-related conditions include all alcohol-specific conditions, plus those where alcohol is causally implicated in some but not all cases of the outcome
[19] LBN Alcohol Needs Assessment Public Health 2014

- Making use of opportunities such as GP consultations, attendance at A&E, or being held in a custody suite means that people can access Information and Brief Advice at a point before they experience severe and lasting health harms.

8.Consultation

Consultation was undertaken with Service User Representatives and frontline practitioners, including those that work specifically within alcohol treatment and those within LBN Adult Social care. The main findings from the consultation are summarised below:

- A reluctance among residents to acknowledge harmful/ dependent drinking and subsequent ambivalence about accessing specialist treatment services.
- Refusal to consent for referral into treatment when the customer has capacity, but their drinking is impacting on their ability to live independently and therefore necessitates social care support.
- Change resistant drinkers that persistently present to A&E are the most difficult to engage in effective treatment particularly when they are no longer experiencing withdrawal symptoms and have the financial means to continue drinking.
- Patterns of self sabotage are also difficult to break despite engagement in treatment
- Strengthening partnerships and joint discharge planning from hospital would aid and support successful engagement into treatment
- The use of shared platforms to aid communication between hospital staff and the treatment provider would assist joint working and sharing of information.
- The local offer of mutual aid should be more visible and accessible to meet the diverse needs of those in recovery.

In general, the rates of alcohol-related recorded crime, alcohol-related violent crime and alcohol-related sexual offences in Newham have decreased. However, the rate of each of these types of crime remains higher than London and England averages

10. Delivery Plan

Focus Area 1: Partnerships, Vision & Governance

Area Focus Area 1	Activity	Success Measure (Source of data)	By When	Responsible
1.1 Formal strategic partnership to support an integrated system of health improvement, treatment and recovery.	1. Maintain and build on current Substance Misuse Partnership Board (SMPB). 2. Ensure that all relevant stakeholders remain represented and contribute to the local integrated system. 3. Annual review of SMPB Terms of Reference 4. Monitoring and review of alcohol delivery pan	Increase number of alcohol referrals from partner agencies National Drug Treatment Monitoring System (NDTMS) Increase numbers of alcohol users accessing Treatment (NDTMS) Increase numbers of successful completions of treatment by alcohol users. (NDTMS) Reduction in Alcohol specific Hospital Admissions for those already known to Treatment (local treatment data)	Ongoing April 2017 – April 2020	SMPB Chair / SMPB Partners / LBN Commissioning

Area Focus Area 1	Activity	Success Measure (Source of data)	By When	Responsible
1.2 Effective partnership working	1. Embed clear pathways for sign posting and referral across partnership with a focus on adult social Care, Primary Care, Job Centre Plus and Newham University Hospital. 2. Support colocation of staff from across partnership where appropriate and integration of specialist service in local Multi Agency Safeguarding Hubs (MASH) arrangements. 3. MASH - mapping of 'trigger offences' for referral through MASH to be undertaken to inform how risk graded is graded and assess impact on resources. 4. Strengthen collaborative working with Job Centre Plus (JCP)and Treatment Provider to develop new innovative approaches to	Increase the number of alcohol referrals from partner agencies. (NDTMS Increase numbers engaging in alcohol treatment as new presentations from partner agencies. (Local data) Increase numbers of successful completions. (NDTMS)	June 2019	LBN Commissioning/ Specialist Provider/ Children & Young Peoples Services (CYPS)

Area Focus Area 1	Activity	Success Measure (Source of data)	By When	Responsible
	engage numbers in treatment. 5. Development of specialist service outreach function. 6. Specialist service representation at appropriate forum and partnership meetings, CYPS Neighbourhoods.			
1.3 Service user and local community involvement in shaping and planning of local services.	1. Service user rep to attend SMPB 2. Regular Service User Forum meetings 3. Specialist Provider to support Coproduction so that service users and carers views are collected, and are used to shape the development, delivery and evaluation of service. 4. Specialist Provider to link in with Healthwatch	Regular service user attendance at SMPB Established service user forum meetings. Evidence of coproduction to be provided as part of contract monitoring arrangements	June 2017	LBN Commissioning/ Specialist Provider
1.4 Increase access to information and shared understanding of the	1. Development of an agreed Alcohol communication	Develop and deliver campaigns that target	June 2017	LBN Commissioning/ LBN Marketing &

Area Focus Area 1	Activity	Success Measure (Source of data)	By When	Responsible
services available, the pathways between them and points of entry	plan with specialist provider and LBN Marketing & Information that incorporates social media campaigns, local and national awareness days that will increase alcohol awareness including: • Dry January • Alcohol Awareness week • Mental Health Awareness	increasing and higher risk drinkers effectively. Increase number of individual visits to DBIU portal Increase number of completed Alcohol Use Disorders Identification Test (AUDIT's) and those receiving on line advice.		Information/ Specialist Service
1.5 Embed ETE in performance monitoring arrangements with service provider to demonstrate joint planning to meet needs.	1. Treatment provider to work more closely with JCP and Work Place to create opportunities for service users. 2. Treatment provider to establish links with local education/training/ community organisations to increase access routes into ETE. 3. Support appropriate	Increase number of successful completions with Education Training Employment (ETE) status Treatment Outcomes Profile[20] (TOP's) working 10 days or more (local data)	June 2018	Specialist Service/ JCP/ Workplace

[20]The Treatment Outcomes Profile (TOP) measures change and progress in key areas of the lives of people being treated in your drug and alcohol services

Area Focus Area 1	Activity	Success Measure (Source of data)	By When	Responsible
	referrals for Micro-Enterprise support to access grant for social enterprise initiatives via recovery café			

Focus Area 2: Information sharing and analysis across partnership

Area Focus Area 2	Activity	Success Measure	By When	Responsible
2.1 Data sharing to improve licencing and community safety activity	1. Explore availability of Hospital data on local alcohol related admissions 2. Explore availability of Ambulance data 3. Development of PH licensing toolkit	Regular sharing of Hospital admission data to inform licencing tool. Use of data to inform representations to influence improvements in community safety and licensing activity. PH to make informed representations on all licencing applications	June 2017	LBN Commissioning/ Public Health / Policy & Research/ Community Safety/ Licencing & Trading Standards
2.2 Shared partnership understanding of the local level of demand and need, based on local and	1. Partnership to regularly review data from:	Data to be included in SMPB update report on quarterly basis to inform partnership commissioning	April 2017	LBN Commissioning

Area Focus Area 2	Activity	Success Measure	By When	Responsible
national data to target interventions	Hospital Admissions/ Mortality LAPE Community Safety Enforcement MASH – Drug & Alcohol related data Merlin Mental Health Dual Diagnosis	decisions.		
2.3 Analyse and monitor local specialist alcohol and drugs treatment data to identify opportunities for development or challenges	1. Commissioning to review on quarterly basis gender, age, postcode, condition, route of admission and repeat admission in order to compare current treatment provision with need. 2. Analysis of Merlin data both Children's and Adults. Sharing of MASH data and regular review to ensure appropriate level of support and access to	Ongoing performance arrangements and Service Improvement plans as appropriate Review to inform continued service development and performance management	On going	LBN Commissioning

Area Focus Area 2	Activity	Success Measure	By When	Responsible
	service. 3. Data recording across the partnership needs to be agreed and collated through a single point of contact. 4. Partnership to agree how will data be collated and disseminated.			

Focus Area 3: Targeted prevention for those at risk

Area Focus Area 3	Activity	Success Measure	By When	Responsible
3.1 Train practitioners to deliver IBA in a range of settings and collect, analyse and report activity data	1. Agree Identification and Brief Advice (IBA) training requirements with specialist training Provider 2. Target range of	Deliver 1 IBA training per quarter Engage 40 practitioners per year Develop systems to record	March 2018 – Year 1	Specialist provider/ LBN Commissioning / Adult Social Care Business Systems

Area Focus Area 3	Activity	Success Measure	By When	Responsible
	practitioners including: • Community Neighbourhood Link workers • Social Work Practitioners • Voluntary sector • Health Including Mental Health • Supported Housing • LBN Housing 3. Develop local AUDIT/Information Advice & Guidance (IAG)/ referral pathway document for local practitioners use 4. Continue to promote use of DBIU portal	IBA to enable collection and analysis. Add localised information and guidance alongside AUDIT for local use to support practitioners to provide appropriate levels of intervention or make referral.		
3.2 NHS Health Check programme and GP new-registrations procedures include evidence-based alcohol IBA in line with	1. Start recording advice given following AUDIT during NHS Health check.	Increase the number of referrals from primary care into structured treatment.	Ongoing	Healthy Lifestyle Commissioner & Substance Misuse Commissioner/

Area Focus Area 3	Activity	Success Measure	By When	Responsible
regulations and guidance.	2. Set targets for % of patients indicating harmful levels of drinking that are referred to specialist treatment . Year 1 : 60%, Year 2: 80%. 3. Specialist Alcohol screening and IBA training to be provided by treatment provider 4. Develop a EMIS compatible referral template into the Specialist Provider 5. Include AUDIT screening into New Patient check EMIS template and create pathway for better access.	Increase numbers assessed and engaged into treatment or provided with IBA No of IBA'a for new registrations		
3.3 IBA delivery across a	1. Evaluate inclusion	Set targets in Year 2 of the	April 2017	Healthy Lifestyle

Area Focus Area 3	Activity	Success Measure	By When	Responsible
range of settings including: adult services, criminal justice and health	of AUDIT during Emergency Hormonal contraception (EHC) consultation in Pharmacies.	Pharmacy framework contract for increase in referrals resulting from		Commissioner & Substance Misuse Commissioner

Focus Area 4: Specialist Community Alcohol Treatment

Area Focus Area 4	Activity	Success Measure	By When	Responsible
4.1 Review Alcohol prevention and treatment system to ensure that it meets the needs of the local population across community and prison settings.	1. Performance management of alcohol treatment offer from early intervention, referral pathways, treatment, rehab and detox for community and criminal justice. Review to include:	Increase numbers of successful completions of treatment by alcohol users. (NDTMS) Reduce representation rates for Alcohol (NDTMS)	Ongoing	LBN Commissioning

Area Focus Area 4	Activity	Success Measure	By When	Responsible
	• Engagement from referral to assessment and into structured treatment • Pathway and process to Community Care Assessments (CCA) • Group work model • Recovery Planning			
4.2 Treatment system can address the needs of change-resistant drinkers with high levels of need and risk.	1. Embed high risk panel and secure multi agency partner attendance. 2. Development of recovery planning tools to increase engagement. 3. Workforce development to support clinical decision making to manage risk and reduce alcohol related harms	Increase number of successful completions following alcohol treatment Reduce number of alcohol specific admissions for those already known to treatment Reduction in number of alcohol related hospital admissions for those already known to treatment (local data)	June 2017	Specialist treatment provider

Area Focus Area 4	Activity	Success Measure	By When	Responsible
4.3 Comprehensive range of recovery support interventions and services accessible to facilitate the recovery journey.	1. Service to continue to provide all relevant treatment and support interventions as detailed within the integrated service specification	Targets as agreed with service provider including PbR targets	Ongoing	Specialist treatment provider/ LBN Commissioning
4.4. Increase mutual aid presence in borough to support recovery offer locally.	1. Treatment provider to ensure that mutual aid offer is made more accessible to all groups. 2. Establish local Self Management Recovery Training (SMART)[21] Champion 3. Treatment provider to include Mutual aid as part of local offer. 4. Development of	Increase number of service users accessing mutual aid NDTMS sub Interventions Client provided with facilitated access to mutual aid	June l 2017	Specialist Treatment Provider /KiKIT[22]

[21] SMART Recovery (SMART) is a science-based programme to help people manage their recovery from any type of addictive behaviour.
[22] KIKIT is a BME specialist drug and alcohol support service that provides a range of services to meet the needs of vulnerable people.

Area Focus Area 4	Activity	Success Measure	By When	Responsible
	Islamic 12 step programme to be established in Newham			
4.5 Treatment providers to build volunteer capacity to reflect borough demographics	1. Treatment provider to establish pool of volunteers/ peer supporters that can provide language support access to treatment.	Increase number of successful completions Specialist service provider to maintain volunteer (6)/ peer support (4) as min Year 2 Increase number of volunteers to 10 min	June 2018	Specialist Treatment Provider
4.6 Treatment Provider to be represented within local MASH arrangements.	1. Treatment provider to offer regular staff time input as part of MASH arrangements 2. Treatment provider to input in development of MASH arrangements to flag alcohol related needs and trigger referrals 3. Training needs to be identified and	Increase overall number of referrals to treatment for alcohol related cases where MASH finds this in parents of children referred to MASH	Ongoing	Specialist Treatment Provider/ CYPS

Area Focus Area 4	Activity	Success Measure	By When	Responsible
	delivered to upskill multi agency staff including Hidden Harm.			

Focus Area 5: Targeted Alcohol related Crime, Enforcement & Domestic & Sexual Violence Activity

Area Focus Area 5	Activity	Success Measure	By When	Responsible
5.1 'Special Cumulative impact' policy adopted where there is saturation with licensed premises that informs measures and conditions available to the local licensing board as detailed within Statement of Licencing Policy (SoLP) 2014	1. Refusal of application where it is likely to add to the existing cumulative impact area's or put in place limitations. 2. Ensure that no application has negative cumulative impact on one or more of the licensing objectives. 3. On going review of	Cumulative Impact area does not experience increased adverse impact. Maintain current levels and prevent any further harms within Cumulative impact area under the 4 Licensing objectives:. 1. Crime and Disorder 2. Public Safety 3. Public Nuisance 4. Protection of children from harm Applicants show an	Ongoing Review of cumulative impact area every 3 years.	LBN Enforcement & Licencing Team

Area Focus Area 5	Activity	Success Measure	By When	Responsible
	licence's particularly any premises of concern to build evidence against any non compliance.	understanding of licensing objectives and develop appropriate action plans. Applicants to demonstrate effectively how they will ensure no negative effect to cumulative impact zones where representation are made.		
5.2 Development and implementation of a system for quantifying the burden of alcohol attributable Harm at a local level and its use in the Licencing process by LBN Public Health	1. Development and agreement of local alcohol licencing toolkit dashboard. 2. Use of toolkit for Public Health to support representation on applications based on evidence data for refusal of licence or impose restrictions. 3. Regular sharing of current data / indicators to assess alcohol related harms.	Public Health to provide Enforcement and Licencing evidenced based representation on application process to support reduction of alcohol related harms. Contribution to the Reduction of: • Alcohol primary or secondary hospital admissions. • A&E presentations on weekends Maintain or reduce impact on one or more of the	April 2017	Public Health/ LBN Public Policy & Research

Area Focus Area 5	Activity	Success Measure	By When	Responsible
		licensing objectives.		
5.3 Targeted prevention of non compliant, non-compliance with any other alcohol licence condition and illegal imports of alcohol.	1. Undertake 200 Test purchases per year: • under-age sales • sales to people who are intoxicated • investigate and monitor for compliance of proxy sales to minors. 2. Undertake alcohol compliance inspections of licenced premises per year. 3. Development and agreement of SLA regarding inspection of Alcohol Licence compliance.	Reduction in the number of failed alcohol test purchases. Increased compliance of licences Seizures of illegal imports and counterfeit alcohol. No of prosecutions for non compliance . Regular Quarterly sharing of information of non compliance of all license conditions with Substance Misuse Partnership Board	Ongoing	LBN Enforcement & Licencing Team
5.4 Joint working business partners to promote responsible marketing,	1. Specialist Provider and Substance Misuse	Regular attendance of Specialist Provider/ LBN SM Commissioning	Ongoing	Specialist Provider/ LBN Commissioning/ Met Police/ LBN Enforcement

Area Focus Area 5	Activity	Success Measure	By When	Responsible
promotion and selling of alcohol.	Commissioning to link in with Pubwatch to share information and support industry to promote responsible marketing. 2. Met Police & Enforcement to work with Industry to plan and agree reasonable restrictions during high risk football events in stadium.	attendance at Pubwatch meetings Reduction on the number of alcohol related crime and ASB incidents on high risk event days. Meet with key business stakeholders as and when needed		& Licensees.
5.6 Designated Public Place Order (DPPO) arrangements to move to Public Space Protection Order (PSPO)	1. LBN Substance Misuse Commissioning to work with community safety on the PSPO transformation consultation. 2. Monitoring of FPN data that captures enforcement activity for breach	Partnership approach in undertaking transformation consultation and proposal Data capture of Fixed Penalty Notice (FPN) to be in place to measure impact of PSPO and set future baselines. PSPO information to inform representations or	Oct 2017	Community Safety Delivery Manager / LBN Substance Misuse Commissioning/ Neighbourhood Policing Teams.

Area Focus Area 5	Activity	Success Measure	By When	Responsible
	of PSPO for antisocial drinking. Data can inform Cumulative impact policy, Public Health licencing dashboard	restrictions of licences.		
5.7 Tactical Enforcement Group (TEG)/ Strategic Enforcement Group Model (SEGM)	1. LBN Substance Misuse Commissioning to be included in mailing list for TEG 2. LBN to be included in delivery of joint operations where alcohol is featured as part of or contributing to the problem. 3. LBN Substance Misuse Commissioning to negotiate with specialist Outreach presence in current and future tactical Operations.	Increased Numbers assessed by outreach team from tactical operations. Increased Numbers going on to engage in treatment service. Reduction in levels of reports of street drinking or alcohol related Anti Social Behaviour (ASB)	On going	Community Safety Delivery Manager / LBN Substance Misuse Commissioning
5.8 Domestic & Sexual Violence (DSV) - A	1. DSV services are skilled to identify	Increased number of appropriate referrals to	March 2017	DSV service providers/ Specialist Treatment

Area Focus Area 5	Activity	Success Measure	By When	Responsible
response that includes and supports victims with complex needs.	and respond to victims with complex alcohol related needs. 2. Treatment services to have a consistent and clear response to DSV in both victims and perpetrators. 3. Staff training to conduct routine enquiry for DSV (with both victims and perpetrators), undertaking and reviewing risk assessments, conducting safety planning, understanding referral pathways, systems and processes to monitor and record DSV disclosures and concerns.	from DSV to Treatment services. Effective Recovery Planning that includes response to DSV needs. Increased referrals to DSV services.		Service Provider

Area Focus Area 5	Activity	Success Measure	By When	Responsible
5.9 Alcohol Treatment Requirement (ATR)	1. Specialist treatment service provider to maintain a presence within Thames Magistrates court to conduct ATR suitability assessments in partnership with NPS. 2. Specialist Treatment provider to deliver tailored community interventions for criminal justice clients including breaking the offender cycle groups 3. To work in partnership with the CRC and NPS in the community to jointly manage ATR's	Community Rehabilitation Company (CRC)and National Probation Service (NPS) data reduction in incidence of alcohol related offending Increase numbers of ATR's Reduce reoffending numbers of those already known to treatment Reduce number of breaches Increase numbers of successful completions Increase numbers of IBA's and EBA's	June 2018	LBN Commissioning/ Specialist Treatment Provider/ CRC/ NPS/ Met Police

Area Focus Area 5	Activity	Success Measure	By When	Responsible
	4. Specialist treatment provider to work in partnership with all members of the Integrated Offender Management (IOM) including Police, CRC's, NPS and Prisons to manage substance misuse clients that have been deemed to be part of the IOM cohort 5. Specialist treatment provider to attend all IOM panels and jointly case manage customers with partner agencies whilst taking a lead on substance misuse treatment and recovery			
5.10 Alcohol Arrest Referral pathway (AAR)	1. LBN Commissioners are currently jointly	Reduce reoffending rates of those known to treatment	Ongoing. Implementation date to be	MET Police Healthcare leads

Area Focus Area 5	Activity	Success Measure	By When	Responsible
	working with the MET Police healthcare teams to be able to identify alcohol misusing arrestees in custody suites that would be suitable for either brief advice and guidance or structured treatment within the community 2. LBN Commissioners are providing input into the software system that the MET healthcare teams will use for capturing AUDIT scores. 3. LBN commissioners will assist in providing training to the MET healthcare Teams in IBA.	Increase number of referrals accessing structured treatment Increase numbers of those receiving IBA & Enhanced Brief Advice (EBA)	agreed. MET Police healthcare team training scheduled for Feb 17	LBN Commissioners

Area Focus Area 5	Activity	Success Measure	By When	Responsible
	4. Once systems in place -MET Healthcare teams to conduct IBA's and to refer to community based treatment providers where AUDIT scores indicate and arrestee indicate that further assistance is required			
5.11 Mayor's Office for Policing And Crime (MOPAC) Funding 2017 – 2021	1. Work jointly with Community Safety Partnership to secure funding to support criminal justice pathways 2. Undertake review of current criminal justice model 3. Agree model of delivery within budget allocation for April 2017 – June March 2019	Secure MOPAC funding for Alcohol related activity for Year 3 & 4, 1& 2 years agreed awaiting sign off from MOPAC. Maintain current required levels of activity from treatment provider for AAR & ATR	April 2017	LBN Substance Misuse Commissioning

Area Focus Area 5	Activity	Success Measure	By When	Responsible
	4. Explore opportunities for partnership commissioning with MOPAC from April 2019 onwards			

Focus Area 6: Alcohol Specific Hospital admissions and Health & Social Care

Area Focus Area 6	Activity	Success Measure	By When	Responsible
6.1 Appropriate treatment/ support in place on discharge from hospital.	1. Joint discharge plans to be in place for alcohol and drug misusers to enable access to pathways for on going treatment and support. 2. Specialist Treatment service to work with LBN ASC social workers to jointly agree care plans that include	Increase number of alcohol assessments and starts Increase number of alcohol successful completions Increase number of ambulatory detox where appropriate	June 2018	Specialist Treatment Provider/ Newham university Hospital (NUH), CCG, Discharge Team/ LBN ASC Hospital Team

Area Focus Area 6	Activity	Success Measure	By When	Responsible
	treatment interventions where Alcohol is identified as need. 3. Development of processes to alert specialist treatment service by NUH of all patients who commence alcohol detox's. 4. Joint working with the CCG to strengthen pathways and increase referral numbers into treatment. 5. Update CCG on Alcohol performance related data to raise within monthly contractual meetings with Bart's.			

Area Focus Area 6	Activity	Success Measure	By When	Responsible
6.2 Treatment service to work with high risk / resistant groups already known to treatment to reduce alcohol related hospital admissions whilst open to specialist service.	1. Identification and engagement of high risk service users to reduce number of hospital admissions due to alcohol consumption 2. Development of systems to record and report alcohol related hospital admissions as part of service contract monitoring. 3. Treatment Service to include hospital admissions as part of internal quality improvement process.	Data collated to inform future service specification and possible performance indicators. Reduction of hospital admissions of those already known to treatment services.	May 2018	LBN Commissioning/ Specialist Service Provider.
6.4 Adult Social Care & Mental Health systems processes and pathways for customer access to treatment or targeted IBA/ EBA	1. Use of Carefirst to identify current demand for social care packages. 2. Use of Carefirst data to inform future Azeus	Increase number of referrals accessioning treatment from ASC & CMHT Increase number of change resistant drinkers accessing treatment	Ongoing	LBN Commissioning/ LBN ASC/ LBN Mental Health/ Specialist Treatment service.

Area Focus Area 6	Activity	Success Measure	By When	Responsible
	system to capture and record substance misuse related data 3. Agree with ASCOM process for identification and referral, including agreed IAG processes for those declining referral 4. Explore opportunities for joint home visits to incorporate treatment as part of care planning. 5. Ensure those identified with Alcohol related dementia are supported to access appropriate medical interventions	Reduction in alcohol related hospital admissions. Reduction in long term ASC care package costs		
6.5 Mental health and substance misuse services	1. Develop a dual diagnosis briefing	Increased understanding of need to inform future	March 2018	LBN Public Health

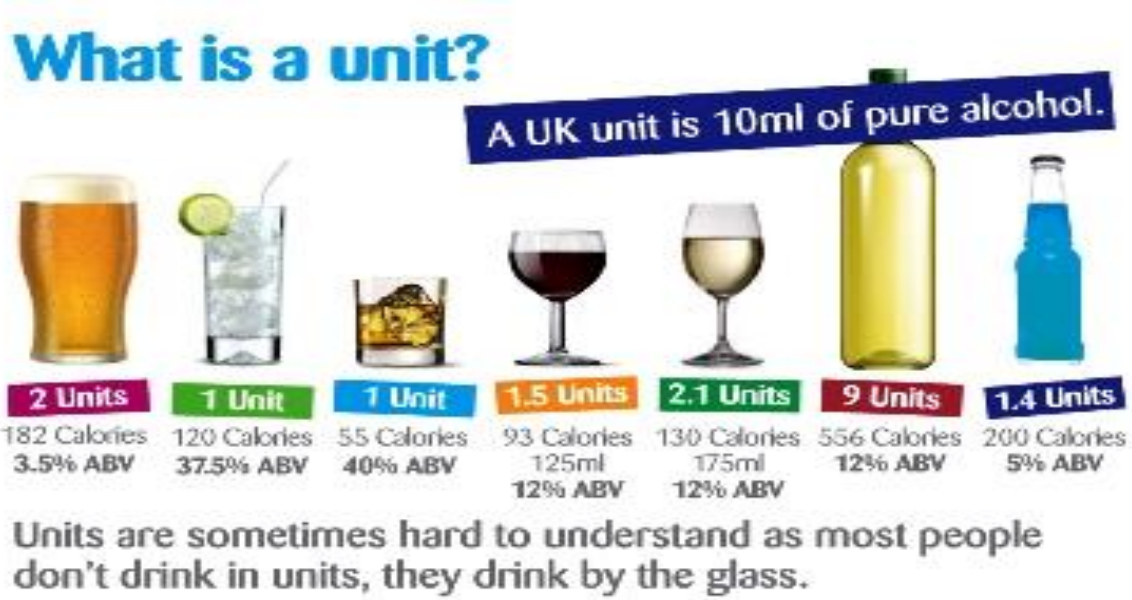
Area Focus Area 6	Activity	Success Measure	By When	Responsible
will work together to support individuals affected by dual diagnosis and optimise their recovery potential	paper / needs assessment 2. Maximise the use of AUDIT C in appropriate Mental Health providers; increase the opportunities for the delivery of alcohol screening and referrals in community organisations	commissioning plans		LBN MH Commissioner CCG Commissioner

Appendix 1

Definition of Alcohol misuse

Alcohol misuse means drinking excessively – more than the lower-risk limits of alcohol consumption. (NHS)[23]

Alcohol consumption is measured in units. Units are a simple way of expressing the quantity of pure alcohol in a drink. One unit equals 10ml or 8g of pure alcohol, which is around the amount of alcohol the average adult can process in an hour. The number of units in a drink is based on the volume of the drink as well as its alcohol strength. For example, a pint of strong lager contains 3 units of alcohol, whereas the same volume of standard lager has just over 2 units.



Using units is a simple way of representing a drink's alcohol content, often expressed by the standard measure alcohol by volume (ABV). ABV is a measure of the amount of pure alcohol as a percentage of the total volume of liquid in a drink.

The NHS recommends men and women not to regularly drink more than 14 units a week and to spread drinking over three days if drinking as much as 14 units a week. Fourteen units is equivalent to seven pints of average strength beer or just less than 7 glasses of low strength wine.

Risks of Alcohol misuse

In the UK, alcohol use is the fourth greatest risk factor for years lived with disability (age standardised rate). For men, alcohol use is the second highest and, for women the fourth highest risk factor for years lived with disability. In England, about one in five adults (nine million people) drinks at levels that incur risk to health. An estimated 21,485 deaths are attributable to alcohol consumption in England in 2011-12.[24]

[23] http://www.nhs.uk/conditions/alcohol-misuse/pages/introduction.aspx
[24] Alcohol care in England's hospitals PHE 2014

The proportion of men and women drinking in the past week in Great Britain has remained stable over the past 3 years of available date. Despite the coalition governments Alcohol Strategy 2015, alcohol still remains a major factor in hospital attendance and admissions. [25]

Short-term

The short-term risks of alcohol misuse include:

Accidents and injuries requiring hospital treatment, such as a head injury violent behaviour and being a victim of violence unprotected sex that could potentially lead to unplanned pregnancy or sexually transmitted infections (STIs) loss of personal possessions, such as wallets, keys or mobile phones alcohol poisoning – this may lead to vomiting, seizures (fits) and falling unconscious . People who binge drink (drink heavily over a short period of time) are more likely to behave recklessly and are at greater risk of being in an accident.

Long-term

Excessive alcohol use contributes to over 60 disease conditions and is responsible for 5 % of global disability adjusted life-years lost. Treatment of alcohol-related health problems has been estimated to account for 9 to 23 % of healthcare costs in a selection of high-income countries. As well as creating a large burden on health and healthcare services, alcohol is a strong driver of health inequality.[26]

Persistent alcohol misuse increases the risk of serious health conditions, including: heart disease, stroke, liver disease, liver cancer, bowel cancer, mouth cancer and pancreatitis

As well as causing serious health problems, long-term alcohol misuse can lead to social problems, such as unemployment, divorce, domestic and sexual violence for both males and females and homelessness. Loss control over drinking accompanied by excessive desire to drink is dependent drinking.

It is reported that for those that are experiencing additional vulnerabilities may experience physical harassment either at social or family settings or were harmed physically as a result of alcohol consumption (Velleman and Templeton, 2007). Problematic alcohol use can disrupt family structures and functions. Parenting capacity is also affected by alcohol use and children living with parental alcohol misuse may experience neglect or abuse (Cleaver et al., 2011).[27]

Hazardous drinkers

The World Health Organization (WHO) defines hazardous use of a psychoactive substance, such as alcohol, as ‘a pattern of substance use that increases the risk of harmful consequences for the user… In contrast to harmful use, hazardous use refers to patterns of use that are of public health significance despite the absence of any current disorder in the individual user.’

Hazardous drinkers are drinking at levels over the sensible drinking limits, either in terms of regular excessive consumption or through less frequent sessions of heavy drinking.

[25] Statistics on Alcohol, House of commons Library 2016

[26] Unravelling the alcohol harm paradox: a population-based study of social gradients across very heavy drinking thresholds. BMC PH 2016

[27] Understanding the relationship between poverty and Alcohol abuse - June 2016

However, they have so far avoided significant alcohol-related problems. Despite this, hazardous drinkers, if identified, may benefit from brief advice about their alcohol use.

Harmful drinkers

The WHO International Classification of Diseases (ICD-10)11 defines harmful use of a psychoactive substance, such as alcohol, as 'a pattern of use which is already causing damage to health. The damage may be physical or mental.' This definition does not include those with alcohol dependence.

Harmful drinking is defined as a pattern of alcohol consumption causing health problems directly related to alcohol. This could include psychological problems such as depression, alcohol-related accidents or physical illness such as acute pancreatitis. In the longer term, harmful drinkers may go on to develop high blood pressure, cirrhosis, heart disease and some types of cancer, such as mouth, liver, bowel or breast cancer.

Harmful drinkers are usually drinking at levels above those recommended for sensible drinking, typically at higher levels than most hazardous drinkers. Unlike hazardous drinkers, harmful drinkers show clear evidence of some alcohol-related harm. Many harmful drinkers may not have understood the link between their drinking and the range of problems they may be experiencing.

Moderately/Severely Dependent drinkers and those with additional complex needs

Dependence is essentially characterised by behaviours previously described as 'psychological dependence', with an increased drive to use alcohol and difficulty controlling its use, despite negative consequences. More severe dependence is usually associated with physical withdrawal upon cessation, but this is not essential to the diagnosis of less severe cases.

Alcohol dependence is characterised by craving, tolerance, a preoccupation with alcohol and continued drinking in spite of harmful consequences (for example, liver disease or depression caused by drinking). Alcohol dependence is also associated with increased criminal activity and domestic violence, and an increased rate of significant mental and physical disorders

Appendix 2

Equality & Diversity

The delivery plan is committed to ensuring that services are available and accessible to all residents and can respond to the diverse groups within the community. Responding to diverse needs of the all those already known to treatment and those needing support is integral to the success of alcohol treatment.

Cultural-behavioural factors such as alcohol consumption, smoking, exercise and diet are also part of the picture. Studies consistently find a socio-demographic gradient in the prevalence of multiple lifestyle-behavioural risk factors, with men, younger age groups and those of lower socioeconomic status all more likely to experience multiple risks.[28]

[28] Alcohol, Health Inequalities and the Harm Paradox – Institute of Alcohol Studies

The latest Alcohol Needs Assessment (2014) highlights inequalities in relation to gender[29] shows that Newham has higher than national and regional averages of:

- Mortality from chronic liver disease in men
- Alcohol-specific hospital admissions for men
- Alcohol-related hospital admissions for men and women

The delivery plan details actions that are set against target indicators so that performance can be reviewed and protected characteristics monitored and where needed appropriate steps to remedy any negative impact can be taken if necessary. It is acknowledged that that there is a need to further investigate and explore impact with use of data.

Appendix 3

Links to other Strategies & Plans

National Policy and Strategy Documents	**Regional Policies, Strategies and Plans**	**Local Policies, Strategies and Practices**
• Modern Crime prevention Strategy • NICE Alcohol: preventing harmful use in the community • NICE Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence • NICE Alcohol-use disorders: prevention • Public Health England Outcomes Framework • Department of Health Adult Social Care Outcomes Framework	Public Health England – Alcohol Learning Resources.	• JSNA 2015/ 2016 • Newham Sustainable Community Strategy 2010 - 2030 • DSV delivery plan 2016 – 2020 • Children & Young Peoples Plan 2015 – 2018 • Children Young People Service Commissioning Framework • Health & wellbeing Strategy • Safeguarding Adults/ Children Young People • Statement of

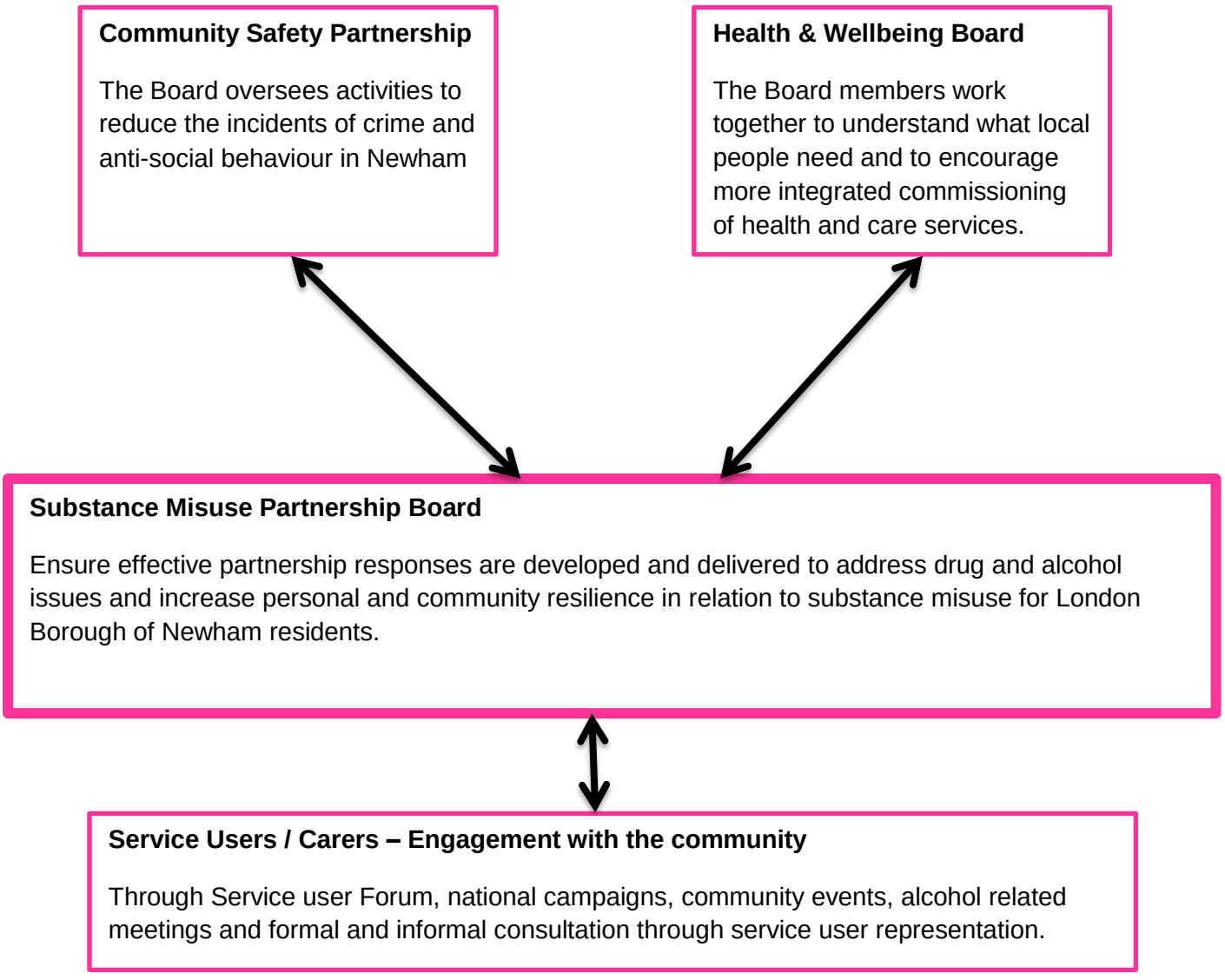
[29] Use of LAPE data

		Licencing Policy 2014 • Community Reduction Partnership 2008 – 2011 • Joint Mental Health Strategy 2015 - 2020

Appendix 4

Local Governance Arrangements

The diagram below sets out how the delivery plan will be overseen and lines of accountability.



The monitoring, evaluation, and review of this plan will be undertaken by the Substance Misuse Partnership Board (SMBP)[30], which will answer to the Community Safety Partnership (CSP). The CSP is a multi-agency board consisting of the Council, the Police, the Probation Service, the Fire Brigade, Health services, and third sector organisations who work to reduce crime and disorder in the Borough.

The SMPB membership reflects the CSP attendance and aims to ensure effective partnership responses are developed and delivered to address drug and alcohol issues and increase personal and community resilience in relation to substance misuse for London Borough of Newham residents.

Appendix 5

Substance Misuse Partnership Board Terms of Reference

1. Aims

- Achieve the aims of LBN's Substance Misuse Strategy and commissioning intentions.
- Develop an integrated and strategic response to drug and alcohol issues at a local level, across LBN and other stakeholders across Newham.

2. Objectives

a. Lead on the implementation of commissioning strategies for drug and alcohol services in Newham.

b. Inform the commissioning and development of innovative service solutions to drug and alcohol issues covering drug and alcohol treatment and recovery, and community safety (both enforcement and public health).

c. Monitor and review the effectiveness of the Board's partner agencies' activities to address the issue of substance misuse and enforcement activity.

d. Provide feedback on proposed resourcing allocations to address drug and alcohol related issues.

e. Address policy and organisational changes which impact on responses to drug and alcohol problems.

f. Secure a co-ordinated approach at a senior level across the Board's members; secure resources for addressing drug and alcohol problems.

g. Raise the profile of drug and alcohol misuse locally and within the Board's partnership agencies; ensuring that appropriate priority is given to the agenda.

h. Influence mainstream service delivery to ensure that substance misuse issues are addressed.

i. To respond to and consider new legislation and guidance

j. Ensure that service users & carer views inform the decisions of the Board.

k. Ensure that service users & carers are involved at each stage of the commissioning cycle.

[30] See appendix 2 for Terms of Reference

l. Serve as a forum for representatives from the Partnership to highlight strategic developments both nationally and locally that will impact upon drug and alcohol misuse and its response.

m. Oversee the collection of information on local needs and the meeting of these needs as part of needs assessments which will feed into the Joint Strategic Needs Assessment for Newham.

n. Establish task groups as appropriate to carry out in-depth reviews and to monitor their work programmes, ensuring they deliver their key outputs and outcomes.

o. Receive commissioning reports covering; performance; contract reviews and procurement updates.