



Knowsley Council

**Alcohol Plan for Knowsley
2014-2017**

1. INTRODUCTION

Alcohol is everywhere. It's cheap, readily available and an ingrained in the social life in England and for many of us, alcohol plays a key role in the way we organise our free time.

“Overall, too many people are drinking too much, too often and we are all paying for it. From policing of alcohol related crime; the NHS and ambulance services, and treatment services for people with alcohol problems, to the cost to businesses of lost productivity and supporting children who've suffered as a result of living with a parent who misuses alcohol”.¹

This plan outlines how partner agencies in will work together in the coming years to address the issue of alcohol-related harm and reduce the burden in Knowsley.

2. BACKGROUND

The Government's Alcohol Strategy states that there has been a change in people's attitude to, and the harms caused by, alcohol consumption. It is estimated that in a community of 100,000 people, each year:

- 2,000 people will be admitted to hospital with an alcohol-related condition;
- 1,000 people will be a victim of alcohol-related violent crime;
- Over 400 11-15 year olds will be drinking weekly;
- Over 13,000 people will binge-drink;
- Over 21,500 people will be regularly drinking above the lower-risk levels;
- Over 3,000 will be showing some signs of alcohol dependence;
- Over 500 will be moderately or severely dependent on alcohol.²

The Government's Alcohol Strategy states that about a third of adult men (25-64) and a fifth of women in the same age group say they drink at levels above the lower-risk guidelines. The numbers in this age group admitting that they drink at levels more than twice the lower risk guidelines were 8% of men and 4%. Many in this age group are parents, whose excessive parental drinking will be a risk to their children.³

People regularly use alcohol as a means of relieving stress. This routine use of alcohol puts them at risk of developing chronic alcohol related diseases

¹ Alcohol Concern (2013). Guide to Alcohol for Councillor pg3. Alcohol Concern.

² The Home Office (2012). The Government's Alcohol Strategy. Crown Copyright.

such as liver disease; diabetes; cardiovascular disease; and cancers of the breast and gastrointestinal tract.³

Up to one-third of alcohol-related A&E attendances are for under 18 year-olds and more people under the age of 25 report getting very drunk than any other adult age group. Under 25s also have the highest risk of being a victim of violent crime.³

The advice from the Chief Medical Officer is that there is no safe drinking level for under 15s and young people aged between 16-17 years should drink infrequently or no more than one day per week.³

3. ALCOHOL USE IN KNOWSLEY

3.1 The Size of the Problem – Adults

Latest intelligence about alcohol from numerous sources tells us the following about alcohol use in Knowsley.

- It is estimated that there are:
 - 11,357 increasing risk / hazardous drinkers.
 - 4,539 Higher risk / harmful drinkers.⁴
- Alcohol attributable mortality in Knowsley is lower than the North West as a whole (although not significantly so), however deaths related to alcohol are on the increase.⁵
- Males from Knowsley have lower levels of alcohol specific mortality and deaths from chronic liver disease than the North West as a whole however for females the rate for chronic liver disease mortality is slightly higher.⁶
- Knowsley has significantly higher rates of hospital admissions for alcohol related harm than the North West and England⁶.
- Males and females from Knowsley have significantly higher rates of alcohol attributable and specific hospital admissions than their counterparts from the North West.
- In the 2012/13 Adult Health & Lifestyle Survey a higher proportion of males than females stated that they drink alcohol on a weekly basis.⁵
- Based on the 2012/13 Knowsley Adult Health & Lifestyle Survey, those from Knowsley living in the least deprived quintile were more likely to drink

³ Department of Health (2009). Guidance on the Consumption of Alcohol by Children and Young People. Department of Health.

⁴ KMBC Public Health (2013). Adult Health & Lifestyle Survey. KMBC Public Health.

⁵ KMBC Public Health Intelligence Team (2009).

⁶ Public Health England (2013). Local Alcohol Profiles for England.

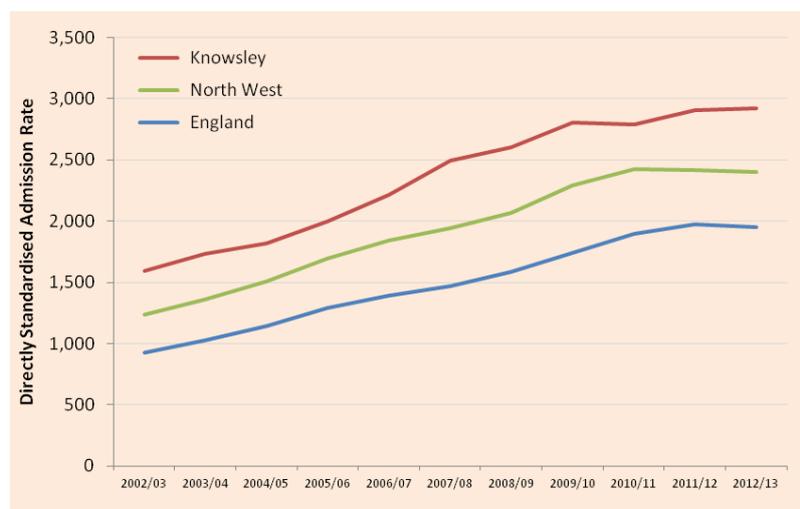
on a weekly basis than those from the most deprived quintile and were also more likely to binge drink. (NB Researchers refer to drinking more than eight units of alcohol for men and more than six for women in one go or on one day as binge drinking).⁵

3.2 The Size of the Problem – Young People

- Alcohol use is an issue in primary schools which increases during secondary school. The Health Related Behaviour Survey (HRBS) undertaken annually in Knowsley between 2004 and 2013 has consistently indicated an increase from year 8 to year 10, particularly alcohol use among females.⁷
- Findings from the HRBS suggest that 11% of primary aged boys and 6% of girls said they had at least one alcoholic drink (more than just a sip) in the last week. Of those primary aged pupils who had drunk alcohol, 57% had drunk alcohol on just one day. 14% on two days and 29% on more than two days.⁸
- A survey carried out by Trading Standards North West found that the majority (72%) of 14-17 year olds in Knowsley think that ‘getting drunk is fun’.⁸
- 20% of 14-17 year olds in Knowsley claimed to buy alcohol themselves.¹⁰
- 5% of young people in Knowsley claimed to have fake ID.¹⁰

3.2 Trends in Alcohol Harm Related Hospital Admissions

Alcohol related hospital admissions in Knowsley have been higher than that for the North West and England since baseline figures were released in 2002.



⁷ Schools Health Education Unit (2013) Health Related Behaviour Survey

⁸ Trading Standards North West (2013) The Young Persons Tobacco and Alcohol Survey

- The alcohol related hospital admission rate in Knowsley has increased by 82% since 2002/03, an increase of 9% per year. However, since 2007/08 the rate of increase has been approximately 4% per year.
- During the same period from 2002/03, the North West rate increased by 96% and England by 113%.

Whilst the rate of increase is slowing in Knowsley, it is essential that this is slowed further.

3.4 Comparisons with Other Areas

As can be seen from the table below, compared to our statistical neighbours only Halton has a markedly slower rate of increase in alcohol-related hospital admissions than Knowsley. However of our geographical neighbours, Liverpool has seen a slightly slower increase than Knowsley.

Area	2002/03	2012/13	Change
Knowsley	1,596.4	2,922.6	83%
Halton	1,945.3	2,721.7	40%
Liverpool	1,699.7	2,939.7	73%
Sefton	1,217.7	2,392.5	96%
St Helens	1,488.0	2,716.8	83%
Wirral	1,265.0	2,445.7	93%
Kingston-upon-Hull	1,286.4	2,834.6	120%
Middlesbrough	1,484.1	3,470.7	134%
North West	1,235.1	2,401.7	94%
England	925.8	1,951.1	111%

4. NATIONAL CONTEXT

4.1 National Strategy

The Government's Alcohol Strategy³ includes commitments at a national level to:

- Introduce a minimum unit price for alcohol.
- Consult on a ban on the sale of multi-buy alcohol discounting.
- Introduce stronger powers for local areas to control the density of licensed premises, including making the impact on health a consideration for this.
- Pilot innovative sobriety schemes to challenge alcohol-related offending.

- Work with the ASA and Ofcom to examine ways to ensure that adverts promoting alcohol are not shown during programmes of high appeal to young people.
- Encourage all hospitals to share non-confidential information on alcohol-related injuries with the police and other local agencies.
- Review the alcohol guidelines for adults.
- Include an alcohol check within the NHS Health Check for adults from April 2013.
- Develop a model pathway to reduce under 18 year olds' alcohol related A&E attendances.
- Develop an alcohol interventions pathway and outcome framework in prisons.
- Produce a cost-benefit analysis to make the case for local investment in alcohol interventions and treatment services for offenders.
- Work with pilot areas to develop approaches to paying for outcomes for recovery from drug or alcohol dependency.

The lead national agency, Alcohol Concern, has also produce guidance for Local Authorities on what local areas should be doing to address alcohol related issues. This is in the form of a 10 point plan.⁹ The table below shows the plan with details of what Knowsley is currently doing against each point.

Alcohol Concern Action List on Alcohol	
Action Point	Knowsley Activities
Ensure alcohol health problems in your local area are accounted for after your council's Joint Strategic Needs Assessment (JSNA) and Health and Wellbeing Board Strategy and a joined-up alcohol strategy with a range of local indicators to measure progress	Alcohol is one of the three main priorities of the Health and Well Being Strategy for Knowsley.
Appoint a councillor in the role of Alcohol Champion to ensure that action is joined-up across all council departments and across other local agencies.	The Director of Public Health is the Board's Alcohol Champion. The Substance Misuse Board leads activity on alcohol and has a councillor who is an active member of the board.
Work with your Clinical Commissioning Group to put in place initiatives such as	There are alcohol liaison services at both

⁹ Alcohol Concern (2013). A Guide to Alcohol for Councillors. Alcohol Concern.

alcohol liaison nurses in Accident and Emergencies departments as recommended in the Government's Alcohol Strategy.	Whiston and Aintree hospitals.
Put in place a training programme for all frontline staff on Identification and Brief Advice (IBA) and extend this to others, such as pharmacy staff.	A training programme is in place as part of the two minute message programme plus more detailed IBA training for specific staff groups.
Run a public awareness campaign to change behaviour around alcohol including taking part in Alcohol Awareness Week each third week of November and taking part in Dry January.	Know your Units roadshows are provided across the borough regularly. A variety of activities take place during alcohol awareness week and Knowsley is an active participant in the Dry January campaign.
Consider introducing a by-law to establish local or regional minimum pricing which is being looked at by local authorities in the North West.	Knowsley is part of the work that is being undertaken in the North West.
Take action on super strength alcohol by changing licensing conditions to include alcohol strength as a licensing condition and consider a voluntary agreement on selling super strength alcohol.	Knowsley is currently considering this option and considering the outcomes of the work undertaken in Ipswich. http://www.suffolk.police.uk/safetyadvice/
Lead by example and ensure you have a modern alcohol policy for your workforce covering all types of workers, including those in safety critical roles.	The KMBC policy is currently under review.
Ensure that you have an integrated care pathway for people needing help with alcohol dependence.	The Knowsley substance misuse services were re-commissioned in 2013 and the integrated care pathway was developed as part of this.
Work with police on seasonal campaigns such as drink driving.	KMBC work closely with the police on a range of campaigns.

It is clear we are doing a lot through the Local programme but there is still much more to be done.

4.2 Evidence of What Works

High Impact Changes

The Department of health has identified a series of high impact changes aimed at addressing the increasing challenges of alcohol related harm. High Impact changes have been extensively used across the NHS and local

government to highlight practical measures that can be implemented at local level. The high impact changes for alcohol are¹⁰:

- **Work in partnership**

- Through collaboration between the relevant partners, develop the JSNA to specifically understand the needs of alcohol-related harm. Clarify the impact arising across agencies from alcohol-related harm and the known expenditure through prevention and treatment.
- Agree the appropriate partnership response to the needs and determine any strategic priorities for alcohol-related harm.
- Commission across the spectrum for both those people at risk from harm as well as those already experiencing harm.
- Develop the necessary information sharing protocols and agreed data sources between partners

- **Develop activities to control the impact of alcohol misuse in the community**

- Ensure that all the existing laws, regulations and controls available to local partners are used effectively to minimize alcohol-related harm including the powers under the licensing Act 2003 and the violent Crime Reduction Act (2006).
- The local Development Framework should be used to design out alcohol harm and enable inappropriate proposals to be rejected by planners at an early stage.
- Manage the night-time economy to reduce harm.

- **Influence change through advocacy**

- Identify high-profile champions to provide leadership within partner organizations and a focus on actions to reduce alcohol-related harm. Champions within local acute trusts, social services, elected members, probation and the police can help galvanise change and action.
- Champions can help build the case for investment and highlight the potential savings across the local area.

¹⁰ Department of Health (2009). Signs for Improvement: Commissioning Interventions to Reduce Alcohol-related Harm. Department of Health.

- **Improve the effectiveness and capacity of specialist treatment**

Any partnership will need to commission for outcomes. Models of Care for Alcohol Misusers¹¹ (MoCAM) describes the overall outcomes sought (to the individual, to others directly affected by their behaviour and to the wider community) and an improvement in the health and social functioning of the alcohol misuser. However, these goals are usually measured through progress towards measurable outcomes in the following domains:

- Reduction of alcohol consumption – this may be an abstinence goal or a moderation goal.
- Reduction in alcohol dependence.
- Amelioration of alcohol-related health problems – such as liver disease, malnutrition or psychological problems.
- Amelioration of alcohol-related social problems – such as family and interpersonal relationships, ability to perform effectively at work, avoidance of criminal activity.
- General improvement in health and social functioning.

Providing evidence-based, effective treatment will not only increase treatment opportunities, but may well be the most immediate opportunity to reduce alcohol-related admissions.

Reviewing care pathways, access times and blockages in treatment provide the opportunity to improve the local treatment system.

- **Appoint an alcohol health worker**

The Royal College of Physicians recommend that every acute hospital have an Alcohol Health Worker or an Alcohol Liaison Nurse to manage patients with alcohol problems within the hospital and liaise with community services. A study in Liverpool has indicated that this service saved 15 admissions or re-admissions per month and acted as a focus for other alcohol-related support.

Given the possible effectiveness of this intervention, this could have a rapid impact on admissions and re-admissions. Economic analysis of appointing such a post suggest that the post actually saved ten times more in reducing repeat admissions than it cost (Royal College of Physicians 2001).

- **IBA – Provide more help to encourage people to drink less**

Identification and Brief Advice (IBA) is an opportunistic intervention using standard alcohol screening questions (AUDIT).

¹¹ National Treatment Agency for Substance Misuse (2006) Model of Care for Alcohol Misusers Crown Copyright.

These are effective interventions which are directed at patients drinking at increasing or higher risk who are not yet presenting with or seeking advice or treatment for alcohol-related problems.

IBA can be implemented in a number of settings:

- Primary care – targeting increasing risk and higher risk groups.
 - A& E Departments.
 - Specialist settings e.g. fracture clinics, sexual health clinics.
 - Criminal justice settings such as probation and arrest referral schemes.
 - Registered social landlords
- **Amplify national social marketing priorities**

Evidence is emerging that in addition to educational campaigns, targeted social marketing efforts aimed at higher-risk drinkers can reduce alcohol-related hospital admissions. Many people who drink harmfully, including dependent drinkers, are able to reduce the amount they drink without needing professional treatment. This is often achieved through self-help or support from family and friends. An important part of this is estimating how much they actually drink and planning how they can reduce this. There needs to be a wide range of ways in which people who want to reduce their drinking can seek help that is appropriate to their needs. These might include helplines, internet-based guidance and self-help or mutual aid groups.

The partnership may wish to develop complementary resources for people who want to reduce their alcohol consumption alongside those that may already exist for people seeking to lose weight or stop smoking, for example. By closely linking its social marketing and new kinds of support for harmful drinkers with the services provided by the local substance misuse service can encourage and support people who want to reduce or stop drinking in getting the kind of support or treatment best suited to their needs and motivations.

It is recommended that social marketing activity is commissioned which builds on the evidence, strategy and tools available through the national programme, ensuring this promotes the local available services response.

5. THE ALCOHOL PLAN FOR KNOWSLEY

5.1 Aim

The aim of this strategy is to reduce the harm caused in Knowsley by alcohol and the attendant issues such as ill health and alcohol-related crime.

5.2 Objectives

- To develop the Substance Misuse Board by ensuring high level representation from a range of partners to guide the delivery of the alcohol plan.
- To develop the pathways to ensure clear recovery/treatment options for substance misusers.
- To improve the detection and enforcement of under-age and illicit alcohol sales.
- To work to reduce the availability of 'super strength alcohol'.
- To ensure that young people receive education/information on sensible drinking and the potential harmful effects of harmful and hazardous drinking in an interactive and innovative way, using evidenced based approaches.
- To reduce alcohol related crime and disorder.
- To maintain pressure for minimum unit pricing of alcohol.
- To use all available routes to influence licensing decisions and planning applications for premises selling alcohol.
- To ensure that the all age all substance misuse treatment and recovery service maintains high standards and continues to improve the outcomes for service users in Knowsley.
- To ensure that there is sufficient support and information of carers of substance misusers.
- Seek improved outcomes for those in substance misuse services.
- To ensure that people presenting at A&E or being admitted to hospital for alcohol related conditions are quickly linked into services to support them.
- To Increase public awareness of the substance misuse services.
- To ensure that the Identification and Brief Advice (IBA) programme reach is extended across as many areas as possible.
- To seek opportunities to involve community organisations and groups, including faith groups to engage the community in this issue.
- To support workplaces to support and inform their staff about alcohol harms.

- To produce information that enables people who live and work in Knowsley to understand the health and social risks associated with alcohol misuse.
- To communicate the vision for alcohol improvement and key alcohol health messages to Knowsley residents and the Knowsley workforce.
- To reduce drinking in pregnant women.
- Develop and promote leisure activities that are not related to drinking.

5.3 Action Plan

In order to deliver these objectives and gain the necessary improvements in alcohol related harms and hospital admissions in Knowsley; the Substance Misuse Board in consultation with a wider stakeholder group, has developed an action plan.

The Health and Wellbeing Board were also consulted.

A wide variety of stakeholders were consulted on the contents of the action plan. The stakeholders involved can be found in Appendix One

Both the objectives and actions are based on the evidence base of high impact changes for local action and include the actions identified in the Alcohol Concern 10 point plan.

The Public Health England Alcohol stock-take self assessment tool has also been used to identify areas that require additional action in Knowsley.

Details of the action plan can be found in Appendix Two.

5.4 Dissemination of the Plan

The plan will be made widely available to partners and will be available on the Local Authority website.

Appendix One

Stakeholder Group	Consultation Activity and Participants
Strategic Stakeholders	Representatives from 5 Boroughs Partnership, Family First, Public Health England, KMBC Neighbourhood Coordination, Knowsley Chamber of Commerce, Environmental Health, Trading Standards, Public Health, KMBC Integrated Commissioning, Youth Offending Service, KMBC Integrated Offender Management, Merseyside Probation Service and Merseyside Fire and Rescue attended the event.
GPs	Online survey to Knowsley GPs
Pharmacists	Online survey to Pharmacies in Knowsley
Providers*	Journey mapping exercise
Frontline Staff*	Online survey
Public – Health and Well Being Engagement Board	Group discussion – Health & Wellbeing Engagement Board coffee morning
Public - Patient Participation Group*	Paper questionnaires
Public – LINKS*	Focus group discussion and questionnaires
Public – BME*	Survey via KEMS
Public - Young People*	Youth Engagement Team
Service users*	SMART Group
Service users*	Women's only clinic
Service users*	Service User Forum
Strategic Partners	Substance Misuse Board
Strategic Partners	Health & Well Being Board

****These stakeholders were consulted as part of the tendering exercise for the substance misuse service.***

Appendix Two

Alcohol Delivery Plan

Objective		Actions	Lead Organisation
1.	To develop the Substance Misuse Board by ensuring high level representation from a range of partners to guide the delivery of the alcohol plan	Ensure high level strategic representations from all partners on the substance misuse board including CCG	KMBC Public Health
		Explore with the Board the additional organisations which should be represented on the Board	Substance Misuse Board
		Work with group to implement the strategy/action plan	KMBC Public Health & Substance Misuse Board
		Use the PHE Alcohol Stock-take self assessment tool to monitor effectiveness of the plan	Substance Misuse Board
		Set up a task force to explore the feasibility of establishing a Community Alcohol Partnership in Knowsley	KMBC Environmental Health & Trading Standards/safer Communities
2.	To develop the pathways to ensure clear recovery/treatment options for substance misusers	Expand and develop the Treatment Effectiveness Group (TEG) to ensure all appropriate partners are represented	KMBC Public Health
		Undertake annual 'patient journey mapping exercise with the group to ensure that the patient journey is clear to all involved.	Treatment Effectiveness Group Members
		Ensure that treatment services and partner members of the TEG have appropriate information sharing agreements	Treatment Effectiveness Group Members
		Ensure the quality of the substance misuse service is maintained/improved	KMBC Public Health
		Appoint a GP Substance Misuse Champion to ensure that GP input is available to support both service delivery and GP engagement	KMBC Public Health
3.	To improve the detection and enforcement of under-age and illicit alcohol sales	Promote the work of Trading Standards in combating illicit alcohol sales amongst the community and key stakeholders and hence encourage the provision of intelligence on illicit activity	KMBC Trading Standards
		Conduct intelligence-led test purchasing operations at hot-spot premises using young volunteers	KMBC Trading Standards
		Police and Trading Standards to develop a policy to combat proxy sales in the Borough	KMBC Trading Standards
		To continue to promote the GET REAL! Campaign to encourage responsible retailing of alcohol	KMBC Trading Standards
4.	To work to reduce the availability of 'super strength' alcohol	Investigate the feasibility of developing a voluntary approach to introducing a ban on the off-sales of 'super strength' alcohol	KMBC Trading Standards

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5.	To ensure that young people receive education/information on sensible drinking and the potential harmful effects of harmful and hazardous drinking in an interactive and innovative way	Increase activities within schools aimed at raising awareness of the harms of alcohol	KMBC Education / Public Health
		Increase the awareness raising in the community via the Youth Service	Youth Mutual Service
		Using all available evidence develop awareness campaigns specifically aimed at this group	KMBC Public Health/Communications
		Encourage community groups to apply for small grants to specifically address the issue of young people and drinking	KMBC Public Health
		Ensure that treatment and support services for young people are fit for purpose	KMBC Public Health
		Ensure that schools, colleges, and all youth organisations are aware of the referral routes into the young person's substance misuse service	CRI
		Ensure that the young person's substance misuse service is widely promoted to young people and their parents	CRI, Schools, Youth Mutual other youth organisations
		Develop/Adapt a screening tool for young people using examples such as in Somerset http://www.somersetdap.org.uk/page/screening-tools-young-people/68/	KMBC Public Health,/CRI/Youth Mutual/KMBC Social Care/ KMBC Public Health,/CRI/Youth Mutual/KMBC Social Care/ Youth Offending Service/ CAHMS/other youth organisations
		Adapt the tool to cater for different sub populations of young people such as those with learning disabilities or those whose first language is not English	KMBC Public Health,/CRI/Youth Mutual/KMBC Social Care/ KMBC Public Health,/CRI/Youth Mutual/KMBC Social Care/ Youth Offending Service/ CAHMS/other youth organisations
		Ensure that all services for young people use the agreed screening toll	KMBC Public Health,/CRI/Youth Mutual/KMBC Social Care/ KMBC Public Health,/CRI/Youth Mutual/KMBC Social Care/ Youth Offending Service/ CAHMS/other youth organisations
Ensure that training is provided for front line staff to use the screening tool, carry out brief interventions and refer	KMBC Public Health,/CRI/Youth Mutual/KMBC Social Care/ KMBC Public Health,/CRI/Youth Mutual/KMBC Social		

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			Care/ Youth Offending Service/ CAHMS/other youth organisations
		Explore the possibility of developing or using already available specific parenting course that explores how parents can approach discussions about alcohol with their children	Children’s Centres, Voluntary sector organisations
6.	To reduce alcohol-related crime and disorder	To link with pub watch scheme in Prescot	KMBC Environmental Health & Trading Standards/safer Communities
		Develop a Voluntary Code of Practice for licensed premises to promote responsible drinking	KMBC Environmental Health & Trading Standards/safer Communities
		Promote and monitor The responsibility deal encouraging local organisations to pledge their support	KMBC Environmental Health & Trading Standards/safer Communities/Working Well/Chambers of commerce
		Ensure links are made to the area based problem solving groups as alcohol is a key driver for domestic violence incidents and anti-social behaviour.	KMBC Area Community Safety Lead
		Utilise community messaging as a means of communicating key messages to local residents	KMBC Community Message Manager
		Raise public awareness of how to raise issues about licensed premises with KMBC environmental health	KMBC Trading Standards
		Proactive activity to address underage alcohol sales	KMBC Trading Standards
		proactive activity to address illicit alcohol sales	KMBC Trading Standards
		Investigate the feasibility of using smart water to track where young people are purchasing their alcohol	KMBC Trading Standards
		Investigate additional data that could be made available to identify hotspots e.g. Accident & Emergency and ambulance data	KMBC Public Health
	Work with Local Hotspots to reduce problematic drinking	Police, KMBC Environmental Health, KMBC Safer Communities	

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7.	To maintain pressure for minimum unit pricing	Develop Alcohol Champions within partner organisations	KMBC Public Health
		Ensure appropriate communication with council members on this issue	KMBC Public Health
8.	To use all available routes to influence licensing decisions and planning applications for premises selling alcohol	Develop Public Health's input into licensing application process	KMBC Public Health
		Investigate the impact of the localism act and the ability to use this to influence planning applications	KMBC Public Health
		Explore how all available data can be combined and used to support work around licensing	KMBC Public Health
		Take action on super strength alcohol by changing licensing conditions to include alcohol strength as a licensing condition and consider a voluntary agreement on selling super strength alcohol	KMBC Trading Standards
9.	To ensure that the all age all substance misuse treatment and recovery service maintains high standards and continues to improve the outcomes for service users in Knowsley	Ensure all stakeholders are informed of the service and of access options	Service Provider (CRI)
		Ensure that there are clear pathways in existence for access into treatment services and out of the treatment services into other services	KMBC Public Health/ Service Provider (CRI)
		Further develop the range of options for detoxification from alcohol	Service Provider (CRI)
		Increase numbers accessing the treatment service	Service Provider (CRI)
		Explore the feasibility of recovery champions/peer mentors spending time with partner organisations e.g. adult social care	CRI/KMBC Adult Social Care
		Increase the numbers successfully completing their treatment and maintaining an alcohol free life	Service Provider (CRI)
		Continue to ensure that service users have access to advice and support to maintain/ obtain housing	KMBC Housing/ KMBC Public Health/Registered Social Landlords
		Ensure the continuation of the young carers hidden harm project	Youth Mutual Service
		Increase the joint working between service providers and Job Centre Plus (JCP) and work programme providers	CRI, JCP, Knowsley Works, Ingeous & A4E
		Commission suitable training to Ensure that a wide range of front line staff in Knowsley have a clear idea of how disclosure of criminal past should be done and the impact this can have on career options	KMBC Public Health/ JCP
10.	To ensure that there is sufficient support and information for carers of substance misusers	Ensure that services recognise the importance of including carers in recovery/treatment plans and have mechanisms in place to ensure carers know where to go in a crisis	Service Provider (CRI)
		Develop Information for dissemination to carers	CRI/KMBC Public Health/KMBC Social

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			Care/KMBC Communications
11.	Seek improved outcomes for those in substance misuse services	Ensure clear pathways in and out of in-patient detox	CRI/in patient provider
		Ensure abstinence based support is available for those leaving residential rehabilitation	CRI/KMBC Social care
		Ensure high quality, cost effective residential rehabilitation is used appropriately	CRI/KMBC Social care
		Ensure clear pathways are available for referral of substance misuse clients for both low level counselling and to mental health services	CCG
		Explore the possibility of developing abstinence based housing	KMBC Integrated Commissioning/Supported Housing
12.	To ensure that people presenting at A& E or being admitted to hospital for alcohol related conditions are quickly linked into services to support them	Provision of a comprehensive alcohol nurse liaison service in both Whiston and Aintree hospitals.	CCG/service providers
		Develop systems to ensure intensive support can be provided to those who regularly attend the hospitals with alcohol-related conditions	CCG/hospital service providers/community service provider
13.	To Increase public awareness of the substance misuse services	Ensure that the service is widely advertised across the Borough	CRI/ KMBC Public Health
14.	To ensure that the Identification and Brief Advice (IBA) programme reach is extended across as many areas as possible	Use IBA audit tool as part of the Know Your Units Campaign in order to ensure that IBA is undertaken in a wide range of settings	KMBC Public Health
		Implement IBA in the pharmacy setting	KMBC Public Health/Pharmacies
		Continue to increase the numbers of front line staff in as many organisations as possible trained to deliver IBA using emerging evidence to identify organisations that should be targeted	KMBC Public Health
		Include IBA delivery in appropriate contracts e.g. Community Health Development, Health trainers	KMBC Public Health
		Explore how to engage primary care practitioners in IBA via the practice profile – alcohol admissions	CCG/KMBC Public Health
		Ensure that there are sufficient resources to support organisations in the delivery of IBA e.g. drink diaries, alcohol unit wheels	KMBC Public Health & KMBC Communications
15.	Seek opportunities to involve community organisations and group, including faith groups to engage the community in this issue	Extend the small grants for health scheme to include community based alcohol projects and promote this widely	KMBC Public Health
		Explore the possibility of offering specific grant opportunities for community work to build community capacity and resilience in this area via the Knowsley	KMBC Public Health

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		Foundation	
16.	To support workplaces to support and inform their staff about alcohol harms	Support workplaces to ensure that the policies on alcohol are up to date and fit for purpose	Working Well
		Ensure that the policies of the local authority and partner organisations are up to date and fit for purpose	KMBC Human Resources
		Provide information to businesses for their staff	Working Well/KMBC Public Health
		Ensure businesses are linked into local and national campaigns such as Dry January	Working Well/KMBC Public Health
		Devise Communications Plan	KMBC Public Health & KMBC Communications
		Develop a range of tools to be used in the community to raise awareness of alcohol limits and the impact of alcohol	KMBC Public Health & KMBC Communications
17.	To produce information that enables people who live and work in Knowsley to understand the health and social risks associated with alcohol misuse	Disseminate Tools including direct marketing in specifically identified areas	KMBC Public Health & KMBC Communications
		Include information specifically around the issues of <ul style="list-style-type: none"> • Drink driving, for adults and young people, and its impact on the community of Knowsley • Domestic Violence and the links to alcohol usage • Anti-social behaviour and alcohol 	KMBC Public Health & KMBC Communications
		Identify stories from local, regional and national sources	KMBC Public Health & KMBC Communications
		identify 'good news' stories locally	KMBC Public Health & KMBC Communications
		Ensure that communications about alcohol are linked to key events and occasions including for example: <ul style="list-style-type: none"> • Social/sporting events - cup finals, world cup • Socially accepted heavy drinking times e.g. Christmas 	KMBC Public Health & KMBC Communications
		Develop an approach that reaches different population groups using a life course approach, using available insight	KMBC Public Health & KMBC Communications
		To identify ways of reaching specific target groups e.g. elderly people who drink at home	KMBC Public Health, Age UK & KMBC Communications
		Commission additional insight research to inform this work as necessary	KMBC Public Health
	Ensure that there is a dedicated web page with alcohol information and advice	KMBC Public Health	
18.	To communicate the vision for alcohol improvement	Use Communications plan to disseminate information via press and KMBC	KMBC Communications

Appendix Two

	and key alcohol health messages to Knowsley residents and the Knowsley workforce.	internal networks	
		Increase awareness of Units via Know Your Units campaign	KMBC Public Health
19.	To reduce drinking in pregnant women	To develop a communications plan to disseminate information about drinking during pregnancy in line with NICE and national guidelines	KMBC Public Health/KMBC Communications/Public Health Midwives
		Ensure that all pregnant women are made aware of the dangers of foetal alcohol syndrome	Primary Care, midwifery services
		Ensure that there is a clear pathway for pregnant drinkers into support services and disseminate this to health and social care professionals working with this group	CRI/KMBC Public Health
21.	Develop and promote leisure activities that are not related to drinking	Ensure that alternative leisure activities are promoted widely	KMBC Leisure services
		Encourage and support further development of leisure venues and activities that are alcohol free	KMBC Leisure services, the voluntary sector (KCVS) & Chamber of Commerce