

Southend-on-Sea Drugs, Alcohol and Problem Gambling Strategy, 2015-2018

This is the first time that approaches to combating the negative impacts of drugs, alcohol and gambling have been considered under a single strategic approach in Southend. Despite the many common challenges that these issues present to Southend's residents and public, voluntary and business sectors, and the fact that many people in our communities will be facing difficulties in more than one of these domains, approaches to providing services have all too often been separate. This remains the case in most, if not all, parts of the UK. This Strategy aims to ensure more efficient use of resources so that those people in our communities who need help can get high quality support when they need it, and that we are able to deploy effectively targeted crime prevention and health education projects to continue to reduce the impact that alcohol, drugs and gambling can have on our local community.

There are both similarities and differences amongst the subjects of this strategy. All have the potential for addiction or other forms of problematic use, and yet some can be used safely and enjoyed in a responsible and socially positive way by many. Some, such as much of the alcohol which is consumed in the Borough or the thousands of lottery tickets regularly sold are legal; many drugs, including those most often associated with 'abuse' such as heroin and cannabis, are illegal. There are many grey areas in between, with so called 'legal highs' now growing in popularity whilst subject to rapidly changing drugs laws, and grey markets in alcohol operating in many communities. Whatever the legal status of the substance consumed, or of the gambling participation, the harms can be significant for individuals, families and the wider communities of Southend. Use of these substances often contributes to a wide range of very serious health harms and contributes to a high number of premature deaths of local people every year. Compulsive gambling can equally blight lives, often leading to financial ruin, and often impacting on wider families, businesses and communities. Some addicts commit crimes in order to fund their drug, drink or gambling dependency; at other times consumption of drink and drugs may contribute to anti-social behaviour or other types of disorder, including violent crime. None of these crimes are victimless.

This document is deliberately short and hopefully free from jargon. We want this document to be read and to be used to drive positive developments in the way we work with these issues. The descriptions of the challenges are based on broad research, but are brief. Some aspects of the challenges will not get as much attention in this document as you feel they may deserve. A comprehensive document detailing all the areas of life in Southend upon which drugs, alcohol and gambling impact would be unwieldy. We have chosen to preference action over narrative and the actions progressed under this strategy will be refreshed annually, with an emphasis on incremental change and within a context of what can realistically be achieved.

We want Southend to be a safe and enjoyable place to live, work and visit. Drugs, alcohol and gambling can damage these ambitions. This strategy is an important part of making Southend-on-Sea and safer, healthier and happier place to be.

Alcohol

The average adult in the UK consumes 13.24 litres of pure alcohol every year. Given that one unit is 10ml of pure alcohol this equates to all adults drinking more than the recommended amount each and every week of the year. We know that in Southend around 15% of adults do not drink and that almost three-quarters of those who do drink do so at less risky levels. However, almost 1 in 4 adults drink at risky levels, with a further 7% drinking at very risky levels. Whilst these patterns are very similar to those across England, they still indicate that significant harm is caused to people's health by alcohol in Southend every year. It is with this element, which we will refer to as alcohol misuse that much of this strategy will be concerned with.

Policy context

The Government *Alcohol Strategy* (2012) seeks to change attitudes to alcohol and drinking in order to reduce the number of people drinking in a way that could cause harm to themselves or others. Responsibilities for ensuring the aims of the strategy are met rest with several Government departments, indicating the breadth of the alcohol problem. Health elements are mainly led by Public Health England, and crime elements by the Home Office; both aspects necessarily involve many other government Ministries and departments, including the Ministry of Justice and the Department for Education. At the local level this complexity is reflected; alcohol impacts on all aspects of public service from policing to prisons, from road safety to street cleaning, from GPs to dentists, from schools to hospitals, and much more besides. Locally leadership for this area rests with the multi-agency Community Safety Partnership and Health and Wellbeing Boards, with different services being responsible for funding and delivering different responses.

Health Impacts

The health impacts of alcohol are very broad and are seen to contribute to over 50 separate conditions routinely seen in hospitals, including 20 where alcohol is wholly responsible for causing the disease or injury. Collectively these conditions led to over a million hospital admissions in England during 2013/14, a rise of almost 10% in 4 years. In Southend over 3400 hospital admissions were wholly or in part because of alcohol during the same period, a rise of nearly 6% since 2009. 61% of these admissions were of men. In 2011/12 almost 550 people were admitted to Southend hospital because of health conditions solely attributable to alcohol misuse. In the 3 years to March 2012, 40 young people were admitted to hospital for alcohol-specific reasons in Southend. During the same period 57 people died because of alcohol and a further 234 died at least partly because of the impact alcohol had on their health.

Alcohol can lead to a range of cancers, to diseases of the heart, liver, pancreas, vascular and gastrointestinal systems, and to diseases such as diabetes. Alcohol can cause dental problems, neurological and mental disorders, including around 1 in 10 dementias, and can have life-changing impacts on unborn children when alcohol is consumed in pregnancy.

The costs of alcohol related health problems are enormous, both individually and for wider society.

Crime Impacts

Most people who use alcohol do so responsibly. However, alcohol is a significant contributory factor in violent crime and public disorder and the negative costs of alcohol include an estimated £11bn each year relating to crime across the UK. It is not known precisely how many crimes are committed in Southend because of alcohol, but it is known that a significant proportion of crimes are committed by people who have been drinking. Nationally, approximately half of all violent crime is alcohol-related. However, the rate of recorded crimes involving alcohol is falling in Southend, and in 2012/13 was statistically similar to both the regional and national averages. Despite this alcohol is implicated in a large proportion of violent and sexual crimes in Southend and to a whole host of other issues such as drink driving, domestic violence and child protection cases.

Community and economic impacts

Southend has a vibrant and successful night-time economy characterised by good partnership between business, customers and public services. Nationally one in three people won't visit their local high street on a Friday or Saturday night because of alcohol-fuelled disorder. A measure of the safety of Southend's nightlife is its Purple Flag status which it has been awarded on two consecutive occasions. The town's pubs, clubs and restaurants employ around 2% of the Borough's workforce and contribute significantly to its economy.

Alcohol also has negative impacts on the local economy and is a costly contributor to lost productivity amongst businesses, as well as a significant drain on public resources through demand for health, social care, policing and criminal justice, housing and welfare benefits provisions. The costs of alcohol related crime and anti-social behaviour also have an impact on the community, with aspects such as alcohol litter, street drinking and alcohol-related criminal damage all spoiling the image of Southend.

Current activity

During 2014-15 Southend has been one of 20 Local Alcohol Action Areas in England and Wales. These local authorities bid to receive additional guidance and expertise from the Home Office and Public Health England to help them to further develop their range of interventions provided to reduce the negative impacts of alcohol within their areas. Southend has remodelled the way specialist alcohol treatment services are provided and begun work to better link these specialist services into other aspects of health and social care provision. Alcohol screening is now a routine component of NHS Healthchecks. Southend also has a well-established young people specialist service which is successful in seeing a greater proportion of young people than are seen in similar local authority areas. There is a good range of AA meetings available in Southend, including weekends.

Southend's night-time economy is overseen by a successful partnership of local businesses and public services, and includes award-winning schemes such as the YMCA operated SOS Bus. Dedicated treatment pathways are in place for people referred from criminal justice services or who are subject to court-ordered treatment. There are also robust regulatory services in place to ensure that licensed premises only sell alcohol to those who are old enough and sober enough, and that other aspects of the premises are safely operated. A good example of this is the voluntary agreement by some licensees not to sell high strength beers and ciders in an effort to reduce the negative impact of alcohol on their customers and the neighbouring community.

Gaps in current activity

One of the most significant contributions required by any successful strategy to tackle alcohol problems is the need to prevent alcohol use becoming a problem in the first place. There remains an inconsistent approach within schools to providing education about alcohol and, internationally, evidence about 'what works' in this regard remains inconclusive. More opportunities to provide education to children and young people about alcohol, to parents about their own drinking and how to support responsible alcohol behaviour in the home and by their families remains an area of need. This preventive work requires further partnership with some of the larger vendors of alcohol.

There is currently less sharing of data between some services than is ideal. If more data could be appropriately shared between agencies then better targeting of resources could follow, including providing information about how to run preventive education campaigns, as well as making sure that those people who need help get it as swiftly as possible. These groups of people could include people using Accident and Emergency services, taking up police time, regularly seeing their GP for a range of alcohol-related issues, or who are frequently missing work due to hangovers and alcohol-related illnesses.

Priorities for action

The priorities for action will evolve throughout the life of this strategy document and will be evaluated and refreshed every year. The Action Plan at the back of this document lists the key targets work elements selected to help;

- A change in behaviour so that people think it is not acceptable to drink in ways that could cause harm to themselves or others
- A reduction in the amount of alcohol-fuelled violent crime
- A reduction in the number of adults drinking above the NHS guidelines
- A reduction in the number of people 'binge drinking'
- A reduction in the number of alcohol-related deaths
- A sustained reduction in both the numbers of 11-15 year olds drinking alcohol and the amounts consumed.

Drugs

Drugs is term for a very wide range of natural and synthetic products which people use for recreation, for health reasons, or as part of their spiritual or religious beliefs. This has been the case for thousands of years and yet the word most often makes us think of drugs like heroin, cocaine and cannabis. It is these illegal and some 'legal highs' drugs which are the subject of this document, and which will be referred to as substance misuse.

Largely because of the illegal nature of most substance misuse it is not possible to accurately know the extent of the problem. The latest report from the Home Office sponsored research into the scale of the problem estimates that there are 1,052 opiate (heroin) and crack cocaine users in Southend, equivalent to 9.38 people per 1,000 population. This is a slight decrease on the previous estimate of 1,192 from the previous report, indicating that the decline in the numbers of these most serious drugs problems nationally is also reflected locally. This rate is the third highest in the Eastern Region, after Peterborough and Luton.

However, there are limitations with the above data, particularly as it excludes people who do not use opiates and crack cocaine, but for whom drug use is still problematic. Around 300 adults a year seek help in Southend for use of other substances, such as cannabis, cocaine and amphetamines. These are likely to be a small portion of those experiencing difficulties.

The figures also exclude young people. Self-reported drug use by young people participating in a local school-based survey suggests that around 20% of young people reported use of one or more substances on one or more occasions. However, because of the anonymous nature of the survey and the way it is laid out where people to respond to multiple questions, it is not possible to estimate precisely the number of young people who use drugs. The number is likely to be much lower than the above figure suggests.

Whatever the precise numbers in Southend, it is estimated that illicit drug misuse costs society around £15.4bn per year (£13.9bn in drug-related crime costs, £2.4bn in drug-related death costs and £488m in costs to the NHS).

National policy context

The Government Drug Strategy *Reducing Demand, Restricting Supply, Building Recovery: Supporting People To Live A Drug Free Life* (HM Government, 2010) clearly articulates government ambition to change the way drug users are supported by public services, from one which is based on getting people into structured, health-based treatments, to one which is equally concerned with helping the individual to build a life without drugs after structured treatment. The Drug Strategy continues to take a tough stance on drug users who offend and continues to support the need for treatment services to work closely with prisons, probation and police services. Changes to some of the commissioning approaches for the criminal justice sector have taken account of these continued commitments.

The national strategy also pledges greater support for families and young people, and requires intensive family-focused interventions to be provided in all areas, together with strong partnership between health, social care and specialist drug services.

Health Impacts

Substance misuse carries risks to individuals' health through the direct impact of the substances themselves in both the short-term and longer-term through prolonged use. Likewise there are wider health impacts which can occur due to the environments and methods in which the drugs are consumed, through lack of self-care practised by those using, through injuries sustained while under the influence. Examples of these could include unsafe injecting practices which could lead to infections or arterial injury, the use of tobacco in cannabis smoking, or damage to soft tissue such as nasal mucosa or gums through use of cocaine and amphetamines. There is a very broad range of physical health concerns associated with substance use, many of which are life limiting or which require specialist health care responses. Some substances have the potential to cause death, through fatal overdosing due to a range of factors such as low tolerance for the substance being taken, underlying health concerns, or substances being consumed in dangerous combination. This occurs all too frequently in Southend-on-Sea, which has the highest rate of drug-related death in the East of England. Over half of these deaths between 2004 and 2010 occurred in the three most deprived wards in Southend.

Substance use has been linked to higher rates of mental health problem and has been found to contribute to the advent of mental health problems amongst cannabis users and users of hallucinogens. People with mental health problems who do misuse substances are more likely to experience significant harms and to require more support. People with personality disorders are more likely to be vulnerable to substance misusing cultures and are thus are potentially more exposed to associated harms.

Crime Impacts

Individuals dependent on opioids and/or crack cocaine (OCUs) are responsible for a large percentage of acquisitive crime (shoplifting, burglary, vehicle crime and robbery). Consequently, they are highly likely to end up in the criminal justice system at some point. The moment they start treatment, heroin, cocaine or crack users commit less crime and the crime they commit falls by almost half when they complete a treatment programme or stay in treatment for up to two years. Drug treatment prevented an estimated 4.9m offences in 2010-11. Acquisitive crime has fallen 62% between 1995 and 2013/14. The Home Office believes that the improved availability and quality of drug treatment during the same period was an important contributory factor in this. Public Health England's research estimates that during 2012-13 over 103,000 crimes were saved by providing treatment to people across the Essex Police Force area, equating to around 20,000 crimes avoided in Southend-on-Sea.

Community and economic impacts

Drugs impact all of us, whether through the effects of crime, through concern for family members, or through the costs of providing services for people with substance problems. Acquisitive crime affects the price we pay for things and the costs of insurance. Many substance users are unable to hold down regular employment and are unable to contribute to the local economy and thus add to the public costs of drug use, along with the health, social care, housing, and criminal justice service costs. The perception of drug users as dangerous people, together with the risks associated with discarded needles, can make people afraid of going to some places, particularly where drug users are believed to gather. The fear of substance misuse problems can reinforce the stigma surrounding drugs, making it harder for people to ask for help, as well as strengthening the sense of 'us and them'.

Current activity

There are a range of treatment services currently commissioned by Southend Borough Council to meet the needs of substance misusers. These services include a dedicated young person and young adult service, medical and non-medical provision for adults, and a range of different rehabilitation services. In all, around 40 organisations are contracted as part of the Southend treatment system at present. These services work closely together to ensure that people receive support for all of their needs, in order to bring the stability required to overcome their substance problems. The range of services provided extends from the prescribing of drugs like methadone to help people stop using heroin, to the prescribing of a drug called naloxone which is to be used in the event of someone overdosing and which has already saved lives in Southend. There are dedicated supported housing services for people in drug treatment, a range of quality assured residential services, and an increasing number of peer support groups, such as NA and SMART Recovery, and volunteering opportunities for people in recovery. A leading specialist family support service model has been operated by some of the partner organisations since 2014. Many of the children in these families are also involved in Drugaware, a dedicated drug education programme now run in a dozen local schools since 2014, and which is being developed in other schools each year.

Criminal justice services, including arrest referral, court-based work and court-ordered treatment programmes, are embedded within the treatment system already described. Local criminal justice treatment provision works with prisons where Southend residents are held in order to ensure they can return home and get immediate support where this is necessary.

Drug treatment has enjoyed significant structured support over the years from a predecessor organisation of Public Health England, together with ring-fenced investment. As such both nationally and locally there are established structures in place. However, in Southend we are beginning the work of changing the ways these services collectively operate in order to support more people not just into treatment for their substance use problems, but through treatment and into sustained recovery and a life beyond problematic use and dependence and the many associated problems this can bring. This Recovery Oriented System of Care is becoming the governing approach to our work.

Gaps in current activity

Whilst naloxone is already prescribed to some, drug-related deaths remain a concern in Southend and more people must be supplied with this life-saving drug. The continued development of assertive outreach to substance misusers, together with the prescribing approach allowing the drug to be given to those not active in treatment, is a gap in our attempts to eliminate premature drug-related deaths from Southend.

There are gaps in getting people into treatment through the criminal justice system also, where current activity remains voluntary with no compulsion on offenders to engage. Southend Borough Council, with Essex and Thurrock Councils, is working with Essex Police and the Home Office to introduce a mandatory 'drug test on arrest' process in 2015.

Another complex group are those substance users with multiple needs, in particular those who also have a significant mental health problem, those who are physically very unwell, and those who are homeless. Many people face all these challenges at once and the current system of care, both in drug treatment and other service areas, is not very responsive to their needs. These people are often highly chaotic and challenging to work with and require flexible, and often labour intensive working arrangements in order to support them towards better health and social stability. Whilst some dedicated outreach activity has been funded for this group, the larger challenge is that of changing the working culture of some of the services from whom these people need to engage.

Finally, the national strategy and the local Recovery Oriented System of Care are both designed to increase the number of people achieving recovery – a stable life free from dependence on substances and in which people can sustain the work and social roles associated with wellbeing. A key ingredient of this ambition is that of 'visible recovery' and the need to challenge some of the stigma of current or former drug use and to allow recovery to be something to celebrate and to be held up as positive examples to which others can aspire.

Priorities for action

The priorities for action will evolve throughout the life of this strategy document and will be evaluated and refreshed every year. The Action Plan at the back of this document lists the key targets work elements selected to help drug users achieve recovery, to reduce the impact of their use on others including family members and victims of drug-related crimes, and to promote Southend as a recovery community.

Problem Gambling

There are many forms of gambling and increasing ways to participate in many of these. Gambling can be done via lottery tickets and scratchcards, in betting shops and casinos, or via the internet and phone apps. The majority of people gamble at least once a year (73% of the population) and more people are gambling more often. Most people who gamble do so because it's fun and for the chance of winning 'big money'. However, a small proportion of these will gamble in a way which is harmful to themselves and those around them. Recent surveys indicate that whilst men are more likely than women to gamble, women are catching up.

Most people think gambling is harmful, but that people have a right to gamble if they want to and reject the idea of prohibition. Attitudes towards gambling are changing and whilst generally negative, they are significantly more positive than previously. Despite this growing positivity there are large numbers of people whose lives are damaged by gambling. Precise numbers are not known but estimates range between 0.7% and 2.4% of adults having significant gambling problems; in Southend this equates to between 995 and 3412 people. Recent UK data suggest that around 7% of adults are at risk of experiencing problems with their gambling, almost 10,000 people in Southend. Gambling losses are significant, equivalent to 0.85% of the UK GDP each year, over £250 billion. Gambling is big business, and problem gambling can be devastating.

National policy context

The Gambling Commission was set up under the Gambling Act 2005 to regulate commercial gambling in Great Britain. It is this body which regulates the National Lottery, arcades, betting, bingo, casinos, gaming machines, society lotteries and remote gambling operations. Whilst there is no separate UK gambling strategy, the work of the Gambling Commission follows a programme of education and guidance both for the industry and local regulatory authorities, as well as commissioning occasional national prevalence research and problem gambling advice literature. Locally it is Essex Police and Southend-on-Sea Borough Council who act as the licensing authorities with regulatory responsibility for gambling business in the borough. There are currently 36 licensed gambling premises in Southend.

Health Impacts

There is evidence of significant use drugs and alcohol amongst problem gamblers seeking support. As many as 60% of problem gamblers are estimated to experience mood disorders; these include bipolar and other depressive disorders. The gambling behaviour does not provide any protective effect and the health impacts of the substance use and mental health problems may well be exacerbated because of the additional anxieties associated with problem gambling. There is some evidence to support the view that greater the density of gambling opportunity, the greater will be the likelihood that more people develop gambling problems. A recent UK survey identified that seaside towns, along with urban settings, have the highest density of gambling outlets.

Young people are believed to be at particular risk from gambling, with some suggestion that as many as 20% of school age teenagers may have felt bad about the extent of fruit machine gambling in the previous year. The similarity between many video games and gambling machines is noted as a risk, along with the many gambling applications and opportunities available within many social networking sites.

Crime Impacts

Problem gambling may lead to acquisitive crimes in order to fund the behaviour. Theft, fraud and are often reported by those seeking support for gambling problems. The stress and anxiety have also been associated with relationship difficulties and anger problems, which sometimes become violent. These may be exacerbated by use of substances and alcohol by some problem gamblers. Not all gambling is legal, and unlicensed poker games are a common activity amongst problem gamblers. Organised criminal activity is also associated with gambling, notably in the cases of 'fixing' sports betting.

Community and economic impacts

Gambling is big business and is a big employer locally, employing many staff in betting shops, arcades, casinos, and in many stores selling lottery tickets and scratchcards. However, gambling may have negative costs locally through missed days at work, crime, and impacts on other family members. There is evidence that parental gambling may influence children's own propensity for gambling, with lifetime rates of gambling problems being four times higher for those with other family members with gambling problems.

Current activity

Aside from the regulatory activity of Southend-on-Sea Borough Council and Essex Police there is no dedicated gambling activity currently commissioned. Some current licensed gambling outlets do provide the opportunity for problem gamblers to self-exclude from the premises, but no dedicated treatment to support problem gamblers is currently available to augment this. There is very little dedicated gambling treatment available nationally, with the nearest centre being in West London. There is a national helpline and online service provided by GamCare, as well as a Gamblers Anonymous group which meets in Leigh-on-Sea.

Gaps in current activity

As has been identified above the provision of support for gamblers in Southend-on-Sea is inadequate. There needs to be work undertaken to evaluate the extent to which a dedicated service is required, or whether the necessary therapeutic support could be provided within existing services.

There is strong evidence internationally and from London’s National Problem Gambling Clinic of the efficacy of cognitive behavioural therapy-based approaches to supporting problem gamblers.

Priorities for action

The priorities for action will evolve throughout the life of this strategy document and will be evaluated and refreshed every year. The Action Plan at the back of this document lists the key targets work elements selected to help problem gamblers. The work required to develop these mechanisms of support will be informed by research which needs to be undertaken locally to establish a full picture of the extent and type of needs.

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Multiple and complex needs

It has already been noted that many people may experience multiple challenges relating to alcohol, drugs, gambling, mental and physical health problems, unemployment, housing, relationships and parenting, criminal activity, frailty. Many people experience many of this together and the current model of service provision sometimes struggles to accommodate their needs and different service thresholds can leave those who are most vulnerable without anywhere to go. These people are often highly chaotic and challenging to work with and require flexible, and often labour intensive working arrangements in order to support them towards better health and social stability. It is not uncommon, however, for someone with addiction problems to be asked to sort that problem before getting the help they need for mental health problems, or support with housing, or other aspects of care. Equally, drug and alcohol services may be too inflexible to meet their needs because of their chaotic presentation. Many of these things happen because of a need to have structured services, which offer sound, clinically informed assessments and care. If we are to really support some of the most vulnerable residents of the borough and help them to stop the destructive cycle of behaviours and addictions they are in, then service models need to change.

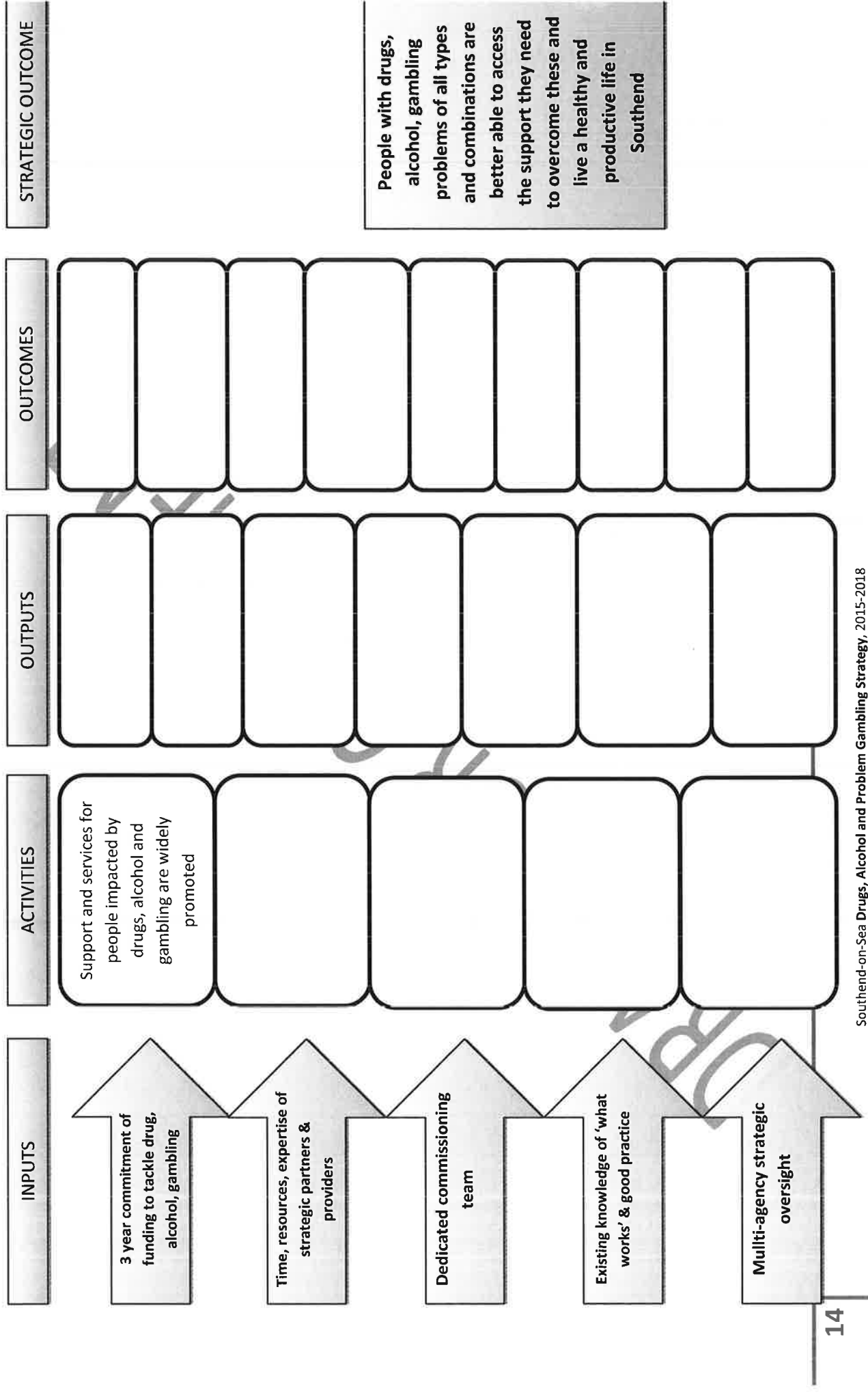
Some dedicated provision is already in place, including Mental Health Crisis Care Concordat work and assertive outreach to substance misusers with complex needs. The latter is being fully evaluated as part of a national project funded by Big Lottery, in order to begin to understand the extent of the issues along with what constitutes best practice. Whilst this Southend service is based on successful work elsewhere, alone is cannot meet the needs of all the people it will work with, and consideration needs to be given to how those people are supported within specialist services as well.

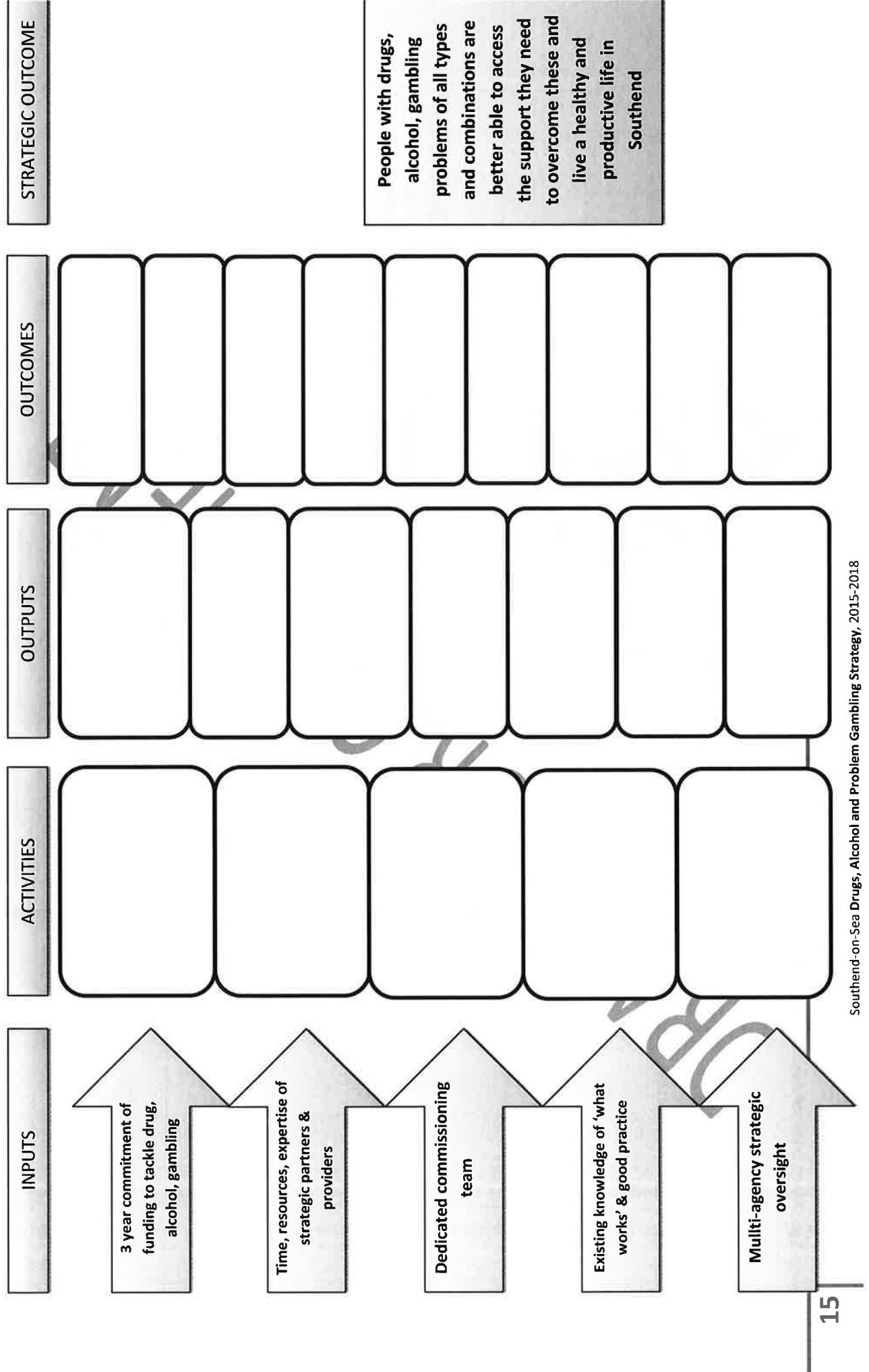
It is estimated by the Making Every Adult Matter (MEAM) approach, a national initiative piloted in a number of locations in England, that there are around 60,000 adults with the type of multiple-challenges described above. We don't know how many of these people live in Southend exactly, but experience suggests that there may be 40-50 people who may need the type of service being developed. Evidence suggests that it is likely that the majority of these will be male, and most will be above 30 years old.

An overarching consideration for *all* the below actions, and those within other linked strategies, must be the need to be able to provide services for the most challenging and vulnerable of Southend's residents.

Strategy Map

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Southend-on-Sea Drugs, Alcohol and Problem Gambling Strategy, 2015-2018

Action Plan 2015-2016

ACTIVITY AREA	KEY ISSUE BEING ADDRESSED	ACTION	RESOURCE NEEDED	MEASUREMENT & TARGETS	IMPACT	COMPLETED BY	ACTION OWNER
GOVERNANCE	Lack of dedicated partnership governance	Develop Strategic Partnership Board to oversee delivery of this strategy, linking with other Boards, organisations and strategies as necessary	Time, support costs for service user involvement, partners (incl. SBC, CCG, police, Essex CRC, hospital, drug / alcohol providers, voluntary and faith sectors)	Terms of reference developed; Multi-agency meetings held; strategic work developed / implemented	Increased partnership cohesion; joint commissioning responses explored; joint actions developed	In place by 30.6.2015	Southend Borough Council Drug & Alcohol Commissioning Team (DACT)
	Development of integrated commissioning	Ensure drugs and alcohol commissioning is embedded within broader programmes of integrated commissioning (e.g. mental health, children's/adult's social care)	Time	Regular consideration of drugs and alcohol activity by developing	Increased efficiency; increase in holistic service response	Autumn 2015	Southend Borough Council People / Southend CCG
	Information sharing practice	Review and update information Sharing Protocols to ensure these can be used	Time, training costs	ISP signed off	Increased partnership cohesion; Improved safeguarding of clients / families /	30.9.2015 (review) 31.12.15 (training)	Implementation Group, All

		effectively 'pan-system', together with accompanying training to support roll-out				community		
KNOWLEDGE	Need for consistent practice relating to drugs, alcohol, gambling and recovery	Develop broad partnership to develop Practice Guidelines & Core Principles	Time, workshop resources, printing	Printed manual published	Clarity about the values which underpin the Southend treatment & recovery offer and improved pan-system partnership	31.3.2016	DACT, All	
	The impact of gambling in Southend	Commission gambling needs assessment and local research to inform commissioning approach	Researcher costs (est. £10k)	Research provided to Strategy Board	Increased knowledge with which to inform future commissioning activity	30.9.15	DACT	
	Data sharing	Work with partners to better share intelligence relating to local drug and alcohol trends and their service impacts	Time, partnership board sub-group	Agreed processes / meetings & Regular data flows	Increased knowledge of 'new' drugs such as legal highs; Increased ability to link impacts to enforcement / regulatory activity	30.9.15	ALL	
	Workforce development	Commission training programme for specialist & wider	External trainer fees, internal trainer time, delegate time,	Provision of drugs / alcohol / gambling training to 300 staff	A greater proportion of the workforce will be able to support	31.3.2016	DACT, Southend BC Public Health	

		workforce to ensure fidelity to intervention / treatment / support pathways & that the workers have screening / advice /referral knowledge	venue costs		individuals and their families, either directly or in partnership / via referral		
PREVENTION	Education about drugs, alcohol and gambling in schools and informal youth settings	Develop broader offer in schools, to include more structured gambling and alcohol interventions building on <i>DrugAware</i> and <i>Healthy Schools</i> ; continue roll-out of <i>DrugAware</i>	Materials costs, license costs. <i>DrugAware</i> is £15k / 2 years and due for renewal Sept 15; other programmes may have similar fees albeit all those identified thus far are free resources which could be built in. Officer time, including schools	Number of schools fully operational within year – target =20 by end of academic year 15/16	More children across the borough receive high quality education about drugs, alcohol, gambling; prevalence of these issues within schools is better understood	31.3.2016	DACT, Southend BC Public Health, schools
	Education about drugs & alcohol for parents	Commission education for parents about the impact of drugs & alcohol on children, including risks of their own behaviours and supplying alcohol to children	Officer time, printing and other media, possible advertising	Campaign developed and run	Increased awareness amongst parents of the potential impacts of substances and gambling on their roles as parents and on the health of their children,	31.3.2016	Southend BC Public Health, DACT

	Night-time economy	Commissioning of SOS Bus	£25k			Bus is deployed on 100 occasions during year, providing support to 2000 individuals						
	Public education	Commission health education targeting key populations at risk of developing problematic relationships with drink, drugs, gambling	Officer time, printing and other media, possible advertising			2 campaigns run during year, including one on 'Legal Highs'						
	Reduction of drug-related deaths	Commission extension of naloxone prescribing, including patient group directive	Cost of drugs, cost of dispensing, cost of service user advice / training (this may be done outside of existing treatment settings), coordination costs			Patient group directive (PGD) established; Number of at risk drug users prescribed – target 200						
	Joint working between specialist drug and alcohol treatment provision and children's social care	Embedding of Family Focus Protocol addiction consultant input to social care proceedings; further development of dedicated family support	Officer time across the partnership			Referrals between services Revised 'Family Focus Protocol' # referrals to Troubled Families # referrals to M-PACT family substance misuse programme						

	Joint working between specialist drug and alcohol treatment provision and adult social care	programmes Development of flexible joint care packages for all vulnerable adults with drug and alcohol problems	Officer time across the partnership	# Referrals between services # joint care packages	More more vulnerable adults address drug, alcohol, gambling problems and risks / vulnerability is lowered	31.3.16	DACT, drug and alcohol provider services, SBC adult services
	Blood borne viruses and harm reduction	Continue to broaden the range of opportunities for current and former injecting drug users to access harm reduction advice, blood-borne virus screening, vaccination and treatment	Officer time; Vaccination costs; Costs of needle exchange equipment; Costs of hepatitis and HIV treatments	% of estimated current and former injecting drug users tested – target 80 % current and 20% former in year 1; % completing course of vaccination – target 80% of all tested; Numbers requiring treatment and % referred / completing	Reduced blood borne virus (BBV) transmission risks and increase the health of those with BBVs	31.3.2016	DACT; Southend Treatment and Recovery Service (STARS); Southend Hospital; Southend CCG
EARLY HELP	Ensure all families with drug and alcohol problems are provided with an offer of early help	Promote early help offers throughout all drug and alcohol treatment provision and ensure supportive referral pathways are in place and vice versa	Officer time	# referrals	Increased number of families affected by drugs & alcohol receive support	31.3.2016	DACT; Public Health; SBC Children services; Southend Treatment and Recovery Service (STARS); Southend Hospital; Southend CCG

	Ensure people presenting to hospital, primary care and criminal justice services are offered help	Ensure further development of specialist support in settings such as A&E, police custody and GP surgeries for people with drug, alcohol and gambling problems	Officer time, service consumables (drug tests for custody settings etc.)	# referrals into specialist treatment % engaging in treatment % successfully completing treatment	Reduction in crime Reduction in use of A&E for alcohol-related problems Increase in proportion of population supported re alcohol	31.3.16	DACT; Southend Treatment and Recovery Service (STARS); Southend Hospital; Southend CCG; Essex Police
TREATMENT	Alcohol-related hospital admissions	Embed delivery of specialist alcohol care team within hospital	Already included within commissioned service costs	Reduction in number of alcohol admissions by 5% from baseline	More people admitted to hospital for health problems exacerbated or caused by their drinking are supported to reduce the negative impact of alcohol on their health.	31.3.2016	Southend Treatment and Recovery Service; SUFHT
	Ensuring local treatment is of the best quality and responsive to local needs	Design service specifications at partnership level and explore joint commissioning opportunities for adult drug and alcohol treatment (due for retender in 2016/17)	Officer time, including SBC Procurement service	Fully developed specification and agreed procurement plan	Once procurement is complete, a cost-effective, innovative and quality-driven treatment system is accessible to local residents to support their recovery and that of their families and neighbours.	29.2.16	DACT, Implementation Group

	People with multiple, complex needs	Work across partnership to develop integrated working arrangements for individuals with dual diagnosis and complex multiple needs	Officer time; Commissioned service costs of £120k pro rata for dedicated complex needs service pilot	Numbers of individuals supported; Evaluation findings; Business case and agreed successor commissioning plan	Services are able to accommodate the needs of people with complex support needs and help them towards improved health and recovery	31.12.15	DACT, All
ENFORCEMENT	Licensing and regulation of alcohol sales and 'legal high head shops'	Continue programme of test purchases and licensing regulatory activity, including promotion of best practice with licensees and continued partnership with local licensed businesses and 'Head Shops'	Officer time; Costs of training test purchasers	'Cardiff model' data being shared between partners (i.e. data from A&E, ambulance on alcohol/ violence presentations); Numbers of test purchases conducted / % failed;	Better intelligence is available through which to target licensing enforcement activity; less underage and irresponsible selling	Cardiff model data to be in place by 30.6.15 Ongoing	SBC, Essex Police; Southend Hospital; East of England Ambulance Trust
	Drug related crime	Implementation of drug test on arrest, including robust follow-up of offenders required to attend treatment	Officer time; training costs; cost of drug test on arrest (test kits, ICT, staff – c.£30k p.a. at local level, other costs met at Essex Police Force level via Home Office grant)	Number of arrestees tested; % testing positive; % attending assessments; % engaging in treatment; % successfully completing treatment	Increased proportion of offenders with drug problem become engaged in treatment, leading to reduction in drug related crime	Implementation due March 2015; fully operational by May (note relocation of custody to Rayleigh whilst Southend station is redeveloped)	Essex Police, DACT, Crown Prosecution Service, Her Majesty's Court and Tribunal Service, Essex Community Rehabilitation Company, National Probation Service,

	Drug, alcohol and gambling related crime	Review provision of criminal justice treatment programmes currently provided to ensure these are fit for purpose and able to deliver appropriate interventions required by new community sentence legislation	Multi-agency officer time; Specialist research time	Report evaluating current programmes and proposing commissioning options	Improved treatment programmes for offenders, leading to better engagement and reduction in crime	30.9.15	DACT, Essex Community Rehabilitation Company, National Probation Service, STARS, Essex Police
	Drug, alcohol and gambling related domestic violence perpetrators	Explore potential of commissioning dedicated treatment for domestic violence offenders with drug, alcohol, gambling problems	Multi-agency officer time; Specialist research time;	Feasibility/ commissioning options report	Increased knowledge with which to inform future commissioning activity	30.9.15	DACT, Essex Community Rehabilitation Company, National Probation Service, STARS, Essex Police
RECOVERY	Development and promotion of Southend as a recovery community	Develop broad partnership to develop recovery vision & 'visible recovery' actions	Time, expenses for lay members, cost of promoting opportunities for involvement	Terms of reference developed; Meetings held; Agreed vision statements and project plans	Clarity about what people want & what needs to be commissioned to support people to move beyond problematic gambling and drug and alcohol use. 'Visible' recovery will promote others to seek	In place by 30.6.2015	DACT

	Development and promotion of Southend as a recovery community	Develop broader portfolio of peer-led mutual aid and faith-based groups and support opportunities, incl. for families and young people (e.g. Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous, gamblers Anonymous, SMART Recovery)	Venue costs, expenses, time	Numbers of local groups and meetings; numbers of local faith groups and other community groups actively involved in 'recovery'	More people are able to access peer-led, cost neutral or low cost support groups. More meetings available at different times and venues. More people will be supported towards long term sustainable recovery.	31.12.15	DACT, STARS, local 12 step groups
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