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What we will do:	What we will do:  How will we do it:  What we will do:  How we will know if we have achi	How we will know if we have achieved	Who will	By when:
		Ħ.	lead it:	
Objective 1:	Support and lobby for a Minimum Unit Price (MUP) for alcohol	Minimum Unit Price in place within	BwD BC -	March 2016
Ensure there is commitment to		Blackburn with Darwen	Public	
high alcohol content drink and		Engagement with the local population,	Health and Licensing	
ensure that availability is		stakeholders and staff to understand	C	
restricted in areas of most		what MUP is, and what it is not.		
Heed.				
	Explore opportunities to reduce the availability of super-	Reduced number of outlets that sell	Police	December
	strength alcohol on sale in the borough	super strength alcohol in the Borough	RWD RC	2014
		Increased number of under-age young	100 mg	
		people served alcohol		
		Encourage voluntary code of conduct		
	Reinforce 'Challenge 25' and proxy sales	Encourage licensed premises to visit	BwD BC -	December
		www.agecheck.co.uk to access free age	licensing	2014
		resource.		
		To have a baseline of the number of licensed premises that have training and		
		awareness of underage sales		
		Undertake comprehensive programme of alcohol test purchasing operations - both	Public protection	March 2014
		on and off licensed premises.	service	
			(trading	
			standards)/	
			nsing	

		p;		a. Si	Objective 2:  Ensure that we continue to develop and implement robust systems and have procedures in place to support a positive and responsible alcohol trade.	
		Ensure robust licensing procedures are in place, with a particular focus on health data to reduce the impact of health related harm for the public.		Support all alcohol retailers to engage in the community alcohol Network (CAN)	Support the use of 'Challenge 25' policies	
Monitor the TIIG data to understand local trends and areas of concern	licensing policy, i.e. Trauma and Injury Intelligence Group data collated and utilised	Local crime and health and social care data are used to map the extent of alcohol-related problems as part of the	to prevent under age sales  Evaluation on the impact of the awareness of the priorities	Monitor the number of premises signed up to support CAN by displaying campaign materials, briefing staff and	Baseline number of premises actively supporting 'Challenge 25'  To increase the number of premises supporting Challenge 25  Monitor and evaluate of impact	Monitor the number of licensed premises intervention visits undertaken.
	BwD BC – PH	CCG / NHS	Licensing	Police	Police / BwD BC	Public protection service (trading standards)/ Police/Lice nsing
quarterly	March 2015 and	December 2014	March 2015	March 2015	Annual review	March 2014

Work with constiction constables are all operations.	Take part in the 1 Alcohol Survey.			
Work with constabulary to maintain a structure where special constables are able to support a significant number of CAN operations.	Take part in the Trading Standards North West Young Peoples Alcohol Survey.			
Number of special constabulary hours recorded on CAN activities. Number of licensing visits undertaken.	Completion of the survey with increased number of schools included in the survey Report produced. Data used to inform JSNA	Optimal use is made of existing legislation to target the prevention of underage sales, sales to people who are intoxicated, proxy sales to minors, noncompliance with any other alcohol license condition and illegal imports of alcohol	Cumulative impact: if an area is saturated with premises informing the consideration and implementation of the range of measures and conditions available to the local licensing board	A 'cumulative impact' policy is developed, agreed and implemented.
Police	BwD BC - Public protection service (trading standards)		C	BwD BC – PH and Licensing
Regular review	Annual report	Ongoing		March 2015

	DRAFT Alcohol Strategy Activity Plan - 2014 – 2017	2014 – 2017.		
Priority 2 - Health and Wellbeing services				
What we will do:	How will we do it:	How we will know if we have achieved it:	Who will lead it:	By when:
Objective 1: Ensure	Continue to develop the Recovery Orientated Integrated	Series of workshops delivered, with	BwD BC - PH	June 2014
e high quality als and famili	system including all key stakeholders to inform future commissioning and tendering.	available feedback.		then
developed in partnership, including	c	Monitor and evaluate workshops and		
service user representatives and		effects on practice.		
volunteer advocates.				
		Review evidence of where there are gaps	ď.	
		in service provision		
	Explore opportunities to make recovery visible in the	Increased number of volunteers active in	CCG	Quarterly
	community and specific settings such as HALS via Recovery	the community and specific settings		reviews
	service.	Increased number of clients accessing the	Public	
		Recovery Orientated Integrated System	Health	
		Evaluate of HALS and other	Families	
		commissioned services	Health and	
		Espanson with local communities to	Wellbeing	
		identify gaps in provision	COLISOLLIGIT	
Objective 2:	Continue to develop the HALS service and model of delivery	Reduction in hospital related alcohol	CCG	Quarterly
Continued monitoring and	in line with the strategic objectives of the CCG and LA via the	admissions and attendances.		reviews
development of the hospital	HALS steering group, to monitor and manage the activity and			
alcohol liaison service (HALS)	outcomes of the service.	Increase number of people using service		
enhance service outcomes,		Integrated pathways established and		
including working collaboratively		increasing number of patients engaging		
with the A and E Police Liaison		with the service		
Service.		Increased number of CAEs		
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	DRAFT Alcohol Strategy Activity Plan - 2014 – 2017.	Plan - 2014 – 2017.		
Priority 2 - Health and Wellbeing services	rvices		Who will lead	Ru when:
What we will do:	How will we do it:	How we will know if we have achieved it:	Who will lead it:	By when:
	Develop an integrated monitoring framework to include TIIG with ELHT, GMW and CRI to inform wider planning.	Local intelligence used to inform JSNA and service development	CCG Public Health	June 2014
Objective 3: Improve opportunities to deliver training packages which include identification and brief advice (IBA) across communities in line with assets based community development system of support.	Utilise our voluntary and recovery assets to raise awareness of alcohol related issues and the support available.	Quantify the number of volunteers operational in the community setting and involved in raising awareness  Increased number of staff and volunteers trained to deliver IBA and other alcohol related training programmes	Public Health	March 2015
	Raise awareness of alcohol support for Young People and adults within the hospital setting building on the work of the YP Alcohol Pledges.	Training delivered and services signposted and accessed in the hospital setting  Engage with the local community to understand what assets and resilience CYP have to manage alcohol consumption	Multi agency Group: Alcohol Pledges VCFS	September 2014
	Increase opportunity for training of relevant service staff, voluntary and community members to raise awareness of alcohol related harm and enable cascade of IBA in communities, e.g.	Monitor numbers accessing training  Monitor numbers delivering IBA	ADEPT/ All IBA trained personnel	Quarterly review
	Community Pharmacy, family and community support services, police, probation etc. Increase the uptake of health checks in primary care and community settings	Monitor quality of the IBA training  Monitoring of health checks	BwD BC - PH BwD BC - PH	Annual

<b>Priority 2</b> - Health and Wellheing services	DRAFT Alcohol Strategy Activity Plan - 20	Plan - 2014 – 2017.		
What we will do:	How will we do it:	How we will know if we have achieved it:	Who will lead it:	By when:
Objective 4: Support the development of knowledgeable recovery based Health and Wellheing services that	Work more closely with the Wellbeing Service, and other providers, to ensure delivery of alcohol screening on a wider, whole population basis.	Process related monitoring to track awareness raising sessions and initiatives	BwD BC – PH BwD BC –	September 2014
promote and deliver prevention, sensible drinking and abstinence as their core business as appropriate.			VCFS	
	Consider opportunities to develop links with MEAM workstream including, for example, improving links between the Health and Wellbeing Outreach team (LCFT who provide services for people living in a hostel environment).	Developed an approach to provision via MEAM	VCFS	March 2014
	Continuation and development of Education, Training and Employment (ETE), to ensure the workforce and volunteers are fit for purpose and have improved employment opportunities	IBA training included in the ETE strategy.  Numbers accessing training recorded.  ETE workforce development group will evidence what has been achieved on a regular basis.	BwD BC - Regeneration	Regular review
	Work specifically with key partners to address the needs of the most complex hazardous and harmful drinkers to improve outcomes.	Achieve successful engagement and successful discharges from specialist treatment and support  Local engagement with different population groups	DAAT Partnership Performance Group	Ongoing

	Alcohol Strategy Activity Plan - 2014 – 203	Plan - 2014 — 2017.		
riority 3 - Ensure that a coordinate	riority 3 - Ensure that a coordinated 'whole family' approach is taken for initiatives that work with chi	nat work with children, young people, families and communities, protecting	s and communities, I	protecting
hose most affected by alcohol.				
What we will do:	How will we do it:	How we will know if we have achieved	Who will lead	By when:

<b>Priority 3</b> - Ensure that a coordi those most affected by alcohol.	a coordinated alcohol.	<b>Priority 3</b> - Ensure that a coordinated 'whole family' approach is taken for initiatives that work with children, young people, families and communities, protecting those most affected by alcohol.	work with children, young people, families	and communities,	protecting
What we will do:		How will we do it:	How we will know if we have achieved it:	Who will lead it:	By when:
Objective 1: Imp	Implement the	1. To ensure that the focus of policy and practice recognises that CYP need to be safeguarded from	That the recognition of the harm associated from alcohol to CYP is	CCG	March 2015
		the harms caused by alcohol.	included in various policies and procedures	BwD BC	
		2. To encourage all services that come into contact with CYP to recognise their role in	That services recognise signs of the harm related from alcohol to CYP.	CCG	March 2015
		safeguarding them from the harm caused by alcohol.	There's an increase in number of front line staff trained in IBA	BwD BC	
		3. To provide a mandate and expectation that all staff that are in contact with children, young	Increase awareness of alcohol consumption in CYP to front line staff	CCG	March 2015
		people and parents will do all that they can to address alcohol related harm.	and also to CYP	BwD BC Police	
		<ol> <li>To provide consistency, structure and a basis to monitor local performance.</li> </ol>	To implement a monitoring system that captures the impact of alcohol	CCG	March 2015
			consumption, attitudes towards alcohol consumption	BwD BC	
Objective 2.		1. Focusing on older people living in isolation.	To understand the levels of alcohol	CCG	March
A whole population approach will address the needs and issues relating to older people and	oroach will issues and		consumption for older people.	BwD BC	2015
alcohol misuse. Vulnerable individuals and groups will be offered help and support through a targeted approach by.	able will be rt through a	2. Supporting local people to understand the true long term health.	To undertake a number of engagement events with the local population about alcohol and mental wellbeing.	VCFS	Six monthly events

3. Empowering local people to understand the impact of alcohol towards mental health and wellbeing.
To undertake a number of engagement events with the local population about alcohol and mental wellbeing.
March 2015

	Alcohol Strategy Activity Plan - 2014 – 2017.	an - 2014 – 2017.		
Priority 4 - To mitigate the role c	To mitigate the role of alcohol in fuelling crime, anti-social behaviour, violence and domestic abuse	ence and domestic abuse		
What we will do:	How will we do it:	How we will know if we have achieved it:	Who will lead it:	By when:
Objective 1: Intervene early with individuals who are at risk of causing harm fuelled by alcohol, including harm within the home, families	Delivery of street drinking programme	Reduction in complaints from residents, visitors and businesses. Increase in engagement for hard to reach individuals with support services.	Community Safety Partnership (CSP)	March 2014
seeking support and within our neighbourhoods where alcohol is a particular risk factor for	Continuation of test purchasing scheme	See Licensing plan	BwD BC – Trading Standards	
anti-social behaviour and violence.	Delivery of education programme	Number of schools/pupils receiving input on dangers of alcohol and its impact on behaviour and consequences.	CSP	
	Continued support and involvement in the delivery of the YP Alcohol Pledges Action Plan.	See Alcohol Pledges Action Plan	CSP	
Objective 2: Implement a robust approach, combining assertive outreach	Improve offenders understanding of the effect on victims	Restorative justice approach applied in circumstances where victim supports it.	CSP/YJS/Police	
with bespoke innovative long term support options and, where necessary, enforcement to our known hazardous drinkers.	Continued delivery of Staysafe and CANsafe	Number of those identified as those who are at risk or causing harm and returned to a place of safety.  Monitoring of alcohol confiscated.	CSP/YJS/Police	
	Application of the borough's Designated Public Places Order	ASB Police and Crime Act (2013) incorporated into policy and practice.	CSP	