

OFFICERS' RESPONSES TO THE PANEL'S RECOMMENDATIONS

Conclusions	Evidenced By	Recommendation	Lead Officer	Comments
1. Pleased that the HOSP has Scrutiny Development Area status.	2.2, 2.3	N/A.	N/A	
2. Concerned that the levels of alcohol consumption and alcohol-related hospital admissions in Portsmouth are considerably higher than the national and South East averages.	3.4, 3.5, 3.27, 4.1, 4.2, 4.3.	N/A.	N/A	
3. Pleased that there is a significant amount of good work going on to tackle this problem, as recognised by the Department of Health's National Support Team.	8.38, 8.39	N/A		
Portsmouth City Council.				
4. The effect of alcohol misuse is far reaching. All council services have a role to play in either prevention, signposting/referral to treatment or enforcement.	5.1- 5.52	Recognition and dealing with alcohol misuse be part of all the Council's service plans and policies. All frontline services that deal with clients with alcohol issues be trained in Identification and Brief Advice. Social care, housing, community wardens amongst others.	Chief Executive. Chief Executive.	It is important for relevant plans and policies to include clear actions to address the issues rather than simply a

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		A Councillor to be appointed Alcohol Awareness Champion.	Leader of the Council, City Solicitor and Strategic Director.	"recognition". This action should be considered by Head of HR for possible inclusion in the council's managed learning environment
5. Concerned that young adolescents in the Portsmouth area are more likely to drink alcohol and binge drink than the national average.	3.42-3.44.	Appropriate alcohol-awareness education in primary schools be introduced and the Head of Children's Services encourage head teachers of all schools to include alcohol awareness in their curriculum. This opportunity be used to build confidence amongst children without the need to hide behind the bravado of alcohol, dispelling the macho image. All secondary schools (both state and private) to be encouraged to appoint an Alcohol Champion through the Health Improvement and Development Service (HIDS) scheme, which is already in place, and that the scheme be extended	Director of Children's Services and Strategic Director	A School Strategy is being developed which will focus on increasing attainment, supporting more schools to be good or outstanding. This will raise young people's aspiration in the City. The Children's

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		<p>to include further and higher education.</p> <p>Seek to work in partnership with the Be Your Best Foundation (Rock Challenge) to promote the dangers of alcohol misuse as well as drug misuse.</p> <p>Work with HIDS and schools in respect of the public health element of alcohol misuse, including increased sexually transmitted infections and unplanned pregnancies.</p> <p>In line with proposals in the Health Inequalities White Paper, Local Authorities will be instrumental in educating the public in respect of alcohol abuse, addressing health inequalities in particular. This could be through a range of options including Sure Start and Children's Centres to educate young and expectant mothers of the potential dangers.</p>		<p>Trust is developing a new Children's Trust Plan which will focus on improving outcomes for children and their families; implicit is addressing families where there is an alcohol issue.</p>
<p>6. There is a link between affordability and consumption.</p>	<p>3.16-3.20, 3.49.8, 9.6, 9.7, 9.8.</p>	<p>Monitor the progress made by the Association of Greater Manchester Authorities (AGMA) which is currently drafting a by-law on minimum pricing. If it is successful, then the council consider introducing it in Portsmouth.</p>	<p>The Member Alcohol Awareness Champion.</p>	

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7. It is important that the council has a clear staff alcohol policy that is implemented and offers support for employees with misuse issues.	6.8	Portsmouth City Council to lead by example by prohibiting alcohol consumption by staff and members during the working day and being under the influence of alcohol at work. The Lord Mayor to be exempted from this rule subject to their discretion.	Leader of the Council Chief Executive.	Portsmouth City Council will proactively help employees with misuse issues.
8. Pleased with the joint working between the planning and licensing services.	5.52-58.	The planning and licensing departments continue to work together when application is made for a change of use of business premises.	Director of regeneration and strategic director. City Solicitor and Strategic Director.	The joint working arrangements between both services have been strengthened and formally recognised within PCC's Statement of Licensing Policy for 2011 – 2014 which was approved by Council on 14 December 2010.

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9. Pleased with the work of the Portsmouth Street Pastors and the setting up of the Safe Space centre.	2.9, 7.1, 7.105-109, 3.19, 7.55, 8.3	<p>The Portsmouth Street Pastors be thanked for their contribution to dealing with the night time economy.</p> <p>The effectiveness and the long-term service delivery of Safe Space be evaluated.</p>	Director of Public Health and Primary Care.	We recognise and thank the Street Pastors for the work they do. Safe Space is currently in its pilot phase. Towards the end of March the project will be reviewed with a long term plan put in place.
10. Pleased that the setting up of an Off Watch scheme is being investigated.	8.34	Support to be given to this scheme.	Director of Regeneration and Strategic Director.	<p>It is likely that the council would need to accommodate "watch" group meetings within council owned buildings.</p> <p>There would be cost of circa £6,000 to pilot</p>

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				the scheme, which is not available within the trading standards budget.
11. Disappointed that the Tell Us Survey which asked pupils from years 6, 8 and 10 for their views about their local area and behaviour has been discontinued.	3.42-43, 5.24	Support the Health Improvement & Development Service questionnaire.	Director of Adult Social Services and Strategic Director	HIDS have developed a questionnaire incorporating alcohol and substance misuse questions from the former Tell Us survey. Feedback has initially informed the Substance Misuse Needs assessment.
12. Pleased to note that alcohol is a clear priority set out in all local partnership documents but concerned that it is not being fully implemented.	8.1- 8.4.	Support the National Support Team's recommendation that the Local Strategic Partnership should specify the accountabilities and responsibilities for the delivery of the Alcohol Strategy for	Director of Public Health and Primary Care	Alcohol misuse has been adopted as an LSP priority, with each

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		each partnership board.		partnership board asked to find a lead in this area of work.
13. Pleased with the preventative work of the CCTV Control Room Operators.	2.9, 6.15-6.19, 8.17	That the licensed premises owners in the Guildhall Walk and environs contribute to install additional CCTV with the council picking up the maintenance costs thereafter.	City Solicitor	This could be explored including the financial implications.
14. Pleased that the trees in Guildhall Walk that were obstructing the view of the CCTV cameras in that area were promptly pruned by Colas following a request by the Health Overview & Scrutiny Panel Chair.	6.19	An annual pruning programme be introduced in areas agreed by the CCTV Control Room Manager and Colas.	Director of Regeneration and Strategic Director.	Colas under the PFI contract carry out tree pruning on a four yearly cycle. Further discussion will be needed to negotiate additional annual pruning of trees affecting CCTV cameras.
15. Concerned that Guildhall Walk has high levels of	6.14, 6.15-16, 6.19,	Robust enforcement action to be put in place by the licensing department and	Director of Public Health	Robust enforcement

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<p>alcohol attributable anti-social behaviour and crime and dealing with this is costly and resource-intensive.</p>	<p>7.1, 7.74, 7.102, 7.105.</p>	<p>the police to reinforce the message of what is and is not acceptable.</p> <p>Support the introduction of a late-night levy on licensed premises takings as being considered in the Government's consultation document Rebalancing the Licensing Act.</p>	<p>and Primary Care in conjunction with Chief Supt, Hampshire Police, Portsmouth Sector</p>	<p>action has been taken by the police against licensed premises where problems occur. Additional resources have also been found by NHS Portsmouth to support the Portsmouth. Street Pastors, develop the Safe Space project and provide alcohol advice for those arrested.</p>
<p>16. Concerned that there are insufficient places for the 1,057 alcohol dependent people in Portsmouth who should access treatment</p>	<p>7.77</p>	<p>Ensure that patients accessing treatment are captured on the appropriate database, as stipulated in the provider's services contract with the Council from 1 April 2011.</p>	<p>Director of Public Health and Primary Care.</p>	<p>Alcohol treatment capacity has been increased</p>

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services per annum according to local targets.				significantly during 2010/11, due to additional investment by NHS Portsmouth. The full benefits of this will be realised in 2011/12, which will lead to increased numbers in treatment.
17. The management of the night time economy requires joint working at a senior level.	8.33	The council and partners consider working towards Purple Flag status for the night time economy to provide a focus to tackle the long-term problems. The design and management of the night time economy be an integral part of the Regeneration Strategy for Portsmouth, as recommended by the National Support Team.	Director of Regeneration and Strategic Director.	Both recommendations have been submitted as part of the Regeneration Strategy consultation.
Portsmouth Hospitals Trust (PHT).				
18. Disappointed that the Paddington Alcohol Test was not used routinely by staff in	4.11	The new alcohol screening scratch card to be implemented fully within the ED with a target of 100 referrals	Chief Executive of PHT.	

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ED at QAH.		per month. This to be monitored by the Alcohol Champion (currently the Consultant Hepatologist).		
19. Disappointed that the key information regarding alcohol-related assault data is not being routinely collected by staff in ED at QAH.	4.16, 8.40.2	Alcohol Champion to be given responsibility for ensuring that staff collect this data routinely and send it to the Safer Portsmouth Partnership.	Chief Executive of PHT	
20. Abuse to staff at the Emergency Department (ED) at Queen Alexandra Hospital is not acceptable. The Panel is pleased that a security guard is in place everyday and that seems to be reducing the number of incidents. However, it is disappointing that the impact of the introduction of security guards at the ED was not available to the Panel.	4.18- 4.20	<p>A method of monitoring the levels of abuse to staff at ED and evaluating the effectiveness of the security guards in reducing incidents to be introduced at Queen Alexandra Hospital.</p> <p>Every Monday morning all patients who attended or were admitted to the ED over the previous week with alcohol-related conditions to be sent a letter after discharge informing them of the approximate cost of their treatment.</p>	Chief Executive of PHT	

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South Central Ambulance Service and Hampshire Police Service.				
<p>21. Disappointed that although the ambulance and police services have the facilities in place to record whether alcohol is a contributory factor in incidents that they attend, this is not currently happening routinely.</p>	<p>4.17</p>	<p>That improvements be made by the ambulance and police services to the way that information is recorded and collated to provide the evidence base for dealing with alcohol-related incidents.</p> <p>These services provide monthly data relating to incidents in night time economy areas to the Safer Portsmouth Partnership.</p>	<p>Chief Supt, Hampshire Police, Portsmouth Sector. Head of Operations Hampshire (South Central Ambulance Service)</p>	
Primary Care Trust.				
<p>22. There is a strategy in place for dual diagnosis, but it does not seem to have been implemented.</p>	<p>7.101</p>	<p>Support the National Support Team recommendation to review the current Dual Diagnosis strategy to ensure full implementation.</p> <p>Determine the effectiveness of the dual diagnosis strategy and ensure that health and health and social care professionals adhere to it.</p>	<p>Director of Public Health and Well Being.</p>	<p>Introducing a CQUIN (element of performance related payment) for 11/12 contract on dual diagnosis to test implementation of strategy and</p>

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				improve care and support for individuals.
23. Concern that the consultant psychiatrist's regular visits to Mill House was stopped.	7.9	A business case to be established to demonstrate the cost saving benefits of re-introducing this service to Mill House.	Director of Public Health and Well Being.	Not sure about this recommendation or how it could be cost saving. Solent Healthcare are redesigning their services to enhanced gateway model and I think a better recommendation would be to ask them how they will meet the needs of this cohort by their new model.
24. People with alcohol misuse and mental health issues are not accessing appropriate	7.101, 8.40.7	Closer inter-agency working be introduced between health service providers and alcohol misuse	Director of Public Health and Well Being	I think this is beginning to happen but it

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treatment.		providers in order to promote understanding of the complexities of each other's roles through work shadowing and regular meetings.	Director of Adult Social Services and Strategic Director	links to CQUIN (element of performance related payment).
The Probation Service.				
25. Concerned that the Probation Service raised the threshold for Alcohol Treatment Requirements (ATRs) to 30+ for their clients in June 2010 and has not put in place an alternative service for those clients with alcohol misuse issues but are no longer referred for ATRs.	7.90, 8.40.8	<p>The Probation Service lowers the threshold for ATR referrals to 20+ in line with the National Offender Management Service guidelines and the recommendation from the Department of Health National Support Team.</p> <p>The Probation Service develops Alcohol Specified Orders by April 2011</p>	Offender Management Director for Portsmouth Local Delivery Unit, Hampshire Probation Services.	
Safer Portsmouth Partnership.				
26. Appalled that the IT systems of different agencies are not compatible.	7.52, 8.40	<p>Safer Portsmouth Partnership considers introducing a client data collection or case management system.</p> <p>Agencies involved in alcohol-related issues make better use of their own IT systems to accurately record information that can be used to enforce licensing. For example, a</p>	<p>Chief Executive, Portsmouth City Council.</p> <p>Chief Supt, Hampshire Police, Portsmouth Sector.</p>	

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		<p>police running log similar to that used for major events, to record incidents throughout the evening, which can later be analysed to build up a solid evidence base against persistent individuals or premises.</p>		
<p>27. Pleased that there is some good joint working by licensed premises, the police, the ambulance service and the Portsmouth Street Pastors.</p>	<p>7.1, 7.74,</p>	<p>Support for joint working to continue including using the Civic Offices for the Safe Space.</p>	<p>Director of Public Health and Well Being.</p>	<p>See conclusion 9 re: Safe Space</p>
<p>28. Disappointed with the poor recording of outcomes for clients discharged from treatment services.</p>	<p>7.20, 7.25.</p>	<p>Commissioners ensure that outcomes are recorded.</p> <p>An element of outcome-related payments to service providers to be introduced whereby 10% is paid only if the client is still sober three months after discharge.</p>	<p>Director of Public Health and Well Being.</p>	<p>'Payment by results' is due to be piloted by the National Treatment Agency in 2011/12. This will then be rolled out to other areas, including Portsmouth. In the meantime as our contracts</p>

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				are renewed / retendered over the next 18 months we will introduce an element of outcome related payments.
29. The National Support Team concluded that there was not sufficient use of community detoxification programmes.	8.40.6	The use of community detoxification programmes to be reviewed as recommended by the National Support Team. The Substance Misuse Joint Commissioning Manager to collate and analyse the long-term outcome data for clients discharged from treatment services in order to review the balance and effectiveness of community and in-patient detoxification.	Director of Adult Social Services and Strategic Director.	As recommended, a thorough review of community and inpatient detoxification services will be undertaken by the Substance Misuse Joint commissioning Manager, with a view to promoting increased use of community detoxification

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30. Concerned that there is limited communication between agencies.	4.16, 4.17, 7.52, 8.40	Everyone involved meet regularly to agree a data-sharing protocol and introduce regular service manager contact.	Chief Executive, Portsmouth City Council.	This recommendation could be established with low financial implications.