

RECOMMENDATIONS THAT HAVE BEEN FULLY IMPLEMENTED				
	Conclusion.	Recommendation/s.	Comment on implementation of the recommendations.	Updates.
5b		All secondary schools (both state and private) 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 to include further and higher education.	<u>Council Officers' response given to Cabinet on 7 Feb 11.</u> 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 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.	<u>31/05/12 Council Officers.</u> A substance misuse champion has been established in each secondary school and representation at primary level. A specialist school nurse for alcohol has also been put in place picking up referrals through both the QA and the Police. The HIDS support and deliver lessons and offer one to one support to young people around this agenda. A new service has been set up to support young carers of substance misusing parents.
5c		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.		<u>31/05/12 Council Officers.</u> The council provides ongoing support to the Rock Challenge.
5d		Work with HIDS and schools in respect of the public health element of alcohol misuse including increased sexually transmitted infections and unplanned pregnancies.	1	<u>31/05/12 Council Officers.</u> This is HIDS core business as the link between alcohol and sexual health is well documented.

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5e		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 Surestart and Children's Centre's to educate young and expectant mothers of the potential dangers.		<u>31/05/12 Council Officers.</u> Social Marketing campaigns have been run, including Save Dave and 'Love Your Liver'. Alcohol education is now delivered in a range of settings, including A&E and pharmacies. The Alcohol Interventions Team currently provides alcohol advice, therapy and parenting skills groups within two Children's centres.
8	Pleased with the joint working between the planning and licensing services.	The planning and licensing departments continue to work together when application is made for a change of use of business premises.	<u>Council Officers' response given to Cabinet on 7 Feb 11.</u> The joint working arrangements between both services have been strengthened and formally recognised within PCC's Statement of Licensing Policy for 2011 – 14 which was approved by Council on 14 December 2010.	<u>31/05/12 Council Officers.</u> These departments continue to liaise over relevant applications.
9	Pleased with the work of the Portsmouth Street Pastors and the setting up of the Safe Space centre.	The Portsmouth Street Pastors be thanked for their contribution to dealing with the night time economy. The effectiveness and the long-term service delivery of Safe Space be evaluated.	<u>Council Officers' response given to Cabinet on 7 Feb 11.</u> 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.	<u>31/05/12 Council Officers.</u> Portsmouth Street Pastors have received ongoing support, including funding from NHS Portsmouth and PCC Community Safety Safe Space was retendered in Spring 2011 and this is now run by South Central Ambulance Service, operating each Friday and Saturday night from 10pm to 3am.

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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.	Support the HIDS questionnaire that will replicate the Tell Us survey on a local level.	<u>Council Officers' response given to Cabinet on 7 Feb 11.</u> HIDS has developed a questionnaire incorporating alcohol and substance misuse questions from the former Tell us survey. Feedback has initially informed the Substance Misuse Needs assessment.	<u>31/05/12 Council Officers.</u> The HIDS schools survey has taken place in each of the previous 2 years and has seen an increase in uptake from schools and pupils. It will continue annually.
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 HOSP.	An annual pruning programme be introduced in areas agreed by the CCTV Control Room Manager and Colas.	<u>Council Officers' response given to Cabinet on 7 Feb 11.</u> 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.	<u>31/05/12 Council Officers.</u> Pruning programme agreed.
15a	Concerned that Guildhall Walk has high levels of alcohol attributable anti-social behaviour and crime and dealing with this is costly and resource-intensive.	Robust enforcement action be put in place by the licensing department and the police to reinforce the message of what is and is not acceptable.	<u>Council Officers' response given to Cabinet on 7 Feb 11.</u> Robust enforcement action has been taken by the police against license 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.	<u>4/10/12 Council officers.</u> The Police, Council and Licensed premises have worked together to make further improvements in Guildhall Walk. These improvements include: -Improved lighting outside premises -Increased use of body worn cameras -Continued funding of taxi marshals by the licensed premises -Electronic ID scanner now in place in most premises. The crime figures for the first half of 2012/13, April to September 2012, show that violence has reduced in this area by 20% n53 against the same period last year, from n259 in 2011/12 to n206.

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15b		Support the introduction of a late-night levy on licensed premises' takings as being considered in the Governments consultation document Rebalancing the Licensing Act.	<p><u>Police at 17/3/11 meeting.</u> There will be a new tactical approach to dealing with the night time economy starting on 11th March. This will involve:</p> <p>Custody Strategy - Custody & Prosecution Interview Teams resource management, reducing waiting times, evidence and review, investigative response, street bail clinics.</p>	<p><u>Police June 2011 (asked to respond to the 2nd part re: a levy).</u> We would support the proposal of a cheaper and less bureaucratic way of imposing levies. It would not only contribute to policing but also other services required to reduce alcohol related violence and harm within the cumulative impact area and so how the levy would be applied to premises would need careful consideration</p>
			<p>Use of alternative disposals - Fixed Penalty Notices, Section 27 dispersal and street bailing.</p> <p>Officer Guidance - Officer booklets, briefing packs on Night Time Economy.</p> <p>Licensing objectives - Proactively targeting licensing issues through the full time licensing team.</p>	<p>Additional services suggested in the consultation document include taxi marshalling (currently funded by the premises on a voluntary basis) and therefore any levy set would need to take into account the likelihood that premises would at this point withdraw voluntary funding.</p> <p>Application of such a levy should perhaps be proportionate to the impact the premises has, for instance applying the charge on the basis of each hour the premises remains open after midnight may be the most proportionate approach and also have the effect of causing some premises to rethink their opening hours. Likewise all premises that impact should be considered. Premises such as Liquid and Envy, The Trafalgar and Drift In The City whilst not located directly in Guildhall Walk have a significant impact on the area through their late opening hours.</p>

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17	The management of the night time economy requires joint working at a senior level.	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.	<u>Council Officers' response given to Cabinet on 7 Feb 11.</u> Both recommendations have been submitted as part of the Regeneration Strategy consultation.	<u>31/05/12 Council Officers</u> The Cabinet has approved commencing the Purple Flag process. This commenced with a Purple Flag Self-Assessment which was completed on the 19th May 2012. PCC Community Safety has been given the lead on this work. The design and management of the night time economy is referenced in the Regeneration Strategy for Portsmouth. The issue however still seems to be perceived as mainly a community safety issue.
20a	Abuse to staff at the 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 disappointed that the impact of the introduction of security guards at the ED was not available to the Panel.	A method of monitoring the levels of abuse to staff at ED and evaluating the effectiveness of the security guards in reducing incidents be introduced at Queen Alexandra Hospital.	<u>PHT – 17 March 2011.</u> All reported security incidents are reviewed and discussed at both Clinical Service Centre level and by senior Trust management at its security steering group, and the Matron for the ED is a key member. Any serious security incidents are subject to a full investigation. Abuse of staff in the ED is viewed very seriously and the Emergency Service Centre encourages staff to report all abusive incidents so appropriate action is taken.	<u>June meeting- PHT.</u> The ED was happy with the current arrangements and the effectiveness of the security guard.

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22	There is a strategy in place for dual diagnosis, but it does not seem to have been implemented.	Support the National Support Team recommendation to review the current Dual Diagnosis strategy to ensure full implementation. Determine the effectiveness of the dual diagnosis strategy and ensure that health and health and social care professionals adhere to it.		<u>17/3/11 meeting.</u> Introducing a CQUIN (element of performance related payment) for 11/12 contract on dual diagnosis to test implementation of strategy and improve care and support for individuals. <u>4/10/12 Council officers.</u> There is currently a strategic review of dual diagnosis work, led by Solent NHS Trust.
24	People with alcohol misuse and mental health issues are not accessing appropriate treatment.	Closer inter-agency working be introduced between health service providers and alcohol misuse providers in order to promote understanding of the complexities of each other's roles through work shadowing and regular meetings.		I think this is beginning to happen but it links to CQUIN (element of performance related payment).
27	Pleased there is some good joint working by licensed premises, the police, the ambulance service and the Street Pastors.	Support for joint working continue including using the Civic Offices for the Safe Space.	<u>17/3/11 Council officers.</u> See conclusion 9 re: Safe Space.	

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28	Disappointed with the poor recording of outcomes for clients discharged from treatment services.	Commissioners ensure that outcomes are recorded. An element of outcome-related payments to service providers be introduced whereby 10% is paid only if the client is still sober three months after discharge.	<u>17/3/11</u> „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 are renewed / retendered over the next 18 months we will introduce an element of outcome related payments.	<u>4/10/12 Council officers.</u> Recording of outcomes continues to be an issue however the Council is in the process of purchasing a new single case management system for all substance misuse services to use. This should improve recording. In addition to this drug and alcohol services are being re-modelled with a recovery focused 'assessment and case management hub' overseeing a client's treatment journey. This will lead to an improved focus on outcomes.
29	The National Support Team concluded that there was not sufficient use of community detoxification programmes.	The use of community detoxification programmes be reviewed as recommended by the National Support Team. The Substance Misuse Joint Commissioning Manager 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.	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.	<u>4/10/12 Council officers.</u> Detox provision is being re-modelled to achieve this recommendation, the HOSP will be aware of detox changes following discussions about the Baytrees unit. 21 October 2012 PHT Community Detox is currently being carried out within the ASNS at QAH for patients who are appropriate after discharge/ preventing admission for withdrawal etc.

RECOMMENDATIONS THAT HAVE BEEN PARTLY IMPLEMENTED

	Conclusion.	Recommendation/s.	Comment on implementation of the recommendations.	Updates.
4a	The effect of alcohol misuse is far reaching. All council services have a role to play in either prevention, sign posting/ referral to treatment or enforcement.	Recognition and dealing with alcohol misuse be part of all the Council's service plans and policies.	<p><u>Council Officers' response given to Cabinet on 7 Feb 11.</u> It is important for relevant plans and policies to include clear actions to address the issues rather than simply a recognition.</p> <p>This action should be considered by the Head of HR for possible inclusion in the council's managed learning environment.</p>	<p><u>31/05/12 Council Officers.</u> This was an ambitious recommendation which was adopted by the Council's Cabinet. Services are being supported to develop meaningful ways of including alcohol issues in service delivery. This ensures that activity becomes mainstreamed rather than compliance with an initiative that people have difficulty understanding. We have made significant progress in working with Housing and Social Care. Heads of Service have autonomy over the content of their business plans and the inclusion of an alcohol strategy was not mandatory.</p>
4b		All frontline services that deal with clients with alcohol issues be trained in Identification and Brief Advice. Social care, housing, community wardens amongst others.		Training has been delivered to some but not all staff across a range of areas, including: Sure Start, Adult Mental Health, Older Persons, Schools, Supported housing, Community Safety. Training is not routine. Although not routine we have trained 235 people across 4 services (Social Care, Housing, Children's services and Community Safety). In particular we have been able to deliver targeted training across Adult Social Care ensuring services with the highest impact are trained first.

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5a	Concerned that young adolescents in the Portsmouth area are more likely to drink alcohol and binge drink than the national average	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.	<u>Council Officers' response given to Cabinet on 7 Feb 11.</u> 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 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.	<u>31/05/12 Council Officers.</u> HIDS is currently piloting an alcohol awareness scheme /lessons in Paulsgrove primary schools. This will include a booklet for parents. HIDS are also delivering a self-esteem project for young people with poor social skills. HIDS have started a young carers' project, in partnership with the voluntary sector, which will work with schools to support children with substance misusing parents. The majority of schools do provide alcohol awareness as part of their curriculum, however some do not and others have dropped PSHE entirely. The coalition government has removed the statutory duty on schools to provide PSHE and alcohol education.

RECOMMENDATIONS THAT HAVE NOT BEEN IMPLEMENTED

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4c		A Councillor be appointed Alcohol Awareness Champion.		The Cabinet member for Community Safety took this lead up to May 2012 elections. <i>(Note: no champions were appointed in May 2012).</i>
7	It is important that the council has a clear staff alcohol policy that is implemented and offer support for employees with misuse issues.	Portsmouth City Council 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 be exempted from this rule and exercise their discretion in this matter.	<u>Council Officers' response given to Cabinet on 7 Feb 11.</u> Portsmouth City Council will proactively help employees with misuse issues.	<u>31/05/12 Council Officers.</u> The Cabinet did not endorse this recommendation.
10	Pleased that the setting up of an Off Watch scheme is being investigated.	Support to be given to this scheme.	<u>Council Officers' response given to Cabinet on 7 Feb 11.</u> Support is given to this scheme. It is likely that the council would need to accommodate "watch" group meetings within council owned buildings. There would be cost of circa £6,000 to pilot the scheme, which is not available within the Trading Standards (TS) budget.	<u>31/05/12 Council Officers.</u> This scheme has not been established. TS would be keen to support the development of this scheme with additional resourcing. TS estimate it would require £25,000, predominantly officer time, to develop the scheme. This would be a one off cost as the scheme would be self running once established

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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.	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 each partnership board.	<u>Council Officers' response given to Cabinet on 7 Feb 11.</u> Alcohol misuse has been adopted as an LSP priority, with each partnership board asked to find a lead in this area of work.	<u>31/05/12 Council Officers.</u> Partnerships were requested to consider their responsibility for the delivery of the alcohol strategy, through the PCC Strategy Unit. The response to this was very limited with alcohol not included within many delivery plans. The Safer Portsmouth Partnership, Children's Trust Board and Health & Social Wellbeing Boards all cover alcohol to some degree in their plans. Despite our best efforts, we have been unable to influence the agendas and delivery plans of groups such as the Cultural Consortium.
13	Pleased with the preventative work of the CCTV Control Room Operators.	The licensed premises owners in the Guildhall Walk and environs contribute to install additional CCTV with the council picking up the maintenance costs thereafter	<u>Council Officers' response given to Cabinet on 7 Feb 11.</u> This could be explored including financial implications	<u>31/05/12 Council Officers.</u> Licensed premises in this area have not contributed to additional CCTV, although in future a 'Late Night Levy' could be charged against late night premises to cover such costs. An additional camera has been installed in the Guildhall Walk to support activity to reduce alcohol fuelled violence and anti-social behaviour. The cost of this was met by community safety budgets (£17,146). This approach was discussed and agreed with police and control room operators and as a result the view of Guildhall Walk has been improved.

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				<p>The guidance on the Late night Levy is yet to be published. It does appear as though the late night levy may not raise a significant amount of money for the LA. The rate at which the levy is likely to be set, along with possible exemptions, would limited the amount raised. The suggested top rated premises would pay £4,440 p.a. with the lowest rated premises paying £299 p.a. A minimum of 70% of the funds raised will go to the police. A number of premises may alter their licenses to stop selling alcohol at 12 midnight to avoid the levy.</p> <p>It is not clear if the levy is applied citywide or whether the local authority would have discretion, i.e. not to charge community pubs.</p> <p>Premises in an area like Guildhall Walk may opt out of funding projects like the taxi marshals if the levy was applied (they currently pay £1248 pa each), this would then need to be funded from the levy.</p>
18	Disappointed that the Paddington Alcohol Test was not used routinely by staff in ED at QAH.	The new alcohol screening scratch card be implemented fully within the ED with a target of 100 referrals per month. This be monitored by the Alcohol Champion (currently the Consultant Hepatologist).	<u>PHT</u> recognises the importance of the PAT and is looking at how it can make this part of the nurse assessment in ED deliver greater benefit to the patient as it will involve a face to face discussion as part of a full assessment. It is hoped that the target of 100 referrals a month will be met by April 2011 and will form part of the alcohol action plan.	<u>4/10/12 Council officers.</u> ED is now screening patients. Take up is steadily increasing with the hope of screening 60% of patients by the final quarter of the year. Between July and September 2012 ED screened 9,272 Portsmouth and Hampshire patients which is s significant number of people.

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			It will be an added responsibility for the ED staff and some training has already been delivered. The introduction of scratchcards has not worked as well as hoped when trialled in other health settings. However, this is something we continue to support with our partners and look for improvements.	<u>21/10/12 PHT</u> ALL patients in ED should be careened for alcohol now. It is also recorded on the patients notes as a compulsory input for the code.
20b	Abuse to staff at the 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 disappointed that the impact of the introduction of security guards at the ED was not available to the Panel.	Every Monday morning all patients who attended or were admitted to the ED over the previous week with alcohol-related conditions be sent a letter after discharge informing them of the approximate cost of their treatment.		<u>June meeting- PHT.</u> Whilst they understood the panel's rationale in proposing that the cost of alcoholism should be pointed out to patients, they felt it would be difficult to work out how to do this and that there was a fine line in deciding who to write to; it could be inflammatory and it could deter patients from seeking necessary treatment at the Emergency Department. Therefore it would not be implemented.

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23	Concern that the consultant psychiatrist's regular visits to Mill House was stopped.	A business case be established to demonstrate the cost saving benefits of re-introducing this service to Mill House.		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.
26	Appalled that the IT systems of different agencies are not compatible.	<p>Safer Portsmouth Partnership consider 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 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><u>17/3/11 meeting.</u> This is a duplicate of recommendation 21. There is currently only one system that all partners could use - Safety Net - otherwise, there is a focus on using the existing police system (RMS) to record this information.</p> <p>This is a duplicate of recommendation 21. There is currently only one system that all partners could use - Safety Net - otherwise, there is a focus on using the existing police system (RMS) to record this information.</p>	<p><u>June meeting – police asked to clarify earlier response.</u> Whilst the Government seeks to reduce the bureaucracy around evidencing Cumulative Impact Areas there will still always be a need to provide evidence to both the Licensing Authority and Courts of premises who are in conflict with the four licensing objectives so that these premises can be dealt with under the Licensing Act. At present it is not possible for all agencies to provide details surrounding all their interaction with a particular premises or clients of that premises. An example would be A&E or Ambulance staff logging any alcohol related admissions that came from a licensed premises against the premises concerned or asking any admissions where they had their last drink and logging this. This would be vital information if the licensed premises was later taken to a review hearing.</p> <p><u>4/10/12 Council officers.</u> As recommended, Portsmouth City Council, on behalf of the Safer Portsmouth Partnership, is in the process of procuring</p>

				<p>a single case management system for all our community drug and alcohol services to use. This will mean that a client details and treatment history will be kept on one system. This will improve communication and joint working between agencies.</p>
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NOT KNOWN IF THE RECOMMENDATIONS WERE IMPLEMENTED

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6	There is a link between affordability and consumption.	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><u>31/05/12 Council Officers.</u> The Cabinet Member for Community Safety and other Members on the Safer Portsmouth Partnership have written to Ministers advocating a minimum price per unit of alcohol. The Government's new Alcohol Strategy has laid out plans to seek such a minimum price.</p> <p><u>4/10/12 Council officers.</u> The Government will shortly be consulting on the level at which a minimum price should be set.</p>
16	Concerned that there are insufficient places for the 1,057 alcohol dependent people in Portsmouth who should access treatment services per annum according to local targets.	Ensure that patients accessing treatment are captured on the appropriate database, as stipulated in the provider services' contract with the Council from 1 April 2011.	<p><u>Council Officers' response given to Cabinet on 7 Feb 11.</u> Alcohol treatment capacity has been increased significantly during 2010/11, due to additional investment by NHS Portsmouth.</p> <p>The full benefits of this will be realised in 2011/12, which will lead to increased numbers in treatment.</p>	<p><u>31/05/12 Council Officers</u> There has been a significant expansion of alcohol treatment services since 2010. The introduction of the Alcohol Specialist Nurse Service at Queen Alexandra Hospital and the expansion of the Alcohol Interventions Team mean that this target should be met in 2013. The re-modelling of the substance misuse treatment system, including the detoxification provision, will mean that more capacity will be created.</p> <p><u>4/10/12 Council officers.</u> During the first 5 months of 2012/13 636 Portsmouth residents received some form of alcohol treatment. It is estimated that around 1200 will have accessed treatment</p>

				<p>by the end of the year. 21/10/12 PHT Data is captured on National Treatment Monitoring Database System which is run by the Department of Health.</p>
19	<p>Disappointed that the key information regarding alcohol-related assault data is not being routinely collected by staff in ED at QAH.</p>	<p>Alcohol Champion be given responsibility for ensuring that staff collect this data routinely and send it to the Safer Portsmouth Partnership.</p>	<p><u>PHT – 17 March 2011 meeting.</u> Since December 2010 the alcohol-related assault data collection at PHT has increased every month. ED reception staff also received specific training in this. This key issue is also targeted in the alcohol action plan and we recognise the importance of data collection and the benefits it can bring to the local health economy.</p>	<p><u>21 June 2011 – PHT</u> There were only 1-2 assaults per month and of these only a very small percentage were alcohol-related. Most alcohol related incidents took place at night. To date no incidents had necessitated calling the security guard and there had been no complaints regarding security issues re: alcohol related incidents.</p> <p><u>4/10/12 Council officers.</u> After training for reception staff in the ED, recording of assaults has improved. Approximately 30-40 incidents are recorded each month. An e-learning course has been developed by the Department of Health, which will be given to reception staff to undertake.</p>
24	<p>People with alcohol misuse and mental health issues are not accessing appropriate treatment.</p>	<p>Closer inter-agency working be introduced between health service providers and alcohol misuse providers in order to promote understanding of the complexities of each other's roles through work shadowing and regular meetings.</p>		<p>I think this is beginning to happen but it links to QUIN (element of performance related payment).</p> <p><u>4/10/12 Council officers.</u> Dual Diagnosis remains an issue. Solent NHS Trust is currently leading a strategic review.</p> <p><u>21/10/12 PHT</u> Mental Health Nurse working within ASNS part time to do assessments on patients since November 2011.</p>

<p>25</p>	<p>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.</p>	<p>The Probation Service lower 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. The Probation Service develops Alcohol Specified Orders by April 2011.</p>	<p><u>17/3/11 meeting.</u> A review of ATRs across Hants Probation Trust has recently been undertaken, - looking at the threshold score for ATR referrals. The review report is being written. It's anticipated that its recommendations will be considered in the next 2 weeks. Also looking at how to design & commission a Specified Activity Requirement for offenders whose assessment score is below that of an ATR. Again will be in a position to take this forward once outcome of review is known.</p>	<p><u>4/10/12 Council officers.</u> Probation did lower their threshold for ATRs, however the number of completions of ATRs was only 7 in 2011/12. Probation have commissioned Alcohol Specified Activity Orders which appear to be functioning well.</p>
<p>30</p>	<p>Concerned that there is limited communication between agencies.</p>	<p>Everyone involved meet regularly to agree a data-sharing protocol and introduce regular service manager contact.</p>	<p><u>17/3/11 Council officers.</u> This recommendation could be established with low financial implications.</p>	<p><u>4/10/12 Council officers.</u> The SPP now facilitate regular service manager meetings (at least bi-monthly). With the purchase of a new IT single case management system, a data sharing protocol will be developed as the system will hold all clients case files which all agencies will use.</p>