



Home Office

Crime Reduction & Community Safety Group

Tilley Awards 2007

Application form

Please ensure that you have read the guidance before completing this form. ***By making an application to the awards, entrants are agreeing to abide by the conditions laid out in the guidance.*** Please complete the following form in full, within the stated word limit and ensuring the file size is no more than 1MB. Failure to do so will result in your entry being rejected from the competition.

Completed application forms should be e-mailed to tilleyawards07@homeoffice.gsi.gov.uk.

All entries must be received by noon on **Friday 27th April 2007**. No entries will be accepted after this time/date. Any queries on the application process should be directed to Alex Blackwell on 0207 035 4811. Any queries regarding publicity of the awards should be directed to Chaz Akoshile on 0207 035 1589.

Section 1: Details of application

Title of the project:

Reducing alcohol-related crime and ASB in Enfield through problem-oriented partnership

Name of force/agency/CDRP/CSP:

Enfield Safer and Stronger Communities Board

Name of one contact person with position and/or rank (this should be one of the authors):

Libby Ranzetta, Alcohol Strategy Coordinator

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Full postal address: **Community Safety Unit, Enfield Council, Civic Centre, Silver Street, Enfield, Middlesex EN1 3XA**

Telephone number: **01920 877293**

Fax number: **0208 379 4005**

If known please state in which Government Office area you are located:

Government Office for London

Name of endorsing senior representatives(s):

Sharon Rowe, Chief Superintendent

Name of organisation, position and/or rank of endorsing senior representatives(s):

Metropolitan Police, Enfield Borough Commander and Chair of Safer Stronger Communities Board

Full address of endorsing senior representatives(s):

Edmonton Police Station, 462 Fore Street, Edmonton, London, N9 0PW

Please tick box to indicate that all organisations involved in the project have been notified of this entry (this is to prevent duplicate entries of the same project):



Section 2: Summary of application

In no more than 400 words please use this space to describe your project (see guidance for more information).

Reducing alcohol-related crime and ASB in Enfield through problem-oriented partnership

Alcohol-related crime and anti-social behaviour (ASB) in Enfield were identified as problems of concern to the community in 2004, the same year the Alcohol Harm Reduction Strategy for England (AHRSE) was published. In 2005 the Enfield Safer and Stronger Communities Board (SSCB), our CDRP, reflecting the approach suggested by AHRSE, developed a multi-component, multi-agency alcohol strategy that operates across the four domains of crime, health, information and supply. Local funding was identified to employ an alcohol harm reduction co-ordinator for three years together with resources to support local activity.

The strategy partnership has been particularly successful in reducing alcohol-related problems associated with the night-time economy, through joined-up working between police, licensing, trading standards and the licensed trade. However, the partnership also wanted to address some of the more intractable problems associated with alcohol – such as domestic violence, criminal damage and neighbour nuisance – and to gain a better understanding of what aspects of alcohol-related crime and ASB are of most concern to the community. These issues suffer from a lack of meaningful local data, and often an absence of good practice models for tackling them. In addition, the context for developing responses to alcohol problems is characterised by lack of centrally-driven priorities and funding so that at local level creativity and persistence is needed to bring reluctant partners on board. It was decided therefore to establish a POP project that operates within the existing partnership to extend our response to alcohol-related crime and ASB in Enfield.

Working mostly within existing resources, modest additional funding was secured through the SSCB for a stakeholder event to discuss and debate new methods of data collection and innovative solutions. Funding for specific interventions is sought as required.

The project has been successful so far in:

- Achieving high level ownership of the approach
- Engaging reluctant partners, e.g. local A&E departments
- Developing new data streams, e.g. an alcohol flag on Caseworks, our ASB incident database
- Improving existing data e.g. more detailed ambulance data, routine flagging of alcohol on CRIS
- Identifying key data gaps and proposing new indicators e.g. for alcohol-related domestic violence
- Improving systems for gathering community concerns and intelligence about alcohol at ward level
- Evaluating current responses e.g. take-up and effectiveness of the Alcohol Treatment Requirement community order for offenders
- Developing solutions to problems e.g. domestic violence arrest referral

Section 3: Description of project

Describe the project in no more than 4000 words (see guidance for more information in particular Section 7 - judging criteria).

Reducing alcohol-related crime and ASB in Enfield through problem-oriented partnership

1. Aims and objectives of the project

Enfield's Alcohol Harm Reduction Strategy aims to "encourage and support responsible use of alcohol to reduce crime and anti-social behaviour and improve the health of people living and working in Enfield". Operating across the four domains of crime, health, communication/education and supply/the licensed trade, Enfield's strategy follows the multi-component, partnership approach set out in the Alcohol Harm Reduction Strategy for England (2004). The Alcohol Harm Reduction Board (AHRB) oversees the implementation of the strategy on behalf of the CDRP, which is called the Safer Stronger Communities Board (SSCB) in Enfield. The alcohol Board comprises senior representatives from the Police, council (licensing, trading standards, community safety, road safety, social services, education, Drug Action Team, children's services), health authority, hospital trusts, Probation, Fire service, licensed trade, and the community sector.

The strategy objectives are:

- Capacity and infrastructure to address alcohol-related harm
- Better information and communication about alcohol
- Better identification and treatment of alcohol problems
- Better coordination and enforcement of existing powers against crime and disorder
- Encouraging licensed premises to promote responsible drinking
- Better data for measuring alcohol-related harm
- Better alcohol awareness in generic workers

The strategy is supported by a two-year action plan, in which specific, measurable, targets have been set for each of the objectives (Appendix A).

Within the strategy's objective on crime and disorder, there is a special POP project with the over-arching aim of contributing to the SSCB's high-level targets of reducing common assault and wounding, and reducing perceptions of anti-social behaviour. These targets have arisen from significant community concern (see section 2). The SSCB, when participating in the negotiations for Performance Reward Grant Targets (PRG) within the Local Area Agreement (LAA), established PRG targets in those areas thus placing them at the heart of the LAA and local Strategic Partnership.

The objectives of the POP project are to achieve its aim through:

- a. Understanding the extent and nature of alcohol's involvement in violent crime and ASB in Enfield
- b. Developing robust indicators of alcohol-related violence and ASB
- c. Unpacking the problem to identify areas of most concern to the community (e.g. rowdiness, or criminal damage, or disorder, or domestic violence)
- d. Developing and evaluating interventions to address the areas of most concern

The POP project team comprises:

- ASB Team Manager (police secondment)
- Alcohol Strategy Coordinator
- Community Safety Team Projects Officer
- Community Safety Team analyst
- Community Safety Team Information Manager
- Enfield Observatory Information and Research Manager

However, the project as whole involves a wide range of professionals involved in policing, community safety and delivering public services, who contribute data and account for delivery of individual actions.

2. Definition of the problem

Anti-Social Behaviour and Crime and Disorder Audits were carried out in 2004 to inform the development of Enfield's Community Safety Strategy 2005/08. The audits, which included extensive consultation with residents, clearly identified both alcohol related violent crime and anti-social behaviour as emerging priorities. At same time, Enfield Drug Action Team commissioned an alcohol needs assessment that collected and analysed quantitative and anecdotal information about a wide range of alcohol-related harm, reviewed current responses to those harms, and recommended the development of a local alcohol strategy to co-ordinate and promote further activity.

Findings from the audit and needs assessment were sufficient to establish alcohol-related crime and ASB as a problem, and a priority within the Community Safety Strategy 2005-8, but partners acknowledged from the outset that local information was limited.

To get an accurate picture of alcohol-related crime and ASB in Enfield, better data was needed. The limitations are illustrated by an analysis of alcohol-related Violence Against the Person that disregarded offences taking place within licensed premises. When mapping these incidents, a number of commercial areas did still appear, especially in Enfield Town, Hertford Road and Fore Street where a number of pubs and bars are located (see Figure 1).

However, Ponder's End ward (outlined in red) had the second highest number of such incidents, and the second most prominent hotspot was located within the ward. This hotspot is the location of a housing estate without any licensed premises.

Alcohol Related Violence Unrelated To Licensed Premises 2006

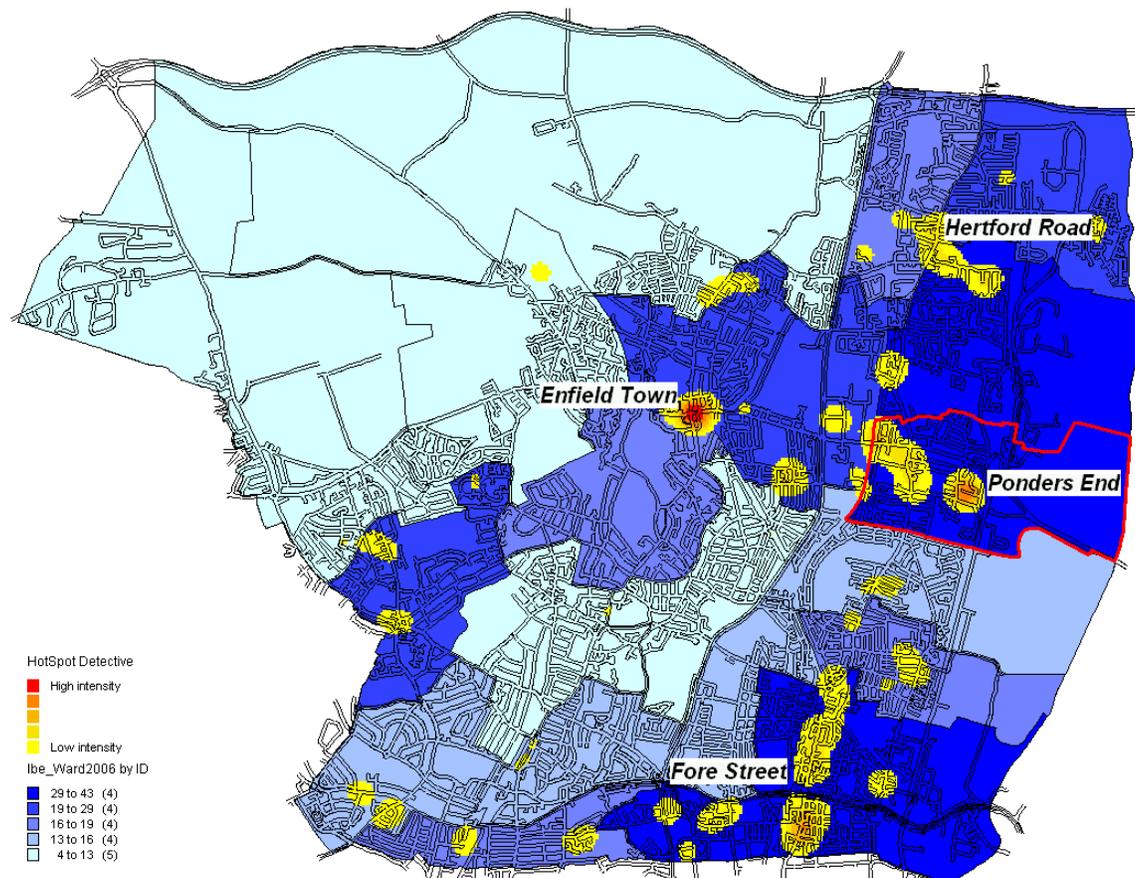


Figure 1

On further inspection of offences it appeared that 58% of those incidents were also Domestic Violence related. After mapping only those related to Domestic Violence, the hotspots became more dispersed and moved away from commercial areas (see Figure 2). Ponder's End ward had the greatest number of alcohol-related Domestic Violence offences, and the borough hotspot was the same estate in Ponder's End.

Alcohol Related Domestic Violence 2006

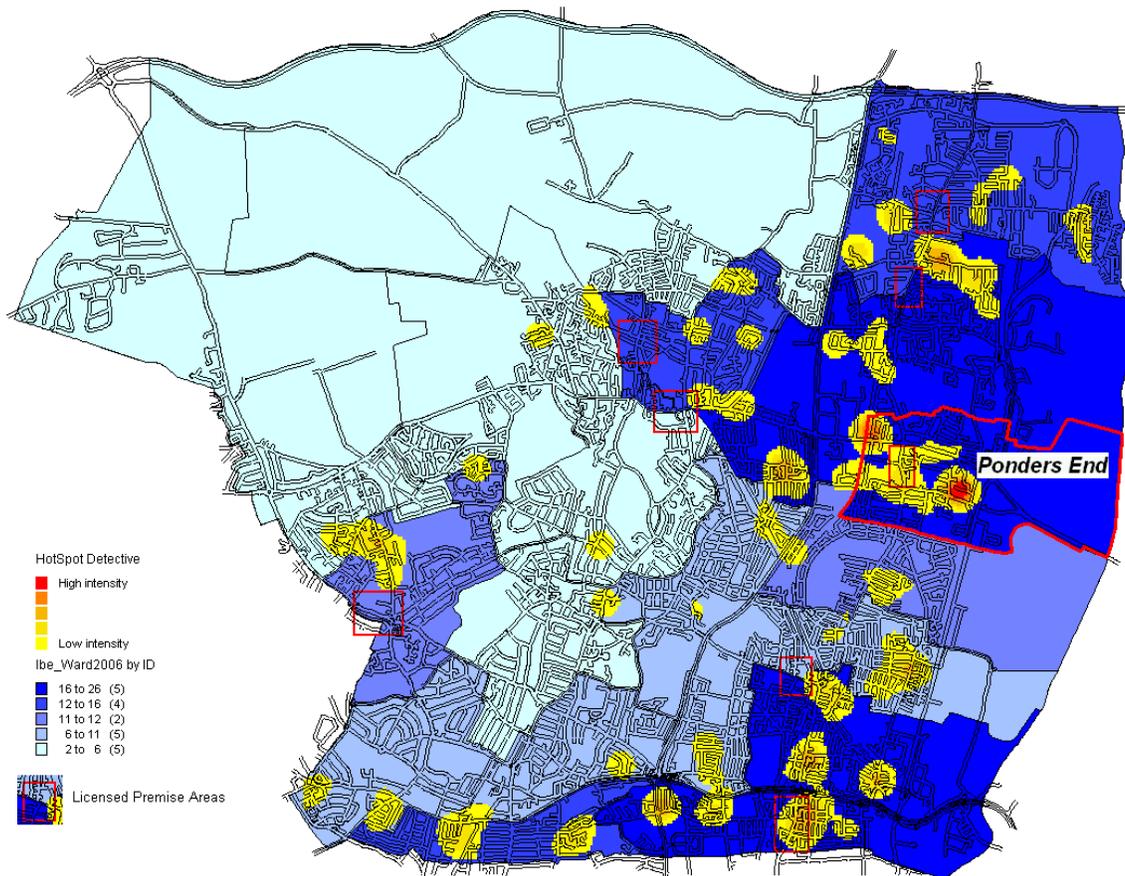


Figure 2

The analysis suggests that alcohol-related violence within the borough is not just related to licensed premises, and that it correlates strongly with Domestic Violence. However, the numbers are not significant enough to look further into the problem.

The POP project team reviewed existing data from the various partners. In most cases, recorded alcohol involvement was lower than expected compared to the national picture. The reason for this appeared to be two-fold: under-use of existing data categories, or lack of alcohol categories altogether. In the case of the CRIS data, the following optional 'flags' were relatively rarely used:

- MV = victim had been drinking prior to the offence
- MF = suspect/accused had been drinking prior to committing the offence
- GA = alcohol used

Whilst the British Crime Survey estimates that 44% of violent crime is alcohol related, the problems associated with CRIS data suggest that this figure is only 7% within the borough of Enfield. The ASB Caseworks database that stores information from Housing, Envirocrime and the council ASB team did not have a code/category for alcohol involvement at all.

To address possible under-reporting in these two key data sources, the SSCB supported a trial period of officers making a concerted effort to use the alcohol flags in CRIS. The trial began in March 2007, and saw an increase in use of the flags over March and April 2007. Figure 3 shows how offences flagged "MF" (suspect drinking prior to offence) rose 79% from 80 to 143 for the two months, compared to last year. We would however, expect to see over 100 per month, if we are on a par with the national picture.

CRIS alcohol flagging - before and after POP

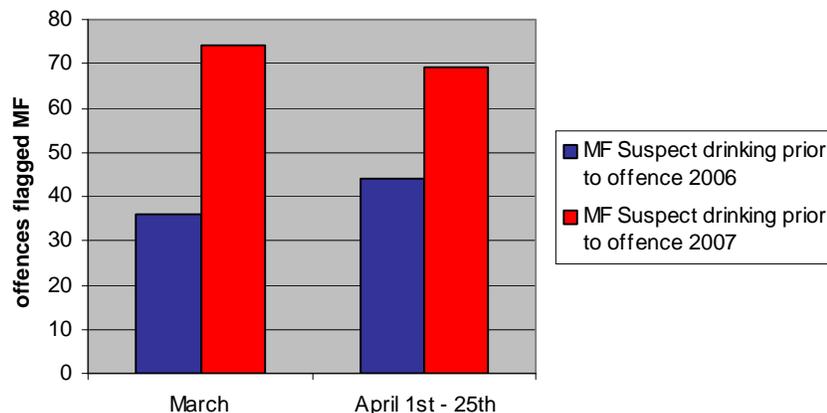


Figure 3

The CRIS flagging trial will be reviewed at three months, when the POP team will look for reporting patterns and cross-reference the data with CAD and ambulance data where possible to estimate levels of under-reporting. It is anticipated that further efforts will be required to make routine the use of the flags – perhaps through training, information campaigns, competitions and renewed requests from senior officers.

Caseworks, Enfield's ASB database, is currently undergoing re-design, and the revised version will incorporate a compulsory flag for alcohol-involvement.

The POP team's data review also identified key gaps in information, including:

- A&E data: specifically 'last drink' information on alcohol-related assaults that would help identify problem premises
- Housing data on alcohol-related ASB: anecdotally neighbour nuisance and vandalism is often alcohol-related
- CCTV data
- Ward-level information on perceptions of alcohol-related crime and ASB: information from residents surveys is not sufficiently detailed to help identify specific problems
- Data on alcohol and domestic violence. CRIS flags should pick this up in theory. However, domestic violence is a significant component of violent crime in Enfield, and Home Office research suggests 48% of perpetrators convicted of domestic violence are alcohol dependent. The POP project proposes to explore the local picture by breathalysing domestic violence arrestees. Permission from the Home Office to do this will be pursued.

In addition to the data review, the project team surveyed front-line colleagues working in the areas of criminal justice, ASB, envirocrime and community safety to explore other possible sources of information and also possible responses. The findings of the data review and the survey are to be presented and discussed at a stakeholder event for professionals and community representatives in summer 2007.

3. Response to the problem

3a. Design of the response

The response to the problem of alcohol-related crime and ASB in Enfield initially was the development of the alcohol strategy by the Alcohol Harm Reduction Board. As discussed, the multi-component, multi-agency strategy approach was recommended by the government's 2004 alcohol strategy for England, and supported by the research literature (see for example Thom B and Bayley M (2007) *Multi-component programmes: An approach to prevent and reduce alcohol-related harm*, Joseph Rowntree Foundation).

After the first few months of the strategy, it became clear that whilst partnership working was proving effective in reducing alcohol-related problems associated with the night-time economy (see below), other forms of alcohol-related crime and ASB were not being addressed in the same way, for a number of reasons. We needed a more targeted response. The POP project was established in 2006 as an integral part of the strategy to explore those

reasons, and to develop solutions to the issues that arose.

The POP approach was chosen because it seemed to meet our requirements in these key respects:

- the problem demanded much more detailed examination
- we wanted an approach that was preventative in nature
- the solutions to many alcohol-related problems have not yet been established
- multi-agency partnership is essential to tackling the more intractable alcohol problems

3b. Targeting the response to alcohol-related crime and ASB

The alcohol strategy as a whole is too broad to be considered problem oriented policing or partnership, but it is fundamental to the success of current efforts to tackle specific problems, ie through the POP project. The work we are doing now would not be possible without a mature partnership, which has been strengthened and encouraged by the demonstrable success of the alcohol strategy. As a further boost to morale within the partnership, some of our achievements have received local, regional, national and even European acknowledgement and publicity. This has been critical in raising the profile of the alcohol partnership to the highest levels across public sector organisations in Enfield.

As discussed in Section 1, the POP project is concerned with reducing common assault and wounding, and perceptions of ASB – through exploring and tackling the involvement of alcohol misuse in each. Since resources are limited, efforts are targeted at understanding and addressing the elements of those problems where our interventions can make the biggest difference. For example, shouting and swearing may be an important component of perception of ASB locally – the project will ascertain whether that is the case; identify where and when these incidents take place, and who may be responsible; and determine whether an intervention can be developed within our resource limitations.

3c. Resources

The Safer Stronger Communities Board allocated funding for an Alcohol Strategy Coordinator post for two years from 2006. A further £57,300 has been identified over three years to part fund another post to deliver our Responsible Retailers scheme across the borough, particularly aimed at under age sales and licensed premises. The SSCB has also allocated £6,000 over three years for training for generic workers, and £15,000 for information campaigns.

The POP project has a small budget for a stakeholder event in July 2007 and for dissemination of information about the project aimed at promoting public reassurance. Additional funding for specific interventions will be sought as required.

3d. Key elements of the broad response to reducing alcohol-related crime and ASB

As discussed above, the context for the POP project is the alcohol strategy, and the partnership that delivers it. There follows an outline of some components of the strategy, to set the scene for more detailed discussion of the POP project.

Infrastructure The Safer and Stronger Communities Board is the crime theme group for the Enfield Strategic Partnership with a number of representatives from partners on each. The Board recognised the need to deal with alcohol related violence crime and anti-social behaviour by establishing the Alcohol Harm Reduction Board.

Licensing Act 2003 implementation and Policy The Council successfully implemented the licensing Act 2003, achieving the best performance in London for processing license applications by the implementation date. The Council's Licensing committee applied the Council's robust Policy in determining applications for premises licenses. By March 2006, over 150 applications were heard by the Licensing Panel, of which 85% were either granted in part or rejected (only 15% granted in full).

Safetasking The SAFE (Street Action for Enfield) group brings together agencies across the borough each fortnight to review a wide range of intelligence and agree multi-agency operational activity. Operating under a performance management framework the group has been able to deliver on best value and demonstrate significant benefits to the community in terms of community safety and environmental quality. In March 2007, the Council received a national award for 'Efficiencies through Partnership' from Encams for SAFE.

One of the targets in the alcohol strategy is to identify the top ten 'high risk' problem premises (actually we have 14, including 2 hotspot areas) and secure licensees' agreement to undertake an improvement plan or be subject to

license review and/or enforcement action. Activity is coordinated through SAFE, and key outcomes to date are:

- 10 premises completed plans and improved
- 4 reviews of licenses (1 premises which closed, 2 were revoked, 1 also being prosecuted and one in progress)

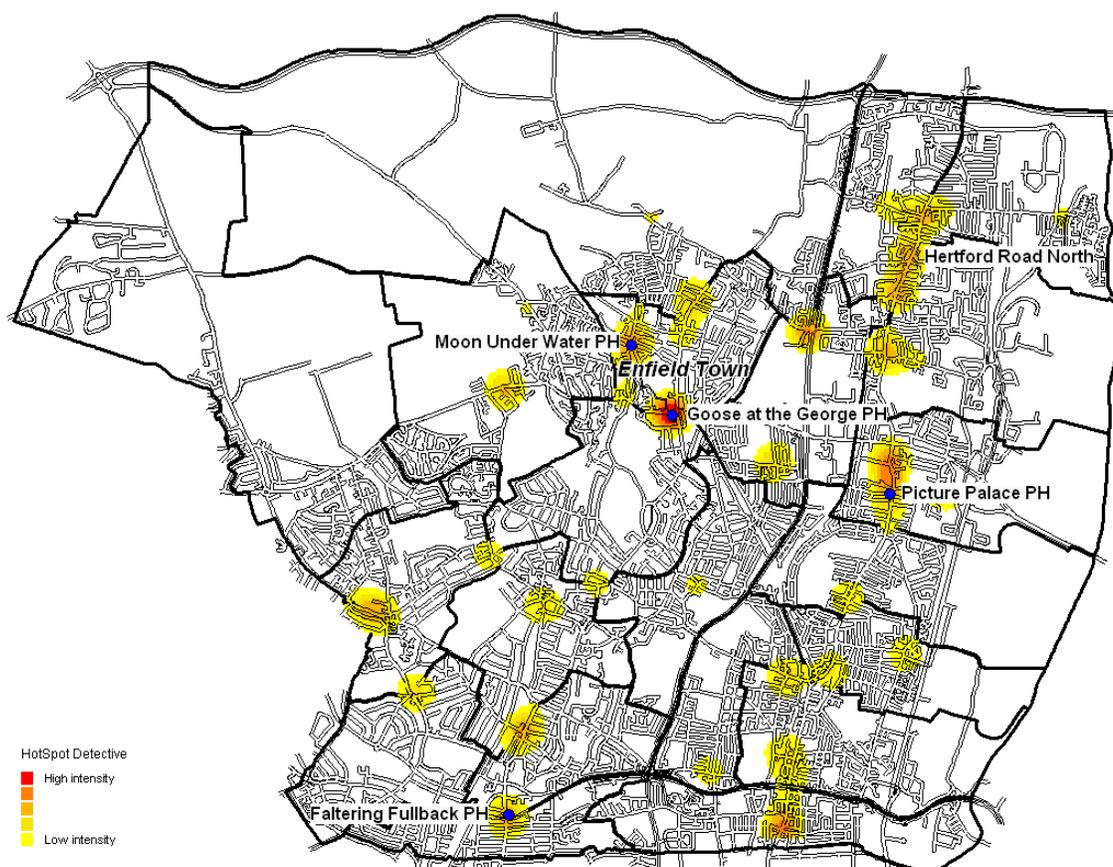
Working with the licensed trade Licensees are clearly important stakeholders in local alcohol strategy. Through consultation and subsequent joint working with licensees, Pubwatch was re-launched in early 2007. We have been short-listed twice for the Responsible Drinks Retailing Award for our partnership work with the Police and licensed trade, in 2005/06 and 2006/07.

World Cup campaign Due to previous disorder issues within the borough for international/European football competitions, Police, licensing and trading standards undertook a World Cup campaign in Summer 2006 which involved information packs, letters and visits by trading standards and Licensing teams and age restricted sales sessions, a high profile poster campaign and meetings with senior management of the pubs in Enfield Town. There was positive feedback from licensees on the campaign and relatively few disorder incidents reported. We were invited to apply for a responsible drinking message award by the *Drinks Business Magazine* for our work with the licensed trade leading up to and during the World Cup (results awaited).

3e. Evidence of effectiveness

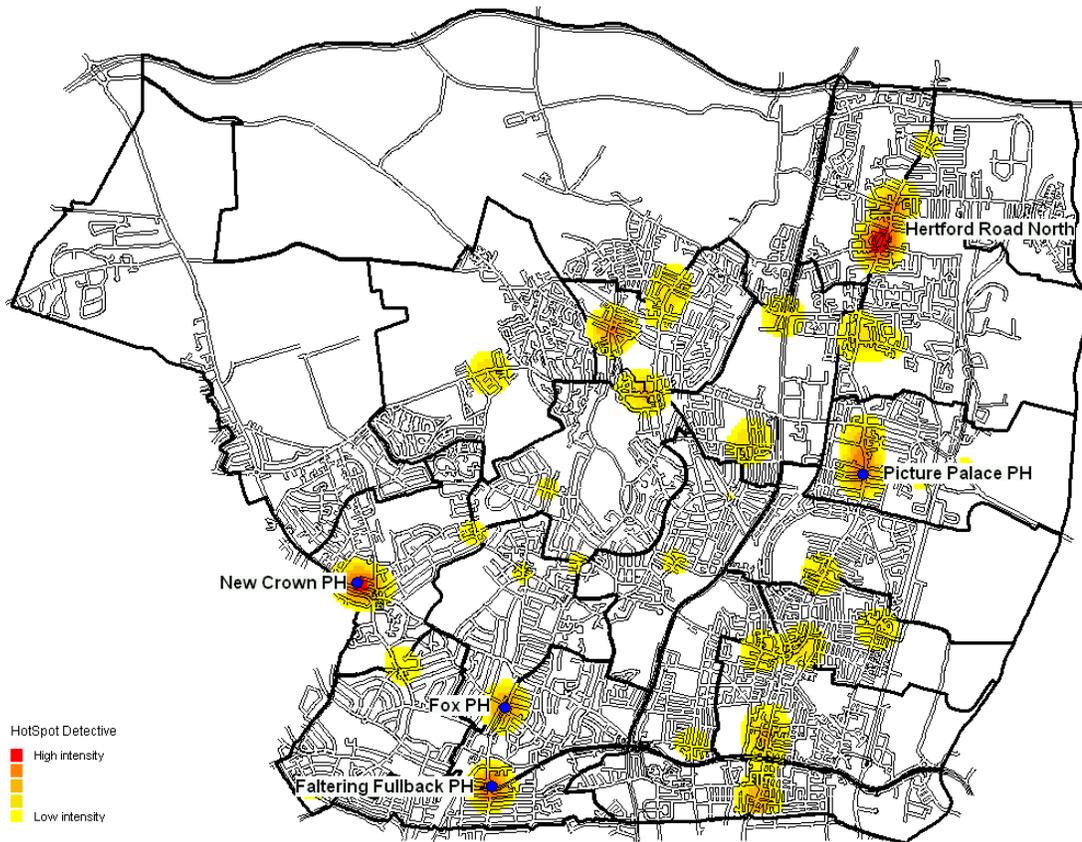
Reducing alcohol-related incidents around licensed premises In the first half of 2006 Enfield Town was the most prominent area in Enfield for incidents relating to licensed premises. This area has been a historic hotspot for incidents relating to alcohol and licensing. Two of the premises receiving the greatest number of calls were also located in the area (Moon Under Water & Goose at the George).

Licensed Premise Hotspot Areas & Problem Premises (January - June 2006)



In the following half of 2006, bucking the trend of previous years, Southgate Circus and the Hertford Road north area replaced the once dominant Town hotspot. Incidents in the second half of the year fell by 12.2%. Incidents declined within the Enfield Town hotspot by 28.6% and the number of incidents at the Goose at the George fell further still by 63% (44 down to 16).

Licensed Premise Hotspot Areas & Problem Premises (July - December 2006)



Reducing perceptions of alcohol-related ASB A citizens panel survey conducted in August 2006 found that perceptions of drunkenness and rowdy behaviour had reduced by 26.2% points against the 2003/04 baseline.

3f. Targeted response to alcohol-related crime and ASB

The POP project has so far explored a number of responses, as follows:

Improving data – see section 2 above.

Offenders with alcohol problems Discussion with partners from Probation, and analysis of OASys data, shows that many Probation clients are drinking at harmful levels, and that alcohol use is associated with a significant level of offending behaviour. Apart from arrest referral schemes, there is no established model of reducing alcohol-related offending through treatment. Two key approaches have been agreed to explore what can be done within existing resources:

- AUDIT alcohol assessment to be included in the standard client assessment. All clients assessed as drinking above sensible limits will attend a weekly alcohol information group as a compulsory appointment. The local alcohol treatment provider and Probation's alcohol worker will train staff to use AUDIT, and run the group. We plan to apply to the Alcohol Education and Research Council for a small grant for a formal evaluation of the scheme.
- Use and effectiveness of the Alcohol Treatment Requirement community order will be researched by the Alcohol Strategy Coordinator. This research will also explore current Probation programmes such as IDAP and the possibilities for incorporating alcohol interventions.

Alcohol-related domestic violence The Home Office funded Stella Project has highlighted the importance of

providing support for victims of domestic violence who also suffer alcohol problems. We have started to address this through Enfield's Domestic Violence Forum, and a conference in October 2006 which raised the issues and identified a number of actions to pursue.

The POP project will look in more detail at perpetrators of domestic violence who also have alcohol problems. The problems with data are raised above in section 2; we seek permission from the Home Office to breathalyse arrestees so that we can establish a much better picture of alcohol-related domestic violence. There is also a lack of evidence for effectiveness of alcohol treatment interventions in reducing domestic violence (such interventions are very rare). A pilot DV arrest referral scheme is underway in Lewisham, and showing promising results. If the evidence supports it, we will pursue a similar scheme in Enfield.

Alcohol-related ASB The POP project has identified a lack of data on alcohol-related ASB, and we are pursuing new indicators as discussed in section 2 above. We will also be talking to members of the community at ward level about alcohol-related ASB, through the CAPE meetings that set priorities for each Safe Neighbourhood Team. Any responses we develop will be based on the evidence, but we anticipate at this stage they will include training for frontline workers (eg Police and housing officers), targeted interventions at hotspots for criminal damage.

Alcohol arrest referral scheme There is good evidence from schemes elsewhere (particularly Dudley) that arrest referral schemes reduce reconviction rates. Partnership agencies support the development of such a scheme in Enfield, but funding applications so far have been unsuccessful. We are currently exploring the options for extending the existing drug arrest referral scheme.

3g. Overcoming obstacles

Health funding The biggest obstacle for the strategy as a whole has been getting the right balance between health and crime. Due to historical lack of health investment locally in alcohol harm reduction, and the absence of priorities and targets on alcohol from the centre, Enfield Primary Care Trust (PCT) has found it extremely difficult to commit financial resources to alcohol work. This is compounded by the fact that the PCT is also experiencing serious financial deficit. Together, these have a major impact on levels of early identification of problem drinkers, and of treatment and support, making it doubly difficult to develop treatment interventions specifically aimed at reducing alcohol-related crime.

Although this remains a problem, the partnership has made every effort to overcome it, including by:

- The Alcohol Strategy Coordinator, PCT alcohol lead and DAT commissioner working with PCT and ambulance service data analysts to develop an invest-to-save business case for specialist alcohol treatment
- Working with two neighbouring boroughs to develop a cross-borough pilot scheme for hospital based screening and early intervention
- Lobbying by the SSCB, Chief Executive of the Council, the Health Scrutiny panel, local MPs, the Health Improvement Partnership and of course the Alcohol Harm Reduction Board to secure investment
- Securing a small amount of funding from the Health Improvement Partnership to conduct an audit of hazardous and harmful drinkers presenting to our two A&E departments – the findings are powerful evidence of the need for screening in A&E
- Press releases to local and national press aimed at encouraging the PCT to invest in alcohol interventions
- Parliamentary questions

Getting A&E departments on board From a crime perspective, the AHRB was very interested in getting data on alcohol-related assaults. However, none is available at all. Discussions with A&E consultants and managers led to a 10 day audit of hazardous drinking amongst A&E patients, and to the development of a pilot cross-borough screening and early intervention scheme (pending funding). Consultants from both of Enfield's A&E departments joined the AHRB as a result. We can now pursue better data in partnership.

3h. Sustainability

Throughout, we have worked to mainstream action on alcohol by ensuring objectives are incorporated in other corporate strategies and plans, and that training on alcohol is incorporated into training and induction polices of partner organisations.

4. Evaluation of the intervention

4a. Use of evaluation data to inform and improve our response

The project outcomes are evaluated in the same way as the alcohol strategy as a whole – through an agreed set of indicators collated by the Enfield Observatory and performance-managed by the Alcohol Harm Reduction Board at its quarterly meetings. Monitoring data is a standing agenda item. The standard indicators are listed in Appendix B, although they are occasionally supplemented by other information, for example alcohol-related fire deaths at the request of the Board.

The project and strategy also has a system of process evaluation, which operates via an online diary maintained by the Alcohol Strategy Coordinator. The diary is a record of key documents, accounts of meetings, conversations and events that have either shifted or stalled action, and of new information on the wider context (e.g. national policy or guidance). It is reviewed periodically to identify themes and patterns that inform future work. This approach to process evaluation was developed through discussion with academic partners at Middlesex University.

4b. Evaluation for specific interventions: choosing an appropriate method

In addition to the overall monitoring and evaluation of the alcohol harm reduction work, discreet interventions are also evaluated separately, for example the World Cup campaign. Aside from the disorder indicators, we sought feedback from licensees and evaluated the effectiveness of the poster. The poster evaluation showed it had very little impact, and this led to a re-appraisal of our plans for a general alcohol information campaign. (When we started reviewing evidence of effectiveness for such campaigns elsewhere, we found little, and decided to commission Middlesex University to develop an evidence-based campaign appropriate to our target groups).

For the Probation scheme to identify hazardous drinkers and provide alcohol awareness sessions, the evaluation will cover the staff training (through survey), clients' perceptions of the intervention (through survey and focus groups), impact of the sessions on alcohol awareness (questionnaires pre and post intervention), impact on re-offending rates, impact on individual drinking and offending behaviour (follow up at 6 months).

4c. Evidence for achieving what was intended

Examples of how the data demonstrates effectiveness of our interventions are included in section 3 above. It must be said though, that the data does not necessarily indicate it was our interventions specifically that were effective in reducing perceptions of drunkenness and rowdy behaviour. The improved dataset on alcohol-related ASB should help to unravel this.

4d. Ownership of the evaluation across the partners

All partners contribute data to the evaluation process, via the Enfield Observatory. Protocols are in place to govern what is shared, and what levels of access are permitted for the data. The monitoring reports for the AHRB, and as much other data as possible is published on the Observatory website and available to the general public. Enfield has a strong record in sharing data – as evidenced by the award winning SAFE group and tasking process discussed in section 3.

Section 4: Endorsement by Senior Representative

Sharon Rowe
Borough Commander

Enfield Borough Headquarters
Edmonton Police Station,
462 Fore Street,
Edmonton,
N9 0PW

Telephone: 020 8345 4462
Facsimile: 020 8345 4499
e-mail: Su.Fox@met.police.uk

www.met.police

Your ref:
Our ref:

27 April 2007

Dear Sir or Madam,

As Borough Commander and Chair of the Crime and Disorder Reduction Partnership of Enfield I am very pleased to be able to support this application for such a prestigious award.

Enfield's Alcohol Harm Reduction Strategy aims to "encourage and support responsible use of alcohol to reduce crime and anti-social behaviour and improve the health of people living and working in Enfield". Operating across the four domains of crime, health, communication/education and supply/the licensed trade; Enfield's strategy follows the multi-component, partnership approach set out in the Alcohol Harm Reduction Strategy for England (2004). The Alcohol Harm Reduction Board oversees the implementation of the strategy on behalf of the CDRP. The Board comprises senior representatives from the Police, council (licensing, trading standards, community safety, road safety, social services, education, Drug Action Team, children's services), health authority, hospital trusts, Probation, Fire service, licensed trade, and the community sector.

Alcohol misuse plays a significant role in crime and anti-social behaviour locally as well as nationally. We know it causes concern locally among residents; it uses considerable Police resources on a daily basis. The work of the partnership will continue to reduce crime in the medium to long term.

Partnership working around crime and community safety in Enfield is strong. The alcohol strategy has been a very welcome addition to the Safer Stronger Communities Board's work. The partnership work and relationships affect other area of work as well such as the new ASB Estates team.

Enfield Police are committed to supporting the alcohol strategy. We will do this through improved data collection and analysis, through ward-based approaches through the Safer Neighbourhood Teams, through training and awareness raising of front line staff.

Enfield Police fully endorse the Problem Orientated Partnership (POP) approach to addressing alcohol-related crime and ASB. I am very keen to make best use of our partnership to tackle some of the underlying causes of these problems, and to break new ground in developing responses.

In summary, the work of the Alcohol Harm Reduction Board has and is having a significant effect on crime reduction and our partnership work in Enfield

Yours sincerely,



Sharon Rowe
Borough Commander

Appendix A: Enfield harm reduction strategy action plan

A. Building Capacity

	Objective	Baseline	Year 1 - 2005/2006	Year 2 - 2006/2007	Year 3 - 2007/2008	Lead
A1	To establish an Alcohol Harm Reduction Strategy Board by June 2005		Achieved	N/A	N/A	Community Safety/Environmental Services
A2	To appoint an Alcohol Harm Reduction Coordinator		Advertised twice, post not recruited to. Consultant appointed.	Consultant appointed from 1st April 2006.	Consultant appointed from 1st April 2006.	AHRB
A3	To agree a Terms of Reference for the Alcohol Harm Reduction Board.		Achieved	To review annually.	To review annually.	AHRB
A4	To draft an action plan for the Alcohol Harm Reduction Board to 2006.		Achieved	To implement action plan.	To implement action plan.	To be identified against each action.
A5	To review the recommendations of the Enfield Alcohol Needs Assessment.			Assessment of recommendations to be considered in this year.		Alcohol Coordinator/AHRB
A6	To embed the Alcohol Harm Reduction Strategy in key corporate strategies, including the Local Area Agreement and Community Strategy.		To CMB - 7.3.06, stakeholders Conference 23.3.06			Alcohol Coordinator/AHRB

B. Improved, and better-targeted, education and communication

	Objective	Baseline	Year 1 - 2005/2006	Year 2 - 2006/2007	Year 3 - 2007/2008	Lead
B1	To deliver alcohol education for young children and young people, including interventions targeted towards those most at risk of harm from alcohol misuse. To also include piloting innovative mainstream approaches. Young people to be actively involved in the planning and development of initiatives.	a) Existing activity in schools on alcohol education (to be obtained by audit) b) Current levels of awareness of risks associated with alcohol misuse (to be obtained by survey)		Target 1: increased education/prevention interventions Measured by: audit of activity Target 2: increased awareness of risks associated with alcohol misuse Measured by: survey	Target 1: increased education/prevention interventions Measured by: audit of activity Target 2: increased awareness of risks associated with alcohol misuse Measured by: survey	DAT/Education
B2	To raise awareness within the community of the need to reduce alcohol-related harm to children and young people.	Current levels of awareness of risks associated with alcohol misuse (to be obtained by survey.)		Target: production of action plan	Target: implementation of action plan	LSCB
B3	To deliver an alcohol health promotion and education campaign for adults in health and non-health settings, to include community safety messages (eg 100 day campaign to target behaviours which lead to alcohol harm.)	Current levels of awareness of risks associated with alcohol misuse (to be obtained by Citizen's Panel)		Target: increased awareness of risks associated with drinking Measured by: survey	Target: increased awareness of risks associated with drinking Measured by: survey	PCT/Environmental Services

C. Better identification and treatment of alcohol problems

	Objective	Baseline	Year 1 - 2005/2006	Year 2 - 2006/2007	Year 3 - 2007/2008	Lead
C1	To review current arrangements for specialist alcohol assessment and referral, and develop an implementation plan that identifies funding for new developments to meet need in terms of increased capacity and access to services.	Treatment activity stats (available from Alcohol Concern needs assessment)		<p>Target 1: Mapping of existing referral pathways (to be obtained)</p> <p>Target 2: Assessment of need (revisit Alcohol Concern needs assessment in light of ANARP)</p> <p>Target 3: Identification of funding sources</p>	Implementation plan	DAT/PCT
C2	To commission low threshold support interventions for people with alcohol problems, to be delivered from the new Primary Care Centre in Hertford Road, Edmonton.					DAT
C3	To develop a business case for a cross-borough detox facility.				Implement successful business case	DAT
C4	To develop alcohol-related health objectives and targets for inclusion in the Local Area Agreement when it is revised at the end of its first year.			Get alcohol targets in health section on LAA; develop action plan to achieve targets		PCT

C5	Enfield Domestic Violence Forum to develop work around raising awareness, particularly among local practitioners on the links between alcohol misuse and domestic violence.		Target: increased referrals between substance misuse and domestic violence agencies Measured by: referral data via DV Forum		Domestic Violence Forum
C6	To provide housing related support for people with alcohol problems.		Target: agree protocols and targets for floating support and accommodation-based support for primary and secondary alcohol users		Supporting People/DAT
C7	To consult hard to reach groups in the community on the action plan, and revise the plan as appropriate		Carry out consultation with five main ethnic groups		Alcohol Coordinator

D. Better co-ordination and enforcement of existing powers against crime and disorder

	Objective	Baseline	Year 1 - 2005/2006	Year 2 - 2006/2007	Year 3 - 2007/2008	Lead
D1	To protect children from harm by restricting access to pubs/clubs where the sale of alcohol is the primary use of the premises, and to encourage improvements in premises to give acceptable environments for access by children.	% of licensed premises where access by under 14's is permitted (to be calculated from Licensing records)		Target: assess numbers of premises where access by under 14's is permitted. Measured by: Licensing records.	Target: 3% increase in numbers of premises where access by under 14's is permitted. Measured by Licensing records.	Environmental Services

D2	To carry out 'test purchases' proactively, and carry out joint enforcement operations outside normal office hours.	% of attempted purchases of alcohol resulting in an unlawful sale (to be calculated from Licensing records). % of underage sales in on-licenses (to be obtained through a programme of targeted checks).		Target 1: Undertake test purchases and achieve sales of 17% or less. Measured by Licensing records. Target 2: Undertake Programme of targeted checks on on-licenses. Measured by Licensing records.	Target 1: undertake test purchases and achieve sales of 16% or less. Measured by Licensing records. Target 2: Achieve 3% reduction in baseline. Measured by Licensing records.	Environmental Services
D3	To co-ordinate and enforce existing powers against alcohol-related crime and disorder	Top ten high risk problem premises (to be drawn from Licensing records)		Target: Top ten 'high risk' problem premises agree to undertake an improvement plan or be subject to license review and / or enforcement action Measured by: Licensing Records	Target: Top ten 'high risk' problem premises agree to undertake an improvement plan or be subject to license review and / or enforcement action Measured by: Licensing Records	Environmental Services/Police
D4	To encourage communities throughout Enfield to look out for and make representation under the new Licensing Act 2003.	Current awareness of issues (to be established through planned residents' survey0		Target: reduced % of residents who identify licensed premises as a serious problem in their communities Measured by: Licensing records	Target: % of residents who identify licensed premises as a serious problem in their communities reduced by 3% from Y2 Measured by: Licensing records	Environmental Services

D5	To reduce alcohol related disorder			<p>Target 1: reduction in alcohol-related incidents associated with crime or disorder Measured by: London Ambulance Service data; police data</p> <p>Target 2: reduction in assaults in and around licensed premises Measured by: London Ambulance Service data; CCTV records; police data</p>	<p>Target 1: reduction in alcohol-related incidents associated with crime or disorder Measured by: London Ambulance Service data; police data</p> <p>Target 2: reduction in assaults in and around licensed premises Measured by: London Ambulance Service data; CCTV records; police data</p>	Police/Community Safety Unit
D6	To reduce drink driving	Number road traffic accident casualties where driver over drink drive limit		<p>Target 1: Agree a 3 year enforcement and education strategy</p> <p>Target 2: Deliver summer prevention campaign</p>	Implement enforcement and education strategy	Road Safety/Police

E. Encouraging licensed premises to promote responsible drinking and to take a role in reducing alcohol-related harm.

	Objective	Baseline	Year 1 - 2005/2006	Year 2 - 2006/2007	Year 3 - 2007/2008	Lead
E1	Licensed premises to promote responsible drinking and to take a role in reducing alcohol-related harm.		Licensing Forum established	<p>Target 1: Licensing Forum meets on at least 3 occasions and makes a positive contribution to alcohol harm reduction Measured by: audit of outcomes from Forum</p> <p>Target 2: Assess percentage of traders who feel supported by the Police Measured by: survey</p> <p>Target 3: Trader and Police action identifies 5 persistent trouble makers leading to ABContracts or ASBO or prosecution (not FPN).</p> <p>Target 4: Increase numbers of licensed premises in membership of Enfield's Responsible Licensee Scheme to 85.</p>	<p>Target 1: Licensing Forum meets on at least 3 occasions and makes a positive contribution to alcohol harm reduction Measured by: audit of outcomes from Forum</p> <p>Target 2: Increase percentage of traders who feel supported by the Police Measured by: survey</p> <p>Target 3: Trader and Police action identifies 5 persistent trouble makers leading to ABContracts or ASBO or prosecution (not FPN).</p> <p>Target 4: Increase numbers of licensed premises in membership of Enfield's Responsible Licensee Scheme to 110.</p>	Environmental Services/Police

E2	To deliver and develop Pubwatch			Review Pubwatch		Environmental Services/Police
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F. A data strategy for recording, collating, analysing and monitoring alcohol related data.

	Objective	Baseline	Year 1 - 2005/2006	Year 2 - 2006/2007	Year 3 - 2007/2008	Lead
F1	To collate and establish baseline data for the action plan and establish a performance framework for the Alcohol Harm Reduction Board.			Establish the baseline and Monitor.	Monitor	Enfield Observatory/Alcohol Coordinator
F2	To establish a data strategy for recording, collating, analysing and monitoring alcohol-related data.		Achieved	Review	Review	Enfield Observatory
F3	To review the action plan in light of the evidence and re-prioritise as necessary.			Review	Review	Enfield Observatory

G. An alcohol awareness training strategy for generic workers

	Objective	Baseline	Year 1	Year 2	Year 3	Lead
G1	To raise alcohol awareness within generic workers, to include housing officers, police, social workers, health professionals, youth workers, teachers and voluntary/community sector.			Target 1: identify funding for training programme Target 2: plan training programme Measured by: training packs	Target: increased awareness Measured by: survey; referral data	Alcohol Coordinator

Abbreviation Summary

1	ABC	Anti Social Behavioural Contracts
2	ASBO	Anti Social Behavioural Orders

3	AHRB	Alcohol Harm Reduction Board
4	ANARP	Alcohol Needs Assessment Research Project
5	CCTV	Close Circuit Television
6	CMB	Council Management Board
7	DAT	Drug Action Team
8	DV	Domestic Violence
9	FPN	Fixed Penalty Notice
10	LAA	Local Area Agreement
11	LSCB	Local Safeguarding Children Board
12	PCT	Primary Care Trust
13	Y2	Year 2

Appendix B

Enfield Alcohol Harm Reduction Strategy: data strategy

Introduction

Although alcohol misuse has an impact on individuals, families, the wider community and public services, the precise nature and extent of alcohol problems are not known. Up till now, little alcohol-related data has been collected. In Enfield, the Alcohol Harm Reduction Board wants to see a system for collecting and collating a wide range of alcohol data that can be used to understand local alcohol issues, target resources and monitor the success of Enfield's alcohol strategy. This document sets out a strategy for achieving that. It should be read in conjunction with the action plan for the Enfield Alcohol Harm Reduction Strategy.

Core dataset

The indicators set out below will be monitored routinely by the Enfield Observatory within existing resources, and reviewed by the Alcohol Harm Reduction Board.

Roles and responsibilities

- The alcohol strategy coordinator will work with partners (ie collecting and chasing of data) to ensure a smooth and timely supply of data reaches the Observatory.
- The Observatory team will sanitise, distribute (via the observatory), analyse and monitor the data

Health and treatment

	Description	Measure	Source org
1	Hospital admissions data	HES data	PCT
2	Mortality data eg liver disease	Alcohol-related disease, and possibly <i>Taking Measures</i> attributable factors for other conditions	PCT
3 G1	Numbers accessing treatment	Referrals, assessments etc by age, gender, ethnicity	Rugby House/DAT
4	Waiting times for treatment	To be agreed – definition probably as per drugs def	Rugby House/DAT
5	Psychiatric admissions data	HES data	PCT
6	Prevalence of alcohol problems in-patient mental health services	Snapshots of bed occupancy	BEHMHT
7	Prevalence of alcohol problems in community mental health services	Snapshots of CMHT caseloads	BEHMHT/SSD
8	A&E presentations	Could consider proxy measures eg PAT top ten	A&E pilot
9	Teenage pregnancy	Conception rates in under 16s and 18s	PCT
10 D5	Ambulance data	Call outs coded alcohol related (plus others) by time, location, age, gender, type of incident (ie community safety-related)	LAS

Community Safety

	Description	Measure	Source org
1	Public safety data	CCTV records of drunkenness and disorder	CSU
2	Perception of alcohol-related crime	Percentage of respondents reporting concerns in CS audit	CSU
3 D5	Disturbances in licensed premises	CAD records (code 27)	CSU
4 D5	Drunk and disorderly	CAD records (code 34)	CSU
5 D5	Custody data		

6	Alcohol-related offending by young people	SASSI and ASSET data	Youth Offending Service
7 D5	Violent crime	CRIS records with “alcohol”, “drnk”, and “drinking” in details of investigation	Police
8 D5	Domestic violence	As above	Police
9 D5	Drink driving	Proportion of positive breath tests; number of arrests	
10	Arrest referral data	Numbers/proportion of arrestees seen requesting help with alcohol issues	Arrest referral service
11	Noise issues	Complaints (alcohol specific?)	Environmental Services
12	Complaints against licensed premises		Environmental Services
13 D4	Representations against licensed premises		Environmental Services
14 D2	Under age sales		Environmental Services
15	Alcohol-related waste	Parks snapshot surveys; flytipping associated with licenses premises; flyposting	Environmental Services
16	Drinking control zones	FPNs, cautions, confiscations	Police
17	Licensed premises data	Number of premises; applications; refusals; appeals; numbers subject to improvement/licensing action to reduce harm; people living near licensed premises who state their lives are seriously affected by nuisance, crime and disorder	Environmental Services

Indicators for monitoring the action plan (ie additional to the core dataset)

Ref	Description	Who	Frequency
B1	a. Audit of alcohol education/prevention work in schools b. Survey of awareness levels in children/yp	a. Annie Walker, DAT b. Coordinator	Establish baseline, then yearly
B2	Survey of adults’ awareness of risks to yp associated with alcohol	Ilhan Basharan (Citizen’s Panel)	Establish baseline, then after implementation of programme
B3	Survey of adults’ awareness of risks of drinking	Ilhan Basharan (Citizen’s Panel)	Establish baseline, then yearly
C5	Cross referrals between DV/subs misuse agencies	Keri Lawrence via DV Forum	Establish baseline then six monthly
D1	Premises suitable for access by children	Sue McDaid	Establish baseline, then six-monthly
D3	Top ten high risk premises	Sue McDaid/police	Fortnightly
D4	Residents survey of awareness of issues around Licensing Act	Sue McDaid	To establish baseline, then yearly
E1	a. Audit of outcomes from Licensing Forum b. Survey of traders who feel supported by the police c. 5 persistent trouble makers dealt with	a. and b. Coordinator c. Sue McDaid	Yearly
G1	a. survey of levels of awareness of generic professionals b. audit of current level of activity	Coordinator	Establish baseline
D6	RTA deaths/injury where driver was over drink-drive limit	Road Safety Unit	

