

Commissioning News

The voice for all public sector commissioners

Issue 11 • March/April 2008

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Sir Liam Donaldson

Planning an
alcohol strategy

A clearer focus: Bolton's
revamped alcohol service

BOOZE AND BRITAIN COMMISSIONING THE RESPONSE

For everyone investing in services for drugs, health, crime and social care

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Care Services Improvement Partnership



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Turning policy into action

This edition is an alcohol special and has been produced in collaboration with the Department of Health. It can't have escaped your notice that there has been a fair amount of publicity around the demon drink recently, and this has been driven by announcement after announcement from all manner of government departments. It is the commissioners who will have to translate this policy snowstorm into effective action on the ground.

The idea that we should be changing our culture to create a nation of sensible, responsible drinkers is not a new one. Hogarth's vision of a ruined society in his famous picture Gin Lane had

counterpart in the less well-known Beer Street. Beer was seen in the 18th century to be a civilised and civilising drink – how things have changed – and his second engraving depicted a well-ordered, happy society following the misery and destitution wrought by gin. It was an influential propaganda coup at the time, and those coming up with alcohol strategies across the UK are being asked to come up with similar opinion-forming publicity.

Finally, this will be the last issue of Commissioning News and I would like to thank all the readers, sponsors, contributors, past editors and CJ Wellings our publishing partner who have enabled it to be top-drawer reading for the past two years. CPI will continue to support commissioners with our outcome-based commissioning and innovation consultancy and training and we intend to continue to build the website as a repository for outcome-based commissioning tools and case studies.

So cheers and thanks for your great support.

Peter Mason, managing editor of Commissioning News and Associate Director, Centre for Public Innovation.

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“Investing in alcohol services saves money in future. For every £1 invested in alcohol services, the public purse saves £5 over the next few years, which includes a £1.65 saving for the NHS.”

Sir Liam Donaldson, chief medical officer for England, p6

For any queries about Commissioning News and its discontinuation contact Ian Ralph, ian@cjwellings.com

NEWS IN BRIEF

Local devolution of public services

A debate on the future of local democracy, bringing together historians, local and central government politicians and local government specialists, is being held on 12 March in Birmingham. Participants will examine why local government has apparently become weaker over the past 60 years, with low voter turn-out, interest and participation, lack of independence from central government, poor levels of accountability and uneven performance. Attendance is free and open to all. To register, contact Fay Wilson, Seminar Administrator, Institute of Local Government Studies. Email: f.e.wilson@bham.ac.uk or telephone 0121 414 4999.

Specialist alcohol treatment monitoring

The Department of Health is to start collecting data on specialist alcohol treatment from 1 April 2008. All providers of specialist alcohol treatments will be asked to make submissions to the National Drug Treatment Monitoring System on clients receiving treatment for their alcohol misuse. The data collection will support the National Alcohol Strategy and will give information for commissioners on the provision of specialist alcohol treatment services at a local level.

CSCI welcomes National Strategy for Housing in Ageing Strategy

The chief inspector of the Commission for Social Care Inspection Paul Snell has given his endorsement to the Department for Communities and Local Government's plans to support older people to live safely and independently in their homes. He said: "Good strategic needs assessment, engagement with local citizens and co-ordination by local councils with a range of partners will be key to ensure the right mix of housing options to meet the increasing expectations of local people."

NOMS – reorganisation and take-over by prison service

By **Corin Williams**

The National Offender Management Service's forthcoming merger with the Prison Service will "streamline" management costs, according to justice secretary Jack Straw.

The wholesale changes were recommended in a review of prisons by Lord Carter published earlier this year. In a statement to the House of Commons, Mr Straw said: "Having commissioning and performance management for both prisons and probation in a single organisational structure will further drive forward joined-up offender management and deliver essential savings."

The new body will be operational by 1 April this year. Current HMPS director general Phil Wheatley will become the NOMS chief executive. In a letter to NOMS and HMPS staff, he said: "...commissioning will focus more robustly on ensuring the efficient use of available resources with delivery through effective contract and service level agreement management in line with Lord Carter's recommendations."

A new board has been set up to oversee work to develop and implement the proposals in the Carter Review. The Offender Management Programme Board, chaired by

permanent secretary Suma Chakrabarti, will oversee the development of the government's offender management strategy.

Crime reduction charity Nacro welcomed the announcement. Chief executive Paul Cavadino said the changes would make it easier to link work with offenders in prison and on release. He added: "It should also ensure that available resources are directed more towards front-line services. We hope that the restructured NOMS places an increasing emphasis on working with voluntary organisations to meet the practical resettlement needs of offenders, which are key to reducing re-offending."

The move has not met with universal approval, however. Probation workers' union NAPO claimed that hundreds of jobs were under threat as the merger would result in cuts. Harry Fletcher, assistant general secretary, said: "The announcement is a tacit admission that NOMS has failed. There is however a real risk that probation will be diminished in the new structure because of the financial demands of the prison service. Ministers must ensure that the changes do not result in yet another over-bearing bureaucracy and that resources are diverted to the grossly under-funded front line."

Alcohol strategy to cure nation's ills

The government has stepped up its campaign to tackle the growing problem of alcohol abuse through the announcement of a raft of measures to clamp down on binge drinking.

The political agenda has been dominated by the health and social impact of alcohol in recent weeks. Home secretary Jacqui Smith said that a "tipping point" had been reached after it was revealed that more than half of all 13-year-olds had drunk alcohol.

A national campaign against binge-drinking aimed at young men and women is to be launched. Ms Smith commented: "It will set out in no uncertain terms the dangers with binge drinking, and raise awareness of recommended units of intake and the dangers of regularly exceeding those levels."

The Home Office has also launched a toolkit to help commissioners develop alcohol strategies (see Technical Briefing, this issue). Minister Vernon Coaker told delegates at a recent Local Government Association/LACORS conference that the toolkit would provide an essential step-by-

step guide. He said: "Many local areas will choose to develop distinct alcohol strategies, others will incorporate their alcohol strategy within their crime-reduction and health strategies."

The resource is based on the Local Alcohol Strategy's toolkit produced by London Drug and Alcohol Network and Alcohol Concern in 2004. Mr Coaker added: "In developing this toolkit, we have worked with frontline delivery partners from the community safety, crime and antisocial behaviour, health, and children and young people's sectors to ensure that it will give these various agencies, the practical know-how they need to be able to tackle alcohol-related harm as effectively as possible."

A recent report by the British Medical Association strongly criticised the government's record and doctors are now calling for higher taxes on alcohol. Dr Vivienne Nathanson, head of Science and Ethics said: "Recent governments have worked too closely with the alcohol industry and have pursued policies of deregulation and liberalisation regarding alcohol control."

Fears for Futurebuilders

The minister for the third sector, Phil Hope, shocked charity bosses in January this year by announcing that the re-tender to take on the second phase of Futurebuilders had been awarded to rivals the Adventure Capital Fund.

Futurebuilders England Ltd was launched in 2004 to administer a £215m fund to help voluntary and community organisations bid for and deliver public services. There had been some criticisms over millions waiting to be invested, and the ACF's takeover has been widely regarded as an indication of the government's desire to speed up the process. However, outgoing chief executive Richard Gutch has warned that this sense of urgency could leave thousands of smaller charities out in the cold.

He said: "The two main drivers are going to be the number of contracts which investees get and how quickly the money can be dispersed. The ACF are going to need to invest in much more investment-ready organisations, whereas we deliberately invested in the whole spectrum, across the sector."

Over the last four years more than £111m of investments have been made to 245 third sector organisations. Twenty-one per cent of those are managed by black and minority ethnic voluntary and community organisations. Mr Gutch added: "My guess is that there will be fewer smaller organisations getting investment, fewer black and minority ethnic organisations, fewer organisations working with ex-offenders – because that's a very difficult area for getting contracts. In some respects I feel I will have been involved in the best part of the fund."



Richard Gutch: "...there will be fewer smaller organisations getting investment, fewer black and minority ethnic organisations, fewer organisations working with ex-offenders..."

Mr Gutch was also critical of the handling of the takeover and the loss of the contract for Futurebuilders England has led to the entire governing board being replaced. He concluded: "I think it's a great shame that the experience of the board has just been lost, and furthermore didn't appear to have been taken into account in the way in which the tender was assessed, which does seem to me to be extraordinary."

Beacon theme commissioning

A scheme to drive up standards in strategic commissioning has been announced by the Improvement and Development Agency.

The Beacon Scheme, set up by IDeA and the Department for Communities and Local Government to share best practice in service delivery among councils, will launch its strategic commissioning theme on 4 March. The topic is one of 12 themes selected to represent "issues important in the day-to-day lives of the public" as well as to reflect key government priorities.

IDeA are looking to reward local authorities – and organisations such as Primary Care Trusts that may be working in partnership – that have developed a "whole systems" approach in setting up community services. This will mean that services managed and funded by a mixture of both public and private providers in order to best serve the community will receive

national recognition.

In addition, IDeA are stressing the importance of linked strategic objectives and the use of a variety of delivery options through contracting, grants, partnerships, asset-transfer, behavioural change and co-production with users and local communities.

IDeA will be hosting a series of events across the country throughout March to promote the theme. Events have proved popular in the past and the agency say that places are allocated on a first-come first-served basis.

The application brochure will be published on 4 March on the Beacons website. This will set out the commissioning theme's application criteria and give supporting information. The closing date is Friday 29 June 2008. See: www.beacons.idea.gov.uk

NEWS IN BRIEF

NOMS Change Up Programme evaluation findings published

The National Offender Management Service has released the findings of research into the Change Up Public Service Priority Programme. The programme included five pilot projects commissioned by the NOMS Voluntary Sector Unit to build the capacity of the voluntary and community sector. Overall, respondents said they gained a better understanding of NOMS and better networking opportunities. However, some reported gaining little benefit and expectations were not met. The lack of NOMS commissioning also led to frustration among some agencies.

Partnerships in Care opens its first facility in Scotland

The UK's leading independent provider of specialist mental health care and related services has purchased its first hospital in Scotland. Partnerships in Care's Ayr Clinic is a 24-bed, purpose-built psychiatric unit providing secure in-patient care and treatment for people suffering from mental illness, personality disorder or a mild learning disability. Fred Sinclair-Brown, PIC Group chief executive, said: "We hope to increase the scale of our presence in Scotland over the coming years."

Pooled drug treatment budget

The Pooled Drug Treatment Budget funding for drug treatment in 2008/9 is being maintained at the 2007/8 level of £398m. The National Treatment Agency welcomed the government's decision to change to the way funding is allocated to local drug action partnerships by redirected money to those that have historically received a lower than average share per person. However, drugs charity Addaction warned that the lack of inflationary uplift would lead to an overall 10 per cent cut in budget.

A responsive, integrated future



Sir Liam Donaldson has been the chief medical officer for England since 1998. He has 12 honorary doctorates, eight fellowships from medical royal colleges and a long-standing love of Newcastle United. He speaks to **Corin Williams** about the government's alcohol strategy.

How has the current crisis of damage to health by alcohol, especially in younger drinkers, crept up on us?

LD: I wouldn't call the current situation a crisis, but it's fair to say we are facing a significant challenge. Alcohol misuse costs the NHS around £1.7bn every year. Tackling the culture of harmful and binge drinking is a priority for government and we are working with the alcohol industry and other stakeholders to implement a comprehensive strategy, including a new public information campaign targeted at young people, Know Your Limits, an independent review of alcohol pricing and promotion, toughened enforcement of underage sales and more help for people who want to drink less.

You have highlighted the impact of alcohol before, what's different now?

LD: The proportion of men drinking more than the daily recommended limit fell from 39 per cent in 2004 to 33 per cent in 2006. However, too many people are still drinking too much. Recent data published this year shows that while there are around 1.1 million dependent drinkers, there are around 10 million drinking at levels which are, or could be, causing serious harm. The number of deaths from alcoholic liver disease has risen by 41 per cent since 1999.

Does alcohol-related harm impact more on poorer communities and what should be done to target help to those who need it most?

LD: Looking at the data, it does appear that alcohol related problems appear greater in our more deprived communities. We need to redouble our efforts to reach these communities and raise their awareness about a range of lifestyle issues including smoking, diet and exercise, as well as alcohol.

What's yours and the government's record on tackling alcohol-related harm?

LD: We're working very hard to tackle alcohol-related harm. We have secured agreement with industry to include health and unit information on most alcohol labels by the end of 2008. We have run a successful campaign, Know Your Limits, to raise awareness of the dangers of binge drinking, and will be launching a new £10m campaign in spring 2008.

Trailblazer pilot schemes are advising people whose drinking habits are likely to lead to ill health. A collaboration of healthcare

providers will be established from April 2008 to share the early results of this research. Reducing the rate of hospital admissions due to alcohol-related harm is also a new national priority for the NHS. So progress has been made, but there is more to be done, which is why the government launched a new alcohol strategy last year that commits all departments to work together to tackle what is a society-wide problem.

What local services do you think work best at tackling the ill-health effects of alcohol?

LD: It is essential to identify harmful drinkers at an early stage and provide them with advice and support. International evidence suggests that following a brief discussion with their GP or nurse, one in nine excessive drinkers will reduce consumption to safe levels. This early identification and advice can also be provided in other settings such as hospitals and in the criminal justice system. We would like to see the widespread use of this approach by working towards extending the trailblazers scheme. We have provided guidelines to help NHS identify harmful drinkers earlier.

How do you approach balancing preventative/curative services

LD: Early intervention services that identify people drinking at levels that may put them at risk and offering them brief advice are very effective and should be more widely available. More formal treatment services also have a great role to play in reducing the harm caused by alcohol in those with more entrenched and long-term problems. Investing in alcohol services saves money in future. For every £1 invested in alcohol services, the public purse saves £5 over the next few years, which includes a £1.65 saving for the NHS.

Where do you want alcohol services to be in five years time?

LD: We are trying to raise the level of awareness and encourage the improvement of services through the development of commissioning guidance and local strategies to improve services. We are committed to helping more people who want to drink less. I would want to see a system of treatment services that are responsive, deliver effective, evidence-based treatments and integrated into the entire health care and social care network – everyone working with the health or well-being of individuals or their families should be aware of the risks posed by alcohol misuse.



The Health and Social Care Bill is currently making its way through Parliament and is expected to become law in summer 2008. There are important provisions in the Bill that will impact on providers of healthcare and social care services and create a new regulatory regime. **Mark Johnson** investigates the changes we can expect.

A welcome boost for social enterprise

New Regulatory Framework

A new super regulator will be established known as the Care Quality Commission. This will replace the existing Healthcare Commission, Commission for Social Care Inspection and Mental Health Act Commission. The new Commission will regulate, review and investigate both health and social care providers.

The Commission will be both accountable to the general public and under the influence of government policy. Crucially, it will need to ensure that regulatory action is proportionate to the risks involved to avoid over-regulation.

Registration required

A new duty of registration will be placed on those providing "healthcare" or "social care" or "activities connected with" the same. The precise definitions of these are as follows:

- "Healthcare" means all forms of healthcare provided for individuals, whether relating to physical or mental health, and also includes procedures that are similar to forms of medical or surgical care, but are not provided in connection with a medical condition.
- "Social care" includes all forms of personal care and practical assistance for individuals. This covers people in need as a result of conditions such as disability, pregnancy, childbirth or dependence on alcohol or drugs.
- "Connected activities" simply refers to supplying staff for care services, transport or accommodation or the provision of advice. On the face of it, this might catch an employment agency that specialises in providing bank staff, as well as community transport providers or a housing association that provides supported accommodation.

The activities caught by these new definitions of regulated activity are much wider than the existing activities that would currently require registration with either the Healthcare Commission (e.g. running an independent hospital or clinic facility) or CSCI (e.g. residential care and domiciliary care). It is likely that providers who operate drop-in clinics or traditional primary care services in a day surgery will have to register. For the first time, NHS providers will also now be required to register.

Penalties and quality standards

Detailed regulations will be made in due course about the registration requirements, but if a person carries on a regulated activity without registration, they will be committing an offence punishable by a fine of up to £50,000 and/or a 12-month prison sentence. In some cases a fixed penalty notice may be an alternative to avoid prosecution.

Detailed regulations will also set out quality standards and minimum requirements to protect the health, safety and

welfare of persons receiving health and social care services. They will proscribe minimum competency levels for employees, training requirements, minimum standards for fitness of premises and record-keeping requirements. The Commission will have various powers of entry, inspection and the right to call for relevant documents.

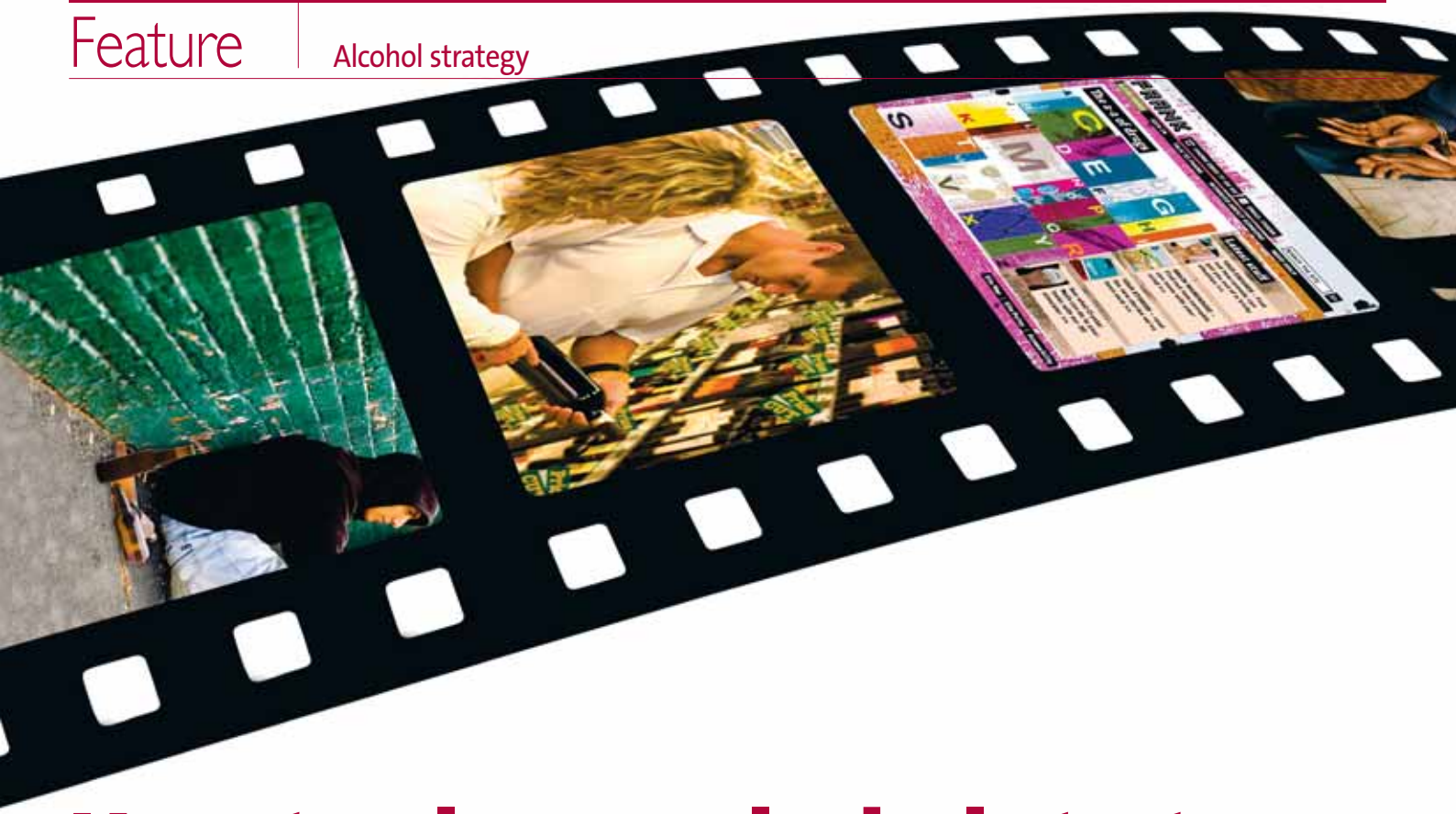
Measures to Boost Social Enterprise

Part 5 of the Bill contains some interesting new provisions:

- **Primary Care Trusts** will have a new duty to secure continuous improvement in the quality of healthcare provided by them and by other persons contracted to them.
- The secretary of state will have new power to extend membership of the **Clinical Negligence Scheme for Trusts** (CNST) to non-NHS bodies in appropriate circumstances. This is a mutual insurance fund run by the NHS Litigation Authority that has been operating since 1996 to compensate NHS patients for injury caused by clinical negligence. Contributions are assessed by the level of risk associated with the provider and its activities. In the event of claim the defence is handled by NLSLA. For some providers, this might be a less expensive route than taking out private insurance cover against medical malpractice.
- There is a new power for the secretary of state to give financial assistance to social enterprises through the **Social Enterprise Investment Fund**. This power clarifies the legal basis for the £73m fund set up by the department. Financial assistance can only be given to "qualifying bodies" engaged in the provision of health and social care. This will generally only cover bodies carrying on services "for the benefit of the community" and which satisfy certain conditions as to distribution of profits. The assistance can be by way of grant, loans, guarantee or subscribing for share capital. The health secretary will have broad powers to specify the terms of such assistance and any records or accounts that need to be published.
- The health secretary can delegate his power to provide **financial assistance** to PCTs, Strategic Health Authorities or NHS Trusts. This could provide a useful addition to the existing Section 64 grant-making powers and pave the way for some interesting new delivery vehicles in which PCTs could take a stake.

The Bill represents a fundamental overhaul of the system of regulation for health and social care and has some way to go before these proposals become law. This is only intended to be a snapshot of the key provisions at this stage, and more detail will be forthcoming over the next few months.

Mark Johnson is the managing director of specialist public services law firm The Projects Partnership. He can be contacted on 020 7620 0888 or email: mark@tpplaw.co.uk



How to plan an alcohol strategy

With increasing pressure on delivering results and little in the way of extra funding, how can commissioners help tackle the nation's alcohol ill-health? Richard Tamlyn looks at some of the solutions on offer

Government is focusing on alcohol. Every day the media claims another social group is drowning in the stuff, be it binge drinking as the scourge of the middle classes or the source of the latest moral panic over young people.

As a result, there is a flurry of Government Office level activity, and local authorities, constabularies and NHS trusts around the country are being asked to update their alcohol strategies. It is clear that the increasing use of alcohol use is an issue in terms of both community safety and health. The response to this has the potential to test partnership working. While it is easy to acknowledge the "problem" it is less clear where responsibility for addressing it lies – and indeed who should address it.

A challenge for any partnership is to create a meaningful alcohol strategy that partners will sign up to. It is relatively easy to write some vague nonsense that commits no-one to anything, but given the very limited resources, how do you pull a rabbit from the hat without scaring partners away from the table? It is rather like magicians only sharing the secrets of the trade within the Magic Circle – there is a

rabbit in the hat, it just takes an innovative approach to find it.

The policy context is:

- Alcohol Harm Reduction Strategy for England (2004); and the follow up,
- Safe. Sensible. Social: the next steps in the National Alcohol Strategy (2007).

Both these concentrate on adults, but it is understood that a youth alcohol plan is due to be published by the Department for Children, Schools and Families within the next few weeks. To give some scale to the issues, the Next Steps document states that alcohol is associated with £20bn of public expenditure on health and crime and disorder. But with no significant new funding, commissioners in the process of implementing a strategy will have to consider the following issues with a great deal of creativity if they are to succeed.

Sharpened criminal justice for drunken behaviour

A typical response of government, this may not take the form of additional high-profile legislation. We should expect to see subtle changes, for example including crimes related to alcohol in the Prolific and Other Priority Offenders Strategy. A moral panic

over drunken offending continues with media outrage at tragic offences, such as the recent murder of Warrington man Gary Newlove by a gang of "drunken youths". It should be noted as a backdrop to this that the British Crime Survey reporting a 41 per cent reduction in violent offences since 1995.

Local initiatives on crime can be very specific. For instance, Hertfordshire Police identified the late night city centre taxi queues as a flashpoint for violence. They are currently evaluating a taxi marshal scheme that was implemented to address this.

A review of NHS alcohol spending

This was heralded last summer and in some areas we are seeing proposals to significantly increase spending in the coming fiscal year. However, increased investment may not be universal and it is wise to focus on quick wins and low-cost interventions rather than depend on a possible rise in income.

Public information campaigns to promote a new "sensible drinking" culture

Any new local alcohol strategy should include consideration of how agencies work with the local media to promote consistent messages. This could for example include



reporting of Trading Standards campaigns about underage sales or proxy purchasing. It could include working with local radio to change editorial policies so DJs no longer glamorise binge drinking.

Partners such as libraries, GPs and Citizen Advice Bureaux will distribute leaflets if asked. Leaflets can be commissioned locally or obtained, often for free, from central resources such as the national FRANK campaign. Bulk order requests for leaflets can be made by calling the FRANK office at the Home Office. Another source is the industry-sponsored Drink Aware Trust.

More help for people who want to drink less

There is evidence to indicate that simple triggers, such as knowledge of units, impacts on drinking, and also that carefully chosen questions from health professionals motivate changes in behaviour. Often strategies focus on resource-intensive interventions such as clinical detoxification for dependent drinkers.

Tougher enforcement of underage sales

Proof of age schemes have had a huge impact on teenage drinking and driven it from licensed premises to the streets. This is an area where innovation can achieve huge results. Firstly, a major source of alcohol for teenagers is via "proxy purchasing". There are plenty of opportunities to work with the police, Trading Standards and the media to raise debate and awareness about this issue. It is suggested that alongside strangers purchasing for youths, significant perpetrators of this crime are otherwise law-abiding parents giving their children alcohol, perhaps to take to parties.

The prohibition approach to alcohol has a chequered history. Perhaps allied more closely to help for those who want to drink less, there are a range of diversion schemes for young people, offering a credible alternative to drinking. The Devon Drug and Alcohol Action Team Young People's Alcohol Strategy, referenced below, describes some of these.

Trusted guidance for parents

The indications are that parents are almost universally at a loss. There is good reason for this as there is no concise guidance. Parents are pulled between exultations to introduce wine in the style of Mediterranean cultures, then conversely told there is no safe limit for the developing bodies and minds of those under 18 years of age. To be credible, advice needs to acknowledge who the recipient is. Telling 16-year-olds not to drink at all is not a logical reaction to the reported binge drinking culture.

Cultural changes

Learning from related behavioural changes, it took 20 years to shift attitudes towards drink driving, and more recently attitudes towards smoking are also on the move. Though in the case of smoking this is about quitting, in recent years the number of young people taking up smoking has not significantly reduced. Cultural change is the holy grail, a long-term outcome. It is very unlikely to be significantly changed within a locality.

Public consultation on alcohol pricing and promotion

Following a British Medical Association paper challenging alcohol pricing policies,

our largest grocer, Tesco, announced a review of the cost of its drink. In the wake of this media has started a debate. Increasing the price of alcohol will hit middle England, but the precedent exists in the punitive taxation of tobacco products, which these days is widely accepted.

Local alcohol strategies

This month Government Offices across the UK are hosting alcohol conferences and there has been some encouragement for local areas to write strategies. The London Drug and Alcohol Network and Alcohol Concern have written an excellent, clear and accessible guidance in their Local Alcohol Strategy Toolkit (referenced below, also see Technical Briefing, this issue).

Supported by the Government Office South West, Devon DAAT has led the way in developing the first young person's alcohol strategy. This was written with the aim to be cost-neutral and to offer partners a common direction. Issues relating to alcohol were impacting on all partners, who welcomed the document, and they are all now actively engaged in an implementation plan.

In summary, with a little innovation and by concentrating many existing efforts, it is possible to create a credible and effective strategy to address a range of alcohol-related issues.

Resources to help with planning a strategy

- Publicity leaflets can be ordered from FRANK at www.talktofrank.com and the Drink Aware Trust at www.drinkaware.co.uk
- For more on Devon DAAT's young person alcohol strategy, contact Maureen Muckersie, maureen.muckersie@devon.gov.uk
- The Local Alcohol Strategy Toolkit is available at www.localalcoholstrategies.org.uk/index.php
- For creative applications for helping people to drink less, there is a podcast describing the work the Centre for Public Innovation has done with the Brighton Crime Reduction Partnership at www.publicinnovation.org.uk
- Contact the author, Richard Tamlyn, richard.tamlyn@publicinnovation.org.uk for further information.

A clearer focus

Bolton, in common with many other parts of the North West, comes well above the national average for rates of problem drinking, and the local authority felt that the treatment on offer was failing service users. Rather than automatically re-tender, however, Andrew Walton tells David Gilliver that the commissioners felt they should take a closer look at the services they already had



Bolton has some shocking alcohol misuse statistics, even by the standards of what the tabloids love to call “binge Britain”. “We’re below the national average for life expectancy anyway,” says commissioning manager – substance misuse at Bolton Council, Andrew Walton. “However, we’ve seen cirrhosis move dramatically up the table from a very low position to become the primary reason for reduced life expectancy in women and the second – after coronary heart disease – in men. It is likely to become the primary reason in men as well, and all of this has happened over a fairly short period.”

In line with trends across the country, people are also presenting with cirrhosis at a much younger age, and the North West Public Health Observatory puts the town in the top 25 per cent nationally for all measures of alcohol-related impact. “It all made the lights start flashing and got us asking questions about what we were doing,” he says. “We’d developed, slightly ahead of the game compared to some areas, an alcohol strategy and linked that to our Local Area Agreement, with targets aimed at halting the rise of alcohol-related hospital admissions.”

One of the things that the strategy revealed, however, was that there were significant problems with the alcohol treatment services commissioned by the council, with waiting lists of anything up to six months. The council decided to use Neighbourhood Renewal Fund money to get expert help in to lead a comprehensive service review and draw up a whole new set of specifications.

The tender was won by Alcohol Concern, who started their work in October 2006 and had reported by early December. “We didn’t linger too long on the report,” says Walton. “Everyone knew there was a problem, we just needed the review to pin it down, and then we went straight into action planning for change.”

The next part of that process was a stakeholder event held in January 2007 which featured presentations from health, social care and mental health agencies alongside hospital consultants, commissioners and service providers. “One of the main successes of the whole process was the key involvement of all stakeholders,” he says. “It was a genuine partnership approach, and from that event we established a shared vision from everybody on the best way forward. One of the key things we found was that we weren’t under-resourced compared to other areas, so the problem was

clearly about processes.”

Service user involvement also played a central role. “There was a very powerful presentation by service users saying that they desperately needed early access,” he says. “They’d had long waits, been referred to other services, gone back to drinking and didn’t come back into treatment for months.”

Everyone agreed that a single initial point of contact for service users was essential, as were more timely interventions. A steering group was set up to finalise the details of the new model, with Alcohol Concern drafting specifications and working with the local authority on timescales, targets and developing a brief interventions model.

“One of the options was to redesign and then re-tender the services, but there was an acceptance from commissioners that we hadn’t paid the services a great deal of attention in recent years,” he says. “They’d been left to develop as they had, or there hadn’t been any new investment despite growing need, so we didn’t feel that we should necessarily just re-tender. It was felt we should give the existing providers a year to demonstrate that they could meet the need and the new specifications.”

The Primary Care Trust, however, were not convinced this was the right approach. “They felt as the services had been failing we shouldn’t be investing in the same providers. Our argument was that it wasn’t necessarily the providers who had failed, but the specifications we’d given them, and they took that on board.”

The council had commissioned Centre for Public Innovation (CPI), in partnership with DrugScope, to write some service specifications for their community drug team, and wanted to apply the logic of that system to alcohol services as well. “What they wanted to do was to review the relationship between the commissioners and the providers so that it moved away from focusing on the process and the head count – which is the traditional way social care is bought – to the results you can buy with the money,” says associate consultant at CPI, Richard Tamlyn.

“Normally, the way an alcohol service might be commissioned would be to say ‘we want you to conduct 500 community detoxifications each year’, without necessarily focusing on the impact of those,” he continues. “This is a massive investment of public money at the heavy end of alcohol treatment, and it has the potential for creating a merry-go-round because it’s predicated on getting people through the door. You start to spot that certain individuals are going around three or four times a year, because that’s where the service providers are encouraged to focus their efforts, rather than on sustaining the detoxification. You end up with this culture where providers are acutely aware that someone else can come along and say they can deliver those detoxes for less money, so the focus is on hitting targets at the expense of quality. But if you move to an outcome basis, then you say we want a certain number of detoxifications but you also want a focus on relapse prevention and sustainable change.”

At the end of the process the council carried out another consultation with service users about the proposed model and managed to get an additional £122,000 a year funding from the PCT. “This was unusual because up until this year there have been no national targets around alcohol treatment, so it’s been very difficult to get extra funding,” says Walton. “But the PCT recognised this as a major public health issue.”

The year-long trial period closes at the end of October. So how is it working out so far? “We get monthly reports, and it’s working very, very well,” he says, “particularly the structured programmes work that the community alcohol team is doing.

“One of the things we had make a decision on when we did the mapping of the new service was around non-motivated clients,” he continues. “This really was a key learning point – about being able to challenge current working practices. When we stepped back we

Key lessons

- Early involvement with stakeholders is paramount
- Develop a shared vision
- Be prepared to challenge current working practice
- Identify the outcomes you want from the service
- Focus on quality, not targets

realised we had effectively been trying to set up a treatment system to meet the needs of people who didn’t want to be treated. Services were being offered to them because it was felt they should be, rather than because it was an effective use of those services. People were coming into the system, accessing treatment and never moving on – they carried on drinking and were blocking places for people who were motivated to change. We needed to set it up so they couldn’t do that.”

Clients can now be assessed and get advice and information as many times as they need, or go into a series of brief interventions, but they can only be referred to the community alcohol team a maximum of four times a year and they can only have a detox twice a year.

So is there optimism that these changes will address Bolton’s alcohol problems? “It’s already having a very noticeable effect,” says Walton. “We know we don’t have the waiting times that we used to have – we actually had a couple of people request a longer wait because they didn’t want to detox just before Christmas as they knew they wouldn’t make it, which is self-directed care. The brief interventions and structured day care have also been major successes. It’s also helping to motivate staff because they can see the impact of their work, and it’s motivating service users as well. Everything is time-monitored in this system – it’s got rid of the situation where once you entered treatment you were there for years.”

“All the early indicators are there that things are really improving,” agrees Tamlyn. “Both parties are now clear about the client’s journey. There are a lot of people in Bolton who could do with a detoxification, but if 30 people sign up for a night class in basket weaving you can guarantee by the end that you’ll be down to 15 or 20 because that’s just human behaviour – it’s exactly the same in treatment. We get lots of people in but we don’t get many at the end who have detoxed and maintained that change. But through this process now we create a dialogue between commissioner and service provider to really look at how we can effect a change and what happens along the way, so the relationship becomes much more open – it becomes one of an investor. It’s a long-term process and it’s a journey you take together.”



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