

Commissioning alcohol interventions & treatment

The current position

Community alcohol treatment is almost exclusively funded by NHS Primary Care Trusts (PCTs) in England. These Trusts act either as a single funding entity or less commonly as the member of a partnership such as a Drug (and Alcohol) Action Team (D(A)AT) joint commissioning group (JCG).

In Wales, because of the joint alcohol and drugs strategy, responsibility is shared between NHS Local Health Boards (LHBs), Substance Misuse Action Teams (SMATs) and Criminal Justice Agencies (although see later sub-section for information about changes to the arrangements for *the planning and commissioning of substance misuse services in Wales* from April 2010 with the introduction of Area Planning Boards).

Some elements of residential alcohol rehabilitation programmes (i.e. 'rehab') are funded by local authorities, following approval via a community care assessment.

Probation is well-connected at a strategic level but delivery problems exist at the practical level e.g. in influencing PCT commissioning of alcohol treatment services and/or clear care pathways formulated between generic alcohol services and probation. This has led to some probation areas/trusts financing alcohol treatment requirement (ATR) assessments and treatment exclusively or predominately using probation funds.

Whose responsibility?

Models of care for alcohol misusers (MoCAM) makes clear that in England 'as part of NHS provision, commissioning alcohol interventions and treatment is the responsibility of local Primary Care Trusts (PCTs).' This includes provision for offenders under statutory supervision and is a particular issue for those subject to ATRs, who require access to specialist treatment. As part of their statutory duties, probation areas/trusts are responsible for meeting supervision and enforcement costs of a community sentence or licence but should not be funding mainstream health provision i.e. paying for interventions or treatment for offenders under their supervision no better than that which should be available to all residents of the locality.

Areas/trusts may wish to consider making a contribution towards an enhanced level of interventions or treatment e.g. fast track access, longer or more intensive than that delivered on a non-statutory basis, regular reports (within the bounds of consent¹) from providers on issues like attendance, compliance

¹ See Department of Health (2003) *Confidentiality: NHS Code of Practice*

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4069253

The NHS Code of Practice is strict on disclosure. Under common law, staff are permitted to disclose personal information (to, for instance, an offender manager) in order to support detection, investigation and punishment of serious crime and/or to prevent abuse or serious harm to others where they judge, on a case-by-case basis, that the

and progress, where this is necessary to meet the requirements of the alcohol related component of a court order. The same principle applies where alcohol liaison workers (ALWs) operate on probation premises or are embedded within probation teams e.g. deliver brief interventions, comprehensive assessment and referral to a tier 3 or 4 service, as needed, and provide a service to offenders under probation supervision which exceeds that which we would expect to be available to those same individuals were they not offenders. Areas/trusts also have the option to commission or contract services for specific activities which fall outside those that offenders might reasonably expect to access through mainstream services.

MoCAM tasks commissioners with ensuring 'that all tiers of interventions are commissioned to form a local alcohol treatment system to meet local population needs.' Senior probation managers should work closely with their PCTs, D(A)ATs and other strategic forums with responsibility for the provision of drug, alcohol and supporting services in seeking to ensure that:-

- the four tiers of interventions in MoCAM are available to alcohol misusing offenders under probation supervision
- alcohol interventions and treatment for offenders meet the requirements of *National Standards for the Management of Offenders*² and this guidance is delivered to the standards outlined in MoCAM
- provision of alcohol treatment for offenders is understood as a key part of a spectrum of alcohol services within local alcohol strategies
- where probation areas/trusts contribute to the commissioning of treatment and other alcohol related interventions for offenders, these are managed within service level agreements and service specifications. These should detail relevant information about ATR delivery and processes and be robust enough for effective performance management.

Areas/trusts need to make sure that they understand the local commissioning structure and treatment planning cycle and approach commissioners at the appropriate point in the cycle with evidence of:-

- the nature and extent of identified need within the local offender population
- the effectiveness and cost-effectiveness of interventions in reducing alcohol-related harms amongst the target group
- the responsibility of Crime & Disorder Reduction Partnerships (CDRPs) to address alcohol-related offending
- the contribution that can be made to NHS/Local Authority Joint Strategic Needs Assessments (JSNAs)³(as this is where it is possible to link health needs to crime and disorder and opportunities to reduce the risk of re-offending)

public good that would be achieved by the disclosure outweighs both the obligation of confidentiality to the individual patient concerned and the broader public interest in the provision of a confidential service.

2 <http://www.probation.homeoffice.gov.uk/output/page32.asp#GuideWwO>

3 Department of Health (2009) *Signs for Improvement: Commissioning interventions to reduce alcohol-related harm*

- the projected impact of this on relevant Public Service Agreement (PSA) targets and alcohol related indicators in local area agreements (LAAs) and PCT operational plans e.g. reducing the number of alcohol-related hospital admissions

Areas/trusts should develop a business case for funding in partnership with PCTs rather than independently. The approach should be to steer PCTs to ensure that current services cater for the needs of the offending population, not to put pressure on PCTs to provide funding for new alcohol services specifically for offenders.

Offender needs assessment

It is important that areas/trusts undertake a comprehensive assessment of offender need to: -

- increase their knowledge and understanding of the offender (drinking) profile, including segmented data e.g. for women offenders
- increase the correlation between identified alcohol need and service provision
- influence externally commissioned alcohol services to reflect offender need

This information should comprise analysis of data from the Offender Assessment System (OASys) and alcohol screening tool e.g. Alcohol Use Disorders Identification Test (AUDIT)/specialist assessment data to demonstrate both the level of offending related alcohol need (or 'criminogenic need') and the epidemiology of problem drinking among offenders. The intended outcome is an INFORMED and INTEGRATED approach to service provision.

Areas/trusts may find informative:-

- the work North Wales Probation Area has undertaken as part of NOMS Alcohol Best Practice Projects Initiative in producing a *Profile Analysis of Offenders who have received Secondary Screening for Alcohol*⁴ using the Alcohol Use Disorders Identification Test (AUDIT)
- data from an *Assessment of alcohol need amongst offenders within probation and prison services in North East England* undertaken by the Institute of Health and Society, Newcastle University
- the Alcohol Strategy Local Implementation Toolkit⁵ developed by the Home Office to assist local areas to assess the needs of their populations, including those involved with the criminal justice system, and encourage PCTs to address any identified shortfalls in treatment capacity

⁴ To be available on EPIC shortly at

http://npsintranet.probation.gsi.gov.uk/index/service_delivery/interventions/drugs__alcohol/alcohol_best_practice_projects.htm

⁵ <http://www.crimereduction.homeoffice.gov.uk/drugsalcohol/drugsalcohol097.htm>

- the North West Public Health Observatory (NWPHO)⁶, which provides local health profiles incorporating data on crimes attributable to alcohol to assist PCTs, the NHS and their partners at a local level to understand their needs and develop planning

Effectiveness and cost effectiveness

In the prevailing economic climate, our focus has to be on improving provision based upon evidence of what is effective and, most importantly, cost-effective within budgetary constraints. There is evidence that a lot of the interventions NOMS delivers or refers offenders into are effective in reducing alcohol related harm to health, as set out in the *Review of the effectiveness of treatment for alcohol problems* or its more accessible summary. For example:-

- The United Kingdom Alcohol Treatment Trial (UKATT) found that **for every £1 spent on treating problem drinkers** (social behaviour and network therapy and motivational enhancement therapy) **£5 is saved on costs to health, social and criminal justice services**⁷. This is likely to be an underestimate as it does not include loss of productivity or measure the full social costs of either alcohol related violence or the effects of alcohol problems on family and friends.
- **Brief interventions** are effective in reducing alcohol consumption among hazardous and harmful drinkers to low-risk levels.
- **Cognitive behavioural** approaches to specialist treatment offer the best chances of success.
- People with **more severe alcohol problems** and levels of **dependence** should be encouraged to attend specialist treatment services.
- **Planned and structured aftercare** is effective in improving outcomes following the initial treatment episode among those with more severe alcohol problems.
- **Alcoholics Anonymous (AA)** appears to be effective for those alcohol misusers who are suited to it and attend regularly and is a highly cost-effective means of reducing alcohol related harm.

More specifically, we can point to:-

- Increasing ATR commencement and completion rates:
 - Commencements increased from 4708 in 2007 to 6545 in 2008 (a 39% rise)⁸

6 www.nwph.net/alcohol

7 <http://www.bmj.com/cgi/content/full/331/7516/544>

8 Offender Management Caseload Statistics 2008 <http://www.justice.gov.uk/publications/prisonandprobation.htm>

- 3509 ATRs were completed in 2008/9 more than double the target (1635) introduced in the NOMS Performance Metrics⁹
- The increasing capacity of the probation service e.g. through use of the Alcohol Information Pack to deliver more **brief interventions** in-house for the large numbers of offenders who have alcohol misuse and offending needs but don't require specialist treatment. We know from research that these are effective in reducing alcohol consumption among hazardous and harmful drinkers to low-risk levels¹⁰.
- Recent research demonstrating that overall **re-offending rates fall by almost 7%** for offenders placed on substance misuse programmes (ASRO & OSAP)¹¹.
- A backdrop of **increasing numbers of completions for all accredited behaviour programmes**. The total number of completions in 2006-07 was 19,867, an increase of 18% compared with performance in the previous year¹².

As yet, little is known about the effectiveness of UK interventions/programmes in reducing alcohol-related crime. However, given the large number of offenders under statutory supervision who have an alcohol related criminogenic need¹³, reducing the alcohol consumption of this group to low risk levels through evidence based and appropriately targeted interventions should have a significant impact in reducing their likelihood of re-offending.

*Evidence based practice? The National Probation Service's work with alcohol misusing offenders*¹⁴, a study by the Institute for Criminal Policy Research (ICPR), King's College London, commissioned by the Ministry of Justice, describes and critically appraises:

- the procedures in place for identifying and intervening with offenders who have alcohol problems
- the extent to which this work complied with the principles set out in *Models of care for alcohol misusers (MoCAM)*
- arrangements for the commissioning and delivery of alcohol treatment requirements (ATRs)

The report, published on 28th October 2009, makes several recommendations aimed at strengthening the future commissioning and delivery of services.

9 NOMS Annual Report and Accounts 2008/9 <http://www.justice.gov.uk/publications/noms-annual-report-08-09.htm>

10 Raistrick, D., Heather, N., and Godfrey C. (2006) *Review of the Effectiveness of Treatment for Alcohol Problems*. London: National Treatment Agency for Substance Misuse.

11 Hollis V. (2007) *Reconviction Analysis of Programme Data using Interim Accredited Programmes Software (IAPS)* <http://www.probation2000.com/>

12 NOMS ISAU Accredited Programme Delivery Annual Report 2006-7

13 A factor directly linked to their offending and potentially to their risk of reconviction.

14 <http://www.justice.gov.uk/publications/alcohol-misusing-offenders-research-report.htm>

Findings from the research have influenced development of this guidance, the implementation of which will improve working practice. This is consistent with NOMS focus on improving provision based upon evidence of what is effective and, most importantly, cost-effective.

The Ministry of Justice's Offender Management and Sentencing Analytical Services (OMSAS) research programme includes three major cohort studies to track large and representative samples of offenders on custodial and community sentences. These studies will be following the same group of offenders from the beginning of their sentences and catching up with them at various points (for example, at mid-point of sentence and at end of sentence). These studies are at various stages of implementation/development:

- The Offender Management Community Cohort Study (OMCCS) will explore the relationship between the delivery of offender management and outcomes in a nationally representative sample of offenders receiving a community order. The research intends to provide information about offenders' needs, what they are receiving in terms of offender management and interventions (including alcohol interventions) and how these factors are associated with short and long term outcomes (including impact on re-offending). Initial results are anticipated in 2013.
- The Surveying Prisoner Crime Reduction (SPCR) study looks in detail at the needs and problems of prisoners as they arrive in prison across the full range of re-offending pathways. It examines the range of interventions they received during their time in custody to address these. SPCR will track the sample of prisoners after they leave prison to monitor various outcomes in the community including reconviction. Thus, it is anticipated that SPCR will provide useful evidence on the effectiveness of a range of interventions across the re-offending pathways including those relating to problem alcohol use. Preliminary profile of needs and problems has been published¹⁵. The entire data series is expected to be collected by mid-2010, with analysis of the data expected to be ongoing over the next few years.
- The Juvenile Cohort Study (JCS) will track around 10,000 young offenders (aged 10 to 17 years old) from 30 different Youth Offending Teams (YOTs) over a period of approximately 2 years to explore the experiences of different types of young offenders within the criminal justice system. The JCS will be looking at the impact of interventions and combination of interventions that are associated with a reduction in re-offending (including frequency and severity) in different types of young offenders subject to the criminal justice system. Although it would be possible to explore the experiences of young people subject to the specific orders included in the sample it will not be possible to assess effectiveness of sentences. Information will be collected on

¹⁵ <http://www.justice.gov.uk/publications/problems-needs-prisoners.htm>

substance misuse needs and interventions planned/received to address these needs.

Public Service Agreements (PSAs) and alcohol indicators

The 2007 Comprehensive Spending Review set the key priority outcomes the Government wants to achieve in the next spending period (2008-2011). The outcomes, expressed as Public Service Agreements (PSAs), include the first ever cross-Government PSA on **Alcohol & Drugs** published in October 2007.

PSA 25 aims to **reduce the harm caused by alcohol and drugs** to:

- the community as a result of associated crime, disorder and anti-social behaviour
- the health and well-being of those who (use drugs or) drink harmfully
- the development and well-being of young people and families

There are five performance indicators within the PSA covering drugs and alcohol and, with respect to the latter, the PSA commits the Government to reduce:-

- the rate of hospital admissions per 100,000 for alcohol related harm (Indicator 2) (Department of Health lead) - the first ever commitment to monitor how well the NHS is tackling alcohol-related harm; and
- the percentage of the public who perceive drunk or rowdy behaviour to be a problem in their areas (Indicator 5) (Home Office lead).

Addressing alcohol misuse is also particularly relevant to delivery of the reducing re-offending indicators in **PSA 16 Increase the proportion of socially excluded adults in settled accommodation and employment, education or training**, for which offenders under probation supervision are one of four client groups, and wider crime priorities set out in **PSA 23 Make Communities Safer**.

The new shared PSAs on reducing the harm caused by drugs and alcohol, tackling social exclusion and making communities safer provide joined up targets across Government which will help partners at national, regional and local levels work together to reduce alcohol related harm, and improve access to local mainstream services for offenders and their families.

Local Strategic Partnerships and Local Area Agreements

The most important local delivery mechanism for PSAs is the local area agreement (LAA). LAAs provide local authorities and partners with the flexibility and capacity to deliver the best solutions for their areas through a redefined relationship between central and local government. A local area agreement is a three year agreement that sets out the priorities for a local area. The agreement is made between Central Government, represented by

the Government Office (GO), and a local area, represented by the lead local authority and other key partners through local strategic partnerships (LSPs). LSPs bring together different parts of the public sector as well as the private, business, community and voluntary sectors at a local level, so that initiatives and services support each other and work together.

In tackling crime and re-offending, addressing the health inequalities that exist within communities and improving access to healthcare, partnership working is essential. LSPs offer the best means of tying priority setting, commissioning and delivery of services for offenders into community-wide initiatives. They bring together the different sectors of communities to develop plans and shape actions to meet priorities.

Joint Strategic Needs Assessments

Many of these priorities are identified through a Joint Strategic Needs Assessment (JSNA). The JSNA is the means by which PCTs and local authorities describe the future health, care and well-being needs of local populations and the strategic direction of service delivery to meet those needs. JSNAs form the basis of a duty to co-operate for PCTs and local authorities that is contained in the Local Government and Public Involvement in Health Act.

JSNAs take account of data and information on inequalities between the differing, and overlapping, communities in local areas and support the meeting of statutory requirements in relation to equality audits.

Priorities highlighted by the JSNA find their expression in the LAA, however the identification of the treatment needs of offenders are not incorporated within the Department of Health (DH) 2007 *Guidance on Joint Strategic Needs Assessment*¹⁶.

The JSNA process and the development of LAAs provide the mechanism by which PCTs and NOMS partners can identify and plan for the treatment of offenders with alcohol and alcohol-related health problems. It is vital that PCT commissioning is informed about the needs of offenders, including systematic and periodic health needs assessments, and that PCTs and Local Authorities include the needs of offenders in their area (both in the community and prisons) within their assessments for the alcohol component of the JSNA and address any problems arising in incorporating offenders needs for alcohol services into the JSNA.

National indicators relating to alcohol and offending for PSA targets 2007-2010

From April 2008 a single set of 198 national indicators¹⁷ for English local authorities (LAs) was introduced, which flow from the priorities identified in PSAs and underpin the targets. LAAs include a maximum of 35 priority

16 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081097

17 10 indicators were subsequently dropped leaving 188 indicators in the National Indicator Set as at February 2009.

indicators drawn from this national indicator set but LAs are required to monitor the whole set.

The three indicators which directly address alcohol are:-

- NI 39 Alcohol-harm related hospital admission rates
- NI 41 Perceptions of drunk or rowdy behaviour as a problem
- NI 115 Substance misuse by young people.

In addition, at least another 50 of the indicator set have a direct link with alcohol misuse. The most relevant for probation are:-

- NI 15 Reduce the most serious violence, including tackling serious sexual offences and domestic violence
- NI 17 Perceptions of anti-social behaviour
- NI 18 Adult re-offending rates for those under probation supervision
- NI 20 Assaults with injury crime rate
- NI 32 Repeat incidents of domestic violence
- NI 47 People killed or seriously injured in road traffic accidents
- NI 143 Offenders under probation supervision in settled and suitable accommodation at the end of their order or licence
- NI 144 Offenders under probation supervision in employment at the end of their order or licence

A significant number of LAAs have adopted alcohol related indicators as priority indicators. For example:-

- **75 local authorities have chosen NI 39 the new alcohol related hospital admissions indicator** as a local priority - setting out local targets and plans for reducing the rate of rise in alcohol related admissions.
- **In 81 areas, NI 20 'assault with injury'** (which is a proxy for alcohol-related violent crime) has been agreed by Government Offices and local areas as a target indicator.
- **51 areas have chosen NI 17 'perceptions of anti-social behaviour'**, which includes 'perceptions of drunk or rowdy behaviour' (PSA 25 Indicator 5), one of the seven strands that comprise anti-social behaviour.

The indicators in LAAs frequently mirror those in the operational plans of partner agencies. For example, 99 PCTs have chosen the new alcohol related hospital admissions indicator in their 2008-11 operational plans, including 46 of the 50 PCTs with the highest rate of admissions and in 32 of these it is in the corresponding LAA. PCTs will be performance managed by their Strategic Health Authorities (SHAs) and the Healthcare Commission (HCC) against national and local indicators.

Vital Signs Indicators

The NHS Operating Framework for 2008/09¹⁸ sets out three tiers of 'vital signs'

- Tier 1 - applies to all PCTs and details the 'should dos'. This will involve central monitoring and performance management by SHAs
- Tier 2 - are national priorities, agreed locally and signed off by the SHAs
- Tier 3 - are local actions to be agreed at local level and not performance managed

Concern about the number of alcohol-related hospital admissions and the rising trend led DH to put in place a national Vital Signs Indicator for the NHS from April 2008 that measures change in the rate of alcohol related hospital admissions (VSC 26).

This is the best indicator to demonstrate levels of alcohol misuse and related ill-health for conditions with a significant association with alcohol. The indicator was set at Tier 3 within the above Operating Framework however so SHAs do not have to monitor alcohol as a Vital Sign.

The Vital Signs Indicator (VSC 26) is also included as an indicator in the National Indicator Set for Local Authorities and Local Authority Partnerships (NI 39) and both form part of the plan to deliver PSA 25.

Department of Health is not in a position to set targets for the NHS and is not encouraging Primary Care Trusts to increase treatment just for offenders. Rather DH can only issue guidance and encourage PCTs to review their situation and try their best, within the limited budgets available, to make improvements to the situation.

¹⁸ http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081094

PSA targets 2007-2010 relating to alcohol and offending and component National Indicators

PSA	Relevant Indicators for mental health, offenders and health inequalities	National Indicators	Number of Local Areas with LAA
PSA Delivery Agreement 25: Reduce the harm caused by alcohol and drugs	<p>Indicator 1: Percentage change in the number of drug users recorded as being in effective treatment. It also includes clinical drug treatment in prisons.</p> <p>Indicator 2: The rate of drug related offending, defined as those in contact with the CJS who are identified as misusing Class A drugs (currently heroin and cocaine/crack).</p>	<p>NI 20 Assault with injury crime rate</p> <p>NI 39 Rate of Hospital Admissions per 100,000 for Alcohol Related Harm</p> <p>NI 41 Perceptions of drunk or rowdy behaviour as a problem</p>	<p>81 of 150</p> <p>75</p> <p>8</p>
PSA Delivery Agreement 16: Increase the proportion of socially excluded adults in settled accommodation and employment, education or training	<p>The most socially excluded adults are in settled accommodation</p> <p>Indicator 1: Proportion of former care leavers aged 19, who had left care aged 16 or over, who are in suitable accommodation.</p> <p>Indicator 2: Proportion of offenders under probation supervision living in settled accommodation at the end of their order or licence.</p>	<p>NI 143 Offenders under probation supervision living in settled and suitable accommodation at the end of their order or licence</p> <p>NI 144 Offenders under probation supervision in employment at the end of their order or licence</p>	<p>2</p> <p>10</p>
PSA Delivery Agreement 23: Making Communities Safer	<p>Indicator 2: Continue to make progress on serious acquisitive crime through a focus on the issues of greatest priority in each locality and the most harmful offenders – particularly drug misusing offenders</p> <p>Indicators 5 and 6: Reduction in re-offending rates</p>	<p>NI 15 Serious violent crime</p> <p>NI 16 Serious acquisitive crime</p> <p>NI 17 Perceptions of anti-social behaviour</p> <p>NI 18 Adult re-offending rates for those under probation supervision</p> <p>NI 19 Rate of proven re-offending by young offenders</p> <p>NI 21 Dealing with local concerns about anti-social behaviour and crime issues by the local council and police</p> <p>NI 26 Specialist support to victims of a serious sexual offence</p> <p>NI 28 Serious knife crime rate</p> <p>NI 29 Gun crime rate</p> <p>NI 32 Repeat incidents of domestic violence</p> <p>NI 34 Domestic violence – murder</p> <p>NI38 Drug related (Class A) offending rate</p>	<p>49</p> <p>97</p> <p>56</p> <p>23</p> <p>49</p> <p>54</p> <p>4</p> <p>1</p> <p>3</p> <p>73</p> <p>0</p> <p>20</p>

Plotting a course through the commissioning landscape

Probation's ability to engage fully in partnership arrangements is vital to access resources for offenders who need alcohol treatment. Local partnership Alcohol Strategies and the priority being given to alcohol in LAAs and operational plans provide probation areas/trusts with considerable opportunity to demonstrate the impact of their work in helping to achieve targets. Areas/trusts need to use targeted messages e.g. how addressing the alcohol related problems of offenders under probation supervision will lead to reductions in the number of people with alcohol related problems passing through GP surgeries; the number of assaults in Accident and Emergency departments; city centre crime and disorder. For example, before approaching PCTs/LHBs areas/trusts should ask themselves:-

- What impact are you having in reducing the burden of disease to the NHS?
- What impact could you have without further investment?
- Who have you told?

The biggest push within the health sector to meet the new PSA 25 national indicator to reduce alcohol-related hospital admissions is to advocate for the widespread implementation of opportunistic alcohol case Identification and the delivery of Brief Advice (IBA)¹⁹. To provide more help for people to drink less through the implementation of IBA is one of seven High Impact Changes²⁰ which DH has identified as the most effective actions for those local areas that have prioritised the reduction in alcohol-related harm. Research has shown that this is effective in 1 in 8 cases in reducing drinking back to low-risk levels²¹ and at St. Mary's Hospital, Paddington, that IBA is effective in reducing repeat visits to A&E²².

DH is very supportive of probation areas/trusts and other arms of the Criminal Justice System offering IBA. Probation staff and arrest referral schemes are going to pick up a number of individuals drinking at increasing risk and higher risk levels that will not be picked up in the health care system, as offenders may not visit their GP very often or even be registered with a GP. Also, the Screening and Intervention Programme for Sensible drinking (SIPS) has identified that a disproportionate number of offenders under statutory supervision are hazardous and harmful drinkers in need of a brief intervention. A key contribution to achieving the PSA target will be increased provision of alcohol interventions and treatment. Alcohol treatment is one of the most effective ways of reducing admissions (the 1 million plus dependent drinkers in England who need treatment are often repeatedly admitted to hospital until

19 Also known as Screening and Brief Interventions (SBI) for alcohol use.

20 <http://www.alcohollearningcentre.org.uk/Topics/Browse/HIC/>

21 Moyer et al (2002) *Brief interventions for alcohol problems: a meta-analytic review of controlled investigations in treatment-seeking and non-treatment-seeking populations*

22 Patton, R., Hilton, C., Crawford, M.J. & Touquet, R. (2004). *The Paddington Alcohol Screening Test: A short report*. Alcohol and Alcoholism, 39, 266–268

they receive treatment). In general, offenders on an ATR should be less likely to be referred or present to hospital in need of being admitted because of the progress they have made in addressing their problems while in treatment on an ATR. Therefore, evidence of compliance with and retention on ATRs, successful ATR completions, reductions in quantities of alcohol consumed and/or related harm to health (using alcohol screening tool e.g. AUDIT/section 9 OASys data sentence plan review/outcome data) are indicative of a reduced burden to the NHS.

Positive impact on offender health and behaviour change (taking account of gender, age, ethnicity and disability) can also be evidenced by:-

- Treatment Outcome Profile (TOP)²³ data currently collated by the National Treatment Agency (England) or Welsh Assembly Government (Wales) on engagement, retention and outcomes for alcohol treatment
- changes to alcohol related risk of violent re-offending (measured by OASys data)²⁴
- improvements in social wellbeing e.g. family life, accommodation, employment status, etc. (by following-up individuals upon completion of intervention)
- reduction in the seriousness and frequency of alcohol related offending during the duration of the intervention and over a follow-up period of one or two years in line with the revised national re-offending measures (subject to funding for research being available).

Areas/trusts will come under increasing pressure to deliver more ATR completions without a significant increase in specialist treatment provision to refer offenders into. Areas/trusts should use the ATR completion target, which has been negotiated locally and included in service level agreements (SLAs) with their Directors of Offender Management (DOMs), as a lever with commissioners to drive up ATR commencements and completions.

Finally, areas/trusts need to engage with PCTs (Area Planning Boards and Substance Misuse Action Teams (SMATs) in Wales) at Chief Executive level and local authorities under the developing 'Total Place' agenda²⁵ in the coming year to stand a better chance of success in advocating for increased access to treatment. If they have not already done so, areas/trusts may wish to consider inviting commissioners to visit probation offices to find out more about the work probation does with offenders with alcohol problems; the range of effective provision available and the impact this can have on achieving health targets.

²³ http://www.nta.nhs.uk/areas/outcomes_monitoring/default.aspx

²⁴ In the new OASys predictors of re-offending, alcohol misuse contributes to the OASys violent re-offending predictor (OVP) but not the general re-offending predictor (OGP).

²⁵ The 'Total Place' initiative seeks to identify how local public agencies can better work together to deliver front-line services more efficiently. It will map flows of public spending in local areas and make links between services to identify where public money can be spent more effectively. There are 13 pilots, one of which in Leicester City and Leicestershire will scrutinise spend, impact and any overlaps or gaps in tackling alcohol and drug abuse

It is better to have access to a range of provision across the Tiers which offenders can access based upon need and at different points in the treatment cycle e.g. stepped care model rather than commission an inflexible 'one size fits all' package of provision which may not be suitable for many.

Wider holistic needs

Some areas/trusts have been very proactive within LSPs and other partnerships in identifying alcohol misusing offenders as an important target group within the wider social inclusion agenda. This approach is particularly helpful in resourcing work to meet the more holistic needs of offenders subject to ATRs, including women offenders who may have more complex needs.

Treatment planning and commissioning should take account of the needs of women, including specialist maternity services, dual diagnosis. Specialist provision within the local treatment system to meet these needs should be available to women offenders and local protocols should be developed to govern this. Areas/trusts will need to ensure that the recommendations from *The Corston Report: a review of women with particular vulnerabilities in the criminal justice system*²⁶ are well understood and incorporated by commissioners. *The Offender Management Guide to Working with Women Offenders*²⁷ provides more information. One Stop Shops for women offenders and those at risk of offending provide an integrated and holistic approach to addressing their needs in a women-only environment. Referral should be considered especially for those women who are vulnerable and/or have complex needs.

Areas/trusts may develop links with projects/provision in the community which are not primarily targeted at offenders, but which nonetheless are very appropriate to addressing the wider needs of offenders, and particularly women offenders (sex worker projects, domestic violence support groups, women's centres etc). Attendance at such projects could form a valuable part of the supervision plan, and count towards the contact hours on the order (although not the ATR). Such arrangements can be difficult, particularly where probation is seeking enforceable contacts and areas/trusts will have to develop protocols locally with such organisations/projects. The Corston Report recommends wider use of mainstream facilities for women and integration with non-offending women.

Parental alcohol misuse can have a damaging impact on the welfare of children in their care. Probation has responsibilities to safeguard and promote the wellbeing of children. This is particularly relevant given the Lord Laming's report, *The Protection of Children in England: A Progress Report*²⁸, resulting from the Baby P case.

26 <http://www.homeoffice.gov.uk/documents/corston-report/>

27 <http://noms.justice.gov.uk/news-publications-events/publications/guidance/OM-Guide-Women>

28 <http://publications.everychildmatters.gov.uk/default.aspx?PageFunction=viewtoptenproducts&PageMode=publications&Type=TopTen&>

Recent developments and future plans

In England the NHS World Class Commissioning programme²⁹, designed to improve PCTs' commissioning capabilities, incorporates new DH guidance on the commissioning of alcohol services. World Class Commissioning (WCC) includes a nationally consistent, locally applied annual assurance process for PCTs, under which they will need to demonstrate that local commissioning relates directly to local needs. DH issued *'Signs for Improvement – commissioning interventions to reduce alcohol-related harm'*³⁰ in July. This commissioning guidance to PCTs sets a level of ambition that PCTs should provide services to at least 15% of their alcohol dependent population.

Both the National Audit Office (NAO) and Public Accounts Committee (PAC) reports, *The National Probation Service: the supervision of community orders in England and Wales*³¹, recommended that Ministry of Justice work with DH to increase treatment provision with the aim of making the ATR available as a sentencing option for all those offenders with the most serious alcohol and offending problems. In response, a cross-Government senior officials' alcohol policy working group (APWG) has undertaken a strategic review of provision to identify the action needed to close the gap between offender need and available treatment. Policy and delivery recommendations from the APWG are being taken forward in the context of *Improving Health, Supporting Justice*³², the National Delivery Plan of the Health & Criminal Justice Programme Board, which was published on November 17th 2009.

Action on alcohol builds on existing PCT plans for improving access to alcohol treatment. Amongst the key deliverables are to progress towards a provision of alcohol treatment for a minimum of 15% of offenders identified as potentially alcohol dependent across all regions; and by February 2010 to issue joint DH/NOMS guidance to PCTs on commissioning alcohol services to ensure they meet the needs of offenders. This document will incorporate guidance on:

- Assessment of population needs of offenders, in the community and in prisons, as part of the Joint Strategic Needs Assessment
- A framework for criminal justice agencies and PCTs to work together within Local Strategic Partnerships
- The construction of pathways for individual assessment and treatment of offenders with alcohol misuse problems securing specialist assessment of individual need for alcohol treatment where individuals are referred by probation.
- How PCTs may use World Class Commissioning benchmarks to monitor progress.

29 <http://www.dh.gov.uk/en/Managingyourorganisation/Commissioning/Worldclasscommissioning/index.htm>

30 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH_102813

31 http://www.nao.org.uk/publications/0708/the_national_probation_service.aspx

<http://news.parliament.uk/2008/11/community-orders/>

32 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_108606

Other key deliverables are to:-

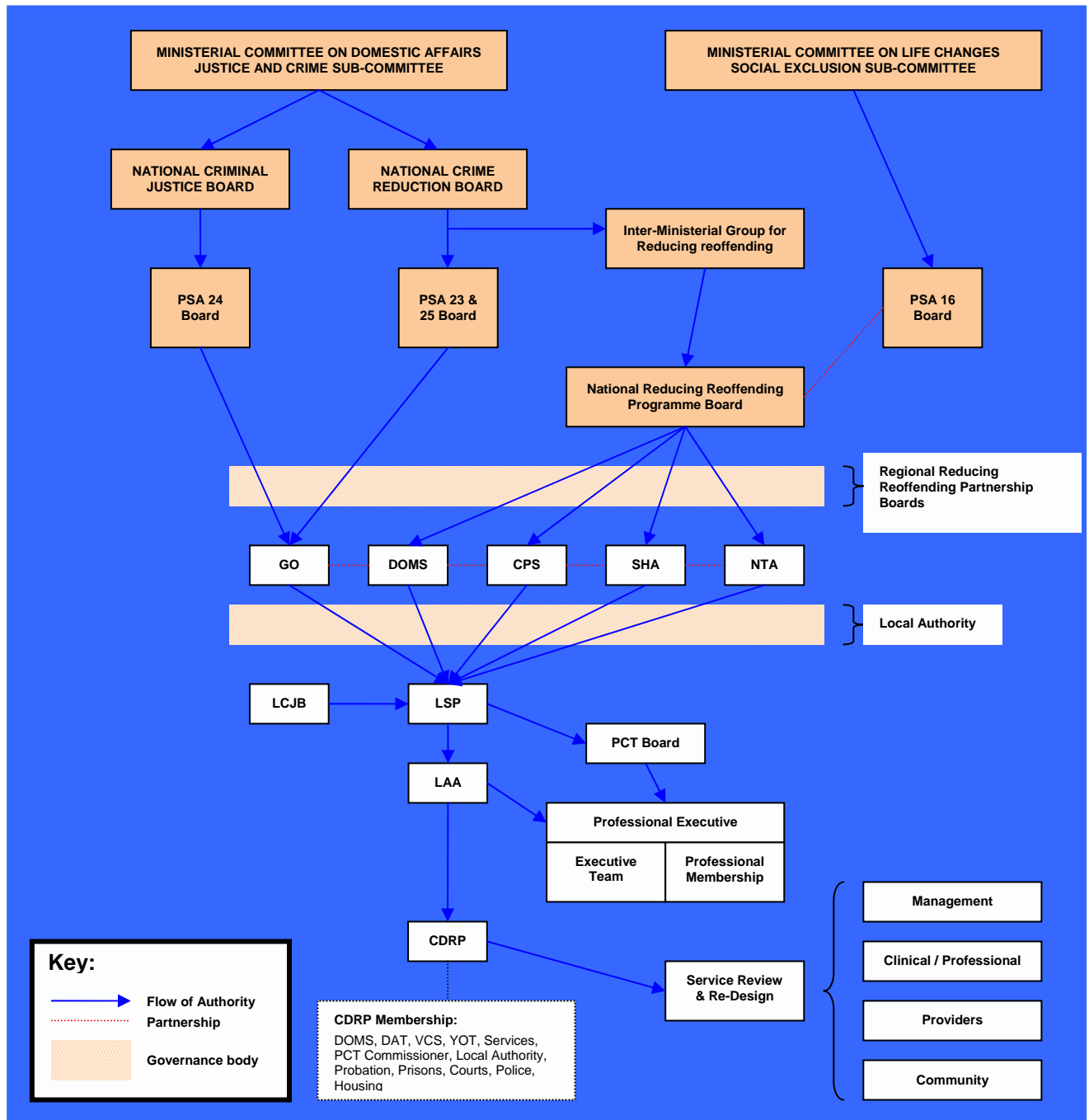
- work with regional offender health colleagues, local PCT commissioners and probation trusts to ensure that the health needs of residents are identified and included in PCT/Local Authority Joint Strategic Needs Assessments and in PCTs local planning arrangements throughout **2009 and 2010**.
- provide guidance to PCTs on offender health commissioning that puts the specific commissioning issues within a WCC context. It will bring the priorities, including PSAs and best practice into a single usable document **by April 2010**.
- develop systems to facilitate the collaborative commissioning that will lead to integrated liaison and diversion services **by Autumn 2011**.

The Plan can only be delivered through joined-up commissioning between health and CJS partners. DOMs and Probation Trusts (as the key regional and local commissioners for offenders) will have a particularly important role. Drug [and Alcohol] Action Teams are often amalgamated with Crime & Disorder Reduction Partnerships (CDRPs), which provide the policy forum where initiatives and interventions to address health and offending alcohol-related problems can be considered, informing local commissioning. As Local Authorities become increasingly responsible for devising an alcohol strategy and Probation becomes a Responsible Authority in relation to CDRPs from April 2010, Probation should have stronger influence over how resources to mitigate alcohol-related offending are used. Clearly defined outcomes should be defined and monitored via regional NHS and offender management performance assurance mechanisms.

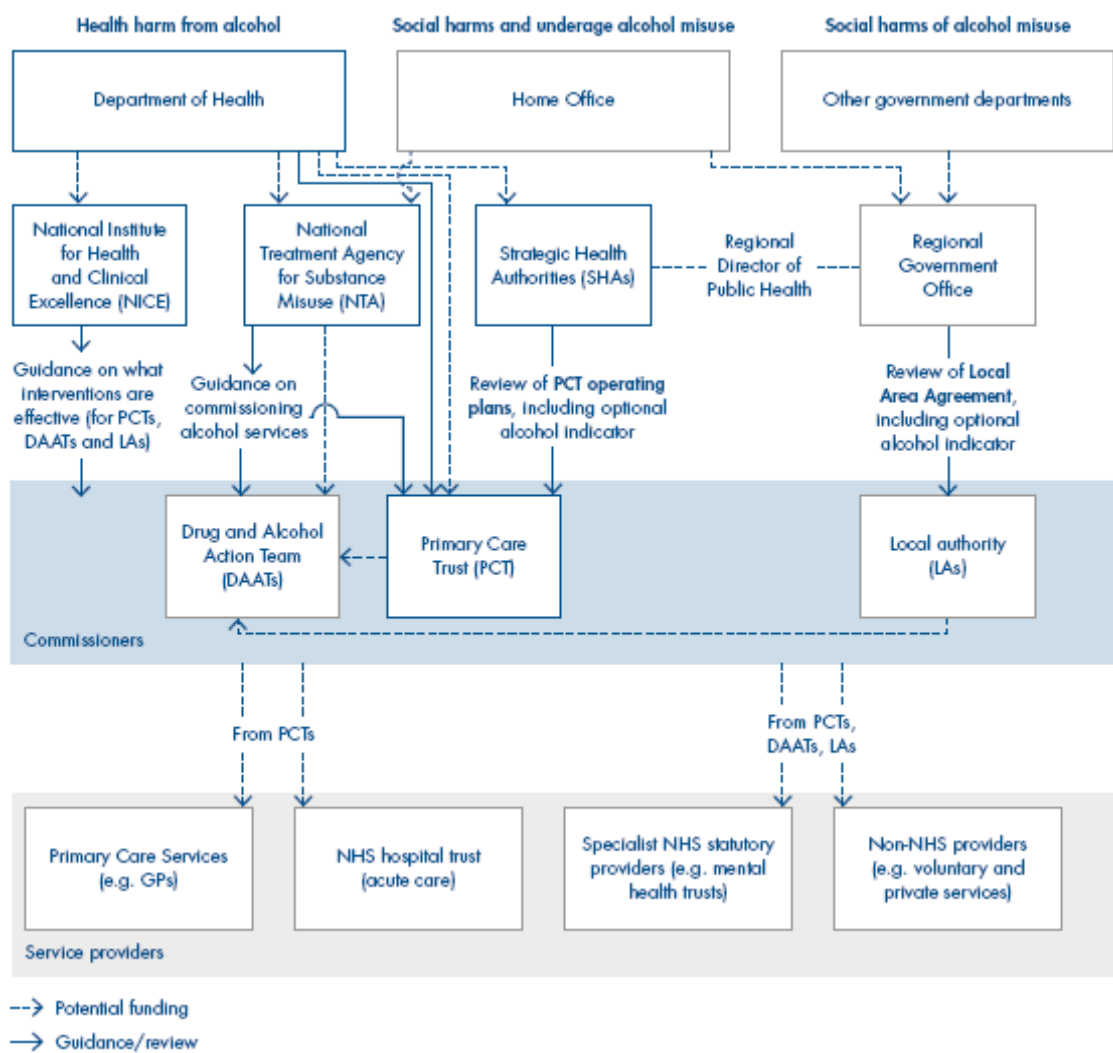
As the role and importance of LSPs develops and LAAs are increasingly used to strengthen local accountability, commissioning for offenders should be carried out within the framework of the LSP.

The Regional Offender Health and Well Being Boards in England are crucial to a joined up approach to dealing with all health needs and can be the gateway into other commissioning bodies.

Commissioning and delivery model for interventions to address drinking problems



Commissioning Framework for alcohol treatment in England (Source: NAO, 2008)



The planning and commissioning of substance misuse services in Wales

From 2010-11 Substance Misuse Area Planning Boards will be established in Wales, which will enable, where appropriate, the planning and performance management of substance misuse services to be undertaken across each of the areas covered by the new Local Health Boards (LHBs) established as a result of NHS reconfiguration. These arrangements will build on, and encompass the regional arrangements that are already operating for some substance misuse services, including the Drug Intervention Programme.

A key role for the new Substance Misuse Area Planning Boards will be to take decisions on the allocation of the resources for substance misuse services that form part of the NHS funding. Initially funding which had formed part of the discretionary allocation to the 22 LHBs in Wales (known as the 0.4%) will be pooled at Area Planning Board level and the Boards will be responsible for taking decisions on how these resources are spent for 2010-11 onwards. In addition, the Home Office DIP resources and the Substance Misuse Action Fund capital budget will also be allocated to the new Area Planning Boards. Ultimately, the intention is for partners to move towards agreeing wider arrangements for the pooling of resources for tackling substance misuse at Substance Misuse Area Planning Board level, including Social Services Departments, other Welsh Assembly Government funding streams, the Home Office and criminal justice agencies. SMATs will be encouraged to also consider where they feel the need to contribute to cross authority and regional commissioning through the Area Planning Board framework.

Following the establishment of these new arrangements, Welsh probation areas/trusts³³ will be operating in a very clear joint commissioning environment. Probation will be a key partner at Area Planning Board level and, as such, areas/trusts will need to be represented by individuals with the authority to make decisions and commit resources on behalf of their organisation. Where Welsh probation areas/trusts currently directly commission substance misuse services, including alcohol, outside of regional joint partnerships they will be encouraged to bring these into the Area Planning Board arrangements.

A range of partners, including Public Health Wales are currently working with the Welsh Assembly Government on the development of guidance to support the new Area Planning Boards. The guidance will set out minimum standards for substance misuse services; models for integrated care pathways and also cover the arrangements for area-based planning in more detail. The guidance will be available in draft form in the Autumn in time to inform the Boards' work later this year.

A suite of Key Performance Indicators covering substance misuse services are already in place against which the Welsh Assembly Government monitors

³³ The four Welsh areas are currently in the middle of an application to establish a single All Wales Probation Trust, effective from March 2010

the performance of CSPs in tackling this agenda. The budget holders within the new Area Planning Boards are all tied into the achievement of these KPIs via their organisation's role within CSPs. However, the priority that the Welsh Assembly Government attaches to this agenda will be reinforced by the inclusion of relevant indicators within the new NHS performance framework, local authority performance frameworks and the priorities set for Public Health Wales. For non devolved bodies, these targets all support the delivery of PSA targets set by the Home Office and Ministry of Justice.

Local Service Boards

Local Service Boards (LSBs) are where the leaders of local public and third sector organisations come together to take collective action to ensure public services are effective and citizen focussed.

LSBs:

- Improve the quality of life and joined-up service delivery for citizens in their areas;
- provide the leadership to ensure that difficult issues across public services are confidently managed not avoided or ignored;
- stimulate integration, co-ordination and co-operation between local, regional and national public sector organisations;
- set an example of innovative, citizen-focused leadership at the heart of the local partnership and delivery system;
- ensure an effective whole system response to the needs of citizens by pooling resources;
- 'unblock blockages' by removing bureaucracy or other obstacles

Each Local Service Board (LSB) has selected a number of collaborative projects to drive forward. These projects have been selected on the basis of local needs assessments and engagement with citizens. They are drawn from the Community Strategy and other existing local plans and strategies. The purpose of the Local Delivery Agreement (LDA) is to describe the problem being solved, demonstrate the citizen benefits and to set out clearly the direction of travel, key project milestones and how success will be measured.

Local Delivery Agreements:

- should be a rolling programme of work based on the community strategy action plan that require the commitment of organisations to integrate their delivery and pool their resources to do so
- will have a different balance of projects building on the foundation of the community strategy and reflecting the Boards evaluation of where they need to intervene to support improvement and innovation
- comprise of a small number of projects which need leadership at the strategic level to move them forward and/ or significant projects that the LSB should sponsor it until it is complete

- will not be a solution to solve all of the public service delivery issues in an area

The performance management system 'Ffynnon' can support LSBs in delivering their LDAs by providing the capacity to capture, share and benchmark performance across stakeholder organisations.

Health, Social Care and Well-Being Strategies

Since April 2003, local authorities and local health boards have been required to formulate and implement a Health, Social Care and Wellbeing Strategy for their local area.

The regulations require the partners to undertake a health and wellbeing needs assessment prior to Strategy formulation. The purpose of the needs assessment is to assist the local authority and local health board to jointly set the Health, Social Care and Well-being Strategy priorities.

The needs assessment will identify unmet health, well-being and social care needs of the population in a systematic way.

The Strategy should span the whole spectrum from preventative action and regulation to improve health and reduce the risk of ill-health through to care services provided by the local authority, the NHS, the voluntary sector and the private sector. This will include primary health care, community health services, hospital and specialist health services, long term domiciliary or nursing and residential care, and services for children and for carers including young carers. The local Strategy will embrace public health at local level. It will reflect the need to tackle the underlying factors which lead to poor health: for example poor housing and other environmental factors, poor education, substance misuse, community safety issues and unemployment. In so doing, it will contribute to the improvement of health, well-being and prosperity as well as to reduce health inequalities. It will provide the strategic context within which more detailed service delivery and operational plans will be taken forward by all partners.