

# No half measures?

Alcohol policy is moving into the 21st Century at last, says **Don Shenker**

Government is getting smarter about tackling alcohol misuse. The current national and local framework to address both health and community safety issues in relation to alcohol harms has never been tighter or more accountable.

We seem finally to be making some headway in ensuring local and national accountability in addressing the country's third largest burden of disease. There have been major shifts in policy and detail following the publication of *Safe, Sensible, Social* and the recent announcement of the alcohol and drug public service agreement.

This public service agreement – No. 25, *Reducing the Harms caused by Alcohol and Drugs* – will aim to reduce alcohol and drug harms to the community as a result of associated crime, disorder and anti-social behaviour. It will address the health and wellbeing of those who use drugs or drink harmfully, and look at the development and wellbeing of young people and families.

One of its key objectives, to reduce the harms caused by drinking too much alcohol too frequently, will be measured by a reduction in the rate of alcohol-related hospital admissions.

A further measure will be the percentage of the public who perceive drunk and rowdy behaviour to be a problem in their area. Measuring the rate of alcohol-related violent crime and assault with injury, PSA 25 will link into PSA 23 to 'make communities safer', by aiming to reduce alcohol-related disorder.

The number of young people frequently using drugs, alcohol or volatile substances is measured by PSA 14, which aims to 'increase the number of children and young people on the path to success'.

## Action on crime

*Safe, Sensible, Social* has already established that Crime and Disorder Reduction Partnerships (CDRPs) must have alcohol harm reduction strategies in place by April 2008, to tackle alcohol-related crime and disorder. The CDRP strategies will be performance managed by their regional Government Offices (GOs) who will be looking to see how communities are being better protected.

Alcohol Concern was commissioned by the Home Office to update the original Local Alcohol Strategies Toolkit, developed with LDAN in 2004 (see [www.localalcoholstrategies.org.uk](http://www.localalcoholstrategies.org.uk)). The new version advises local partners on how to deliver the outcomes of *Safe, Sensible, Social* locally through

co-ordinating strategies to focus on crime, health and young people. The fact that the Home Office have proactively sought to develop this toolkit shows their genuine commitment to helping local CDRPs meet alcohol harm reduction targets, and it has had input from the Department of Health, Department for Culture Media and Sport and Department for Children, Schools and Families.

## Local needs assessments

At a local level all areas must now carry out a Joint Strategic Needs Assessment (JSNA) between the Primary Care Trust (PCT) and local authority, which should include alcohol misuse. The DH is expected to issue guidance shortly on measuring alcohol-related needs, so that assessments will shape Local Area Agreements (LAAs) and three-year local plans for PCTs for April 2008. The new Local Alcohol Profiles for England, supplied by the North West Public Health Observatory will assist local areas in determining prevalence levels for both health and crime issues and these should also crucially include local alcohol dependency levels soon.

Health and Wellbeing Commissioning Guidelines will be issued this year to assist PCTs to commission alcohol services in line with the NHS's new Health and Wellbeing framework, together with guidance for carrying out JSNAs to measure alcohol-related needs. These will help PCTs to understand how to measure what types of needs exist in relation to alcohol misuse, as well as the most effective way to commission interventions to reduce these harms.

## Focus for PCTs

A further lever for PCTs will be added when the NHS Health and Social Care Outcomes and Accountability Framework is announced later on this year. The framework is expected to provide PCTs with around 45 indicators from which they will be expected to select their own local priorities. One of these indicators is expected to be a reduction in the rate of alcohol-related hospital admissions as with the PSA commitment.

Where PCTs prioritise action against this indicator they will be expected to outline their plans publicly and will be performance-managed on their progress by Strategic Health Authorities. It is also possible that PCT performance on improving the rate of alcohol-related hospital admissions will be considered as part of the Healthcare Commission's independent

annual assessment of PCT performance.

The hope is that PCTs will begin to introduce further screening and brief interventions measures helping to prevent hazardous and harmful drinkers from developing more serious alcohol problems and also encourage PCTs to develop improved pathways into specialist treatment.

PCTs that prioritise action against the alcohol indicator will be performance-managed by Strategic Health Authorities who will be measuring PCT performance against local plans.

So that PCTs and local areas know exactly how much money is being spent on dealing with alcohol misuse, the National Audit Office (NAO) is considering carrying out a national study of the health spend on alcohol misuse across each PCT and NHS organisation. This would provide a unique and accurate insight into local alcohol misuse expenditure levels for the first time. If, as it is hoped, the NAO were to go ahead with this study it would undoubtedly provide ample ammunition for those who want to invest in prevention and treatment measures to save further costs.

## Local accountability

Local councils have also been provided with new opportunities to tackle alcohol misuse. Local Area Agreements will now have to choose a prescribed set of local indicators to track, choosing 35 indicators out of a possible 198. One of the possible health and social care indicators for LAAs is the same as that expected to be included within the Health and Social Care Outcomes and Accountability Framework – a reduction in the rate of alcohol-related hospital admissions. If JSNAs show this as an area of concern, it will make sense to choose this particular indicator to target action to prevent further increases in alcohol-related harm.

Where local areas choose not to focus on alcohol misuse, they will still be accountable to new measures introduced under the Strong and Prosperous Communities White Paper. These will include community calls for action and strengthened powers for overview and scrutiny committees. Local charters are also available as a mechanism for residents, service providers and local authorities to agree priorities for action.

## New momentum

Alcohol Concern has always called for national targets to tackle alcohol misuse largely as a result



of seeing the patchy service provision and disjointed strategies that have resulted from local decision-making on alcohol misuse. The current framework is a significant step-change and will ensure commissioners begin to think about how to meet prescribed central priorities.

PCTs and CDRPs are now far more accountable to their local populations for the action they will be taking to meet the priorities contained within the PSA and Health and Social Care Outcomes and Accountability Framework on alcohol-related hospital admissions, youth drinking and drunken and rowdy behaviour. However, although SHAs and GOs will performance manage in this respect, LAAs could still choose not to respond to local alcohol issues and this could still mean that local plans become disjointed.

Furthermore JSNAs and CDRP alcohol strategies are in danger of being rushed through with April 2008 looming and there is a risk that local areas will be forced to undertake a tick-box approach which may not best capture the extent and complexity of local issues. That said, the PSA is the overriding driver which will push through and ensure local activity and the Home Office has shown signs of keenly supporting and monitoring CDRPs in alcohol strategy development.

Alcohol Concern is helping the Government Office

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for the East Midlands develop a local audit tool which will enable GOs to monitor how local areas are responding to policies set out in *Safe, Sensible, Social*. If this is rolled out nationally it will make sure that local plans to reduce alcohol harms are prioritised.

Both public health and community safety commissioners will have a plethora of guidance with which to enact alcohol harm reduction interventions and the first real measurement of this will be in April 2009 when the PSA is first measured.

This is a time of great interest and change in working at local level to address alcohol harms, and as long as the performance management structures are robust, they will inevitably lead to many

improvements on the ground. Where the picture is less clear is for heavy and dependent drinkers and alcohol services. Although Models of Care described the gold standard of a local stepped care approach, the infrastructure that is created locally to attend to all problem drinkers is still a matter for local decisions. The hope is that the new measures described above will also help to ensure that adequate support is provided comprehensively and intelligently, where it is truly needed.

If I were a local commissioner responsible for alcohol misuse, I'd start picking up the phone now...

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