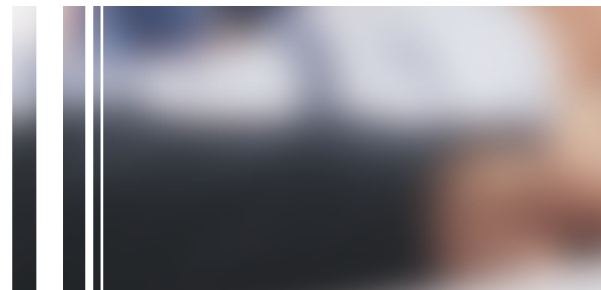


chapter seven

delivery



Plan for Action on alcohol problems



introduction

7.1 The summary of evidence for this Plan emphasises:

“tackling alcohol [problems] is the responsibility of everyone in Scotland”; and

“the need for joint working, communication, co-operation and collaboration ... at a national and local level”.

7.2 Earlier chapters of this Plan have said how a number of different organisations and interests will take action that addresses the overall purpose of the Plan to reduce alcohol-related harm and to meet more specific objectives and targets. This chapter:

- sets out the role the Executive, advised by the Scottish Advisory Committee on Alcohol Misuse (SACAM), will continue to play in implementing the action in the Plan;
- describes how action locally will be co-ordinated;

- provides for training and development for staff who will be involved in delivering action;
- sets out how information required to support delivery will be improved;
- describes action to develop research and evaluation of what works.

National level

7.3 The Executive will play a major role in delivery of the Plan. Much of the action already identified is for us. We will also:

- disseminate and promote the Plan widely;
- clarify accountability arrangements;
- identify resources as in chapter 2;
- review delivery.

7.4 The Executive will discuss with Alcohol Misuse Co-ordinating Committees (AMCCs) new arrangements for AMCCs and their members to account for delivering local strategies, within the national aims and key priorities in this Plan. We will look in particular at local strategies for prevention and communications, work with children and young people, and redesign and improvement of services. We will make sure that accountability arrangements are fit for purpose and that they link to related arrangements, such as the Performance and Accountability Framework for NHSScotland and to the Drug Action Team corporate accountability process.

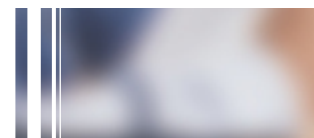
- > **The Executive will put in place accountability arrangements for local delivery of this Plan by autumn 2002.**
- > **The Executive will review progress in delivering this Plan with all the agencies and interests involved, by the end of 2003.**

7.5 Policy does not stand still and we will continue to take SACAM's advice on developing and updating our approach.

- > **The Executive will review the membership of SACAM to make sure that it represents key interests and priorities within the Plan, by Easter 2002.**

7.6 The Executive will also make sure that we are joined-up in our own activities.

- > **The Executive will ensure that alcohol problems are highlighted and addressed in other relevant national strategies and plans.**



Local delivery

7.7 The public consultation exercise was clear that local agencies needed to join together to plan for their area, within the purpose and objectives of the national Plan. We have discussed the consultation exercise and the development of action with the Chairpersons of the AMCCs. They support the Plan and the role we envisage for them in implementing it. AMCCs need to be strengthened in a number of ways, however, to deliver what is expected of them. We have also considered with the drugs field how delivery of this Plan should be co-ordinated locally with implementation of the drugs strategy.

7.8 The overall approach to local implementation of the Plan will be:

- **AMCCs will be the vehicle for delivering the Plan for Action locally. Their remit will be to bring together local delivery agencies, voluntary sector, industry, community and service user interests, to draw up local strategies to address alcohol problems and to implement these strategies.**
- **AMCCs will work within the community planning framework. Their strategies will need to join up with other relevant local plans including those for health services, children's services, drugs and community care.**
- **AMCCs will need additional capacity and support to enable them to play their full part in delivery.**

7.9 The following action points set out how AMCCs will need to work to promote effective local delivery of the Plan.

7.10 The Executive will not prescribe whether drugs and alcohol issues should be addressed by the same body. Local factors, including prevalence of problems, whether statutory agencies are co-terminous and organisation of services, will need to be taken into account. Arrangements for co-ordination will need to be kept under review, as community planning develops.

- > **Arrangements for co-ordination of alcohol, drugs and other substance misuse issues should be determined locally under the broad community planning umbrella.**
- > **Where AMCCs are combined with Drug Action Teams (DATs), alcohol issues should be given higher priority on the agenda than at present.**
- > **AMCCs should form effective working links to other local co-ordinating structures, under the broader community planning umbrella.**

These include community safety partnerships, social inclusion partnerships, community learning strategy partnerships and groupings responsible for Local Health Plans, children's services plans and community care plans, amongst others.

- > **Local authority departments, including social work and education departments, NHS boards and the police should provide representatives at elected member or chief executive level as members of AMCCs.**

This will enable members to commit their parent organisation to action, including to the provision of resources. AMCCs should also include as members representatives of the alcohol industry and relevant trades.

- > **Each AMCC should have at least one forum or reference group to make sure that community, voluntary sector and individual views are voiced and heard.**

AMCCs should consider a range of methods for involving service users, communities and specific interest groups in their work. For example, running Citizens' Juries, using focus groups, drawing on other partnership working methods such as Partners in Change available to NHS boards and their local planning partners. Some experience in implementing the drugs strategy may help to develop good approaches.

- 7.11** Delivering the Plan locally will need to be based on strong local strategies drawing on an assessment of local needs and resources.

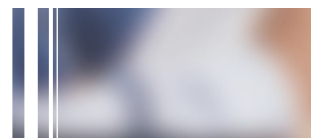
- > **Each AMCC should draw up, publish by April 2003 and subsequently implement a local strategy covering a period of at least three years.**

Existing local strategies should be reviewed in the light of this Plan. Strategies should address prevention and communications, and the needs of children and young people, and chapter 4 of this Plan.

- > **AMCCs should "sign off" plans by constituent agencies for providing and commissioning services, using both existing resources and any new funding that becomes available in future.**

- 7.12** AMCCs will need better support to help them fulfil their enhanced role.

- > **The Executive will provide new funding to strengthen support for AMCCs as soon as details of enhanced support have been agreed.**
- > **The Executive will provide funding from January 2002 for a new national alcohol liaison post to support all AMCCs in delivering local strategies.**
- > **The Executive will ensure that the National Associations of AMCCs and DATs work together on linking appropriately the delivery of this Plan and the national drug strategy.**
- > **The Executive will provide communications expertise to support local communications action.**



- 7.13** It will take time for AMCCs to build up their own capacity to look at local needs in their area and draw up their local strategies. The picture is not the same across Scotland, but overall, it will be at least 18 months before new patterns of activities and services can be developed and implemented consistently. This timescale ties in with what we have said earlier about reviewing the resources the Executive makes available for delivery.

The voluntary sector

- 7.14** The public consultation exercise identified the strong contribution already made by voluntary organisations in providing prevention, education, treatment and support services. For example, both Alcoholics Anonymous and AlAnon provide important and highly accessible parts of the services that are available, although they are not allied with any organisation or institution and do not wish to be included among services funded by statutory bodies.
- 7.15** The Executive recognises the value of the contribution the voluntary sector makes, both now and for the future, in what we say in this Plan. The sector can often meet the needs of marginalised and equality groups more effectively than statutory services. It can help to address alcohol issues through a range of direct and indirect approaches. It can be particularly effective in rural areas. It can also represent good value for money. Voluntary sector interests are to be included in AMCCs and their local strategies.
- 7.16** The Executive is already committed to providing a stable funding environment for the voluntary sector, including three-year funding for our own direct support.
- 7.17** The Executive will continue to provide core funding for Alcohol Focus Scotland, the only national alcohol problems organisation. We will help the organisation to become involved in more aspects of delivery, such as prevention and education, alongside its core function of supporting Local Councils on Alcohol that provide individual counselling and support.
- 7.18** Locally, voluntary agencies value secure funding that cements their role in prevention and service provision. The Executive's wider Strategic Funding Review, following the review of our direct funding, will be looking closely at funding of the sector by NHS boards, local authorities and others including the issue of three-year funding.

Training and support

- 7.19** The evidence for this Plan identified gaps in both skills and support for staff in a range of disciplines and agencies that address alcohol problems. The Executive will develop a training strategy to help implement the Plan.
- 7.20** As part of this strategy the Executive set up STRADA last year. STRADA is a national training agency providing training for staff working in both the alcohol and drugs fields. It works in partnership with AMCCs, specialist alcohol agencies and generic agencies where staff come into contact with people with alcohol problems and their families. Multidisciplinary training opportunities are also provided for professionals working in education and prevention such as teachers and the police.

7.21 It's happening already: STRADA has been offering interdisciplinary training for frontline staff, and specialists, since autumn 2001.

- > STRADA will offer a programme of leadership training for AMCC members from 2002.**

This will assist with the general capacity building required by AMCCs.

7.22 > STRADA will revise and update its training material in the light of this Plan.

This will make sure that the training the agency delivers fully meets the needs of staff in all kinds of services. STRADA will cover equality issues, and will develop modules for groups where inequality has been identified.

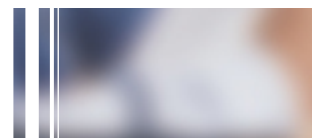
7.23 A number of professional bodies that responded to the public consultation exercise acknowledged the need to improve training and education for their members. Changes will need to be consistent with the action in this Plan.

- > The Executive is discussing medical education on addressing alcohol problems, which is required at both undergraduate and postgraduate level, with the relevant Scottish professional bodies.**
- > The need to address changes to nurse education in alcohol problems as an early priority will be put to the Nursing and Midwifery Council (which will have responsibility for the pre registration education of nurses from 1 April 2002) and the new Special Health Board for post registration education of nurses in Scotland.**

The new Special Health Board will offer opportunities for interdisciplinary post qualification education, combining as it does, medicine, dentistry, psychology, the nursing professions, and pharmacy.

- > The Executive will bring forward proposals to enhance professional social work education. This will require a higher level of specialised training in areas such as the identification and assessment of people with alcohol problems.**
- > The new Scottish Social Services Council will register social workers from April 2002. It will require a programme of continuous professional development (CPD) for them to maintain their registration. CPD will include options in providing services for people with alcohol problems.**

7.24 The Executive is currently reviewing initial teacher education and constructing national arrangements for a CPD framework. This follows on from the agreement on teachers' conditions and pay "A Teaching Profession for the 21st Century". Health education is one of the key areas being considered.



7.25 The Executive and other UK health departments are working with Healthwork UK to develop a set of competencies for staff working in alcohol and drugs services. This will help to increase the numbers of trained people working in these sectors and thus improve the standard and consistency of service provision.

7.26 Service providers, policy makers and researchers with particular specialist interests, for example services for women, can benefit from networks that promote quality service provision and exchange information about good practice.

- > The Executive will consider, by autumn 2002, how a limited number of specialist networks might be set up and supported.**

Information

7.27 Many service providers identified in the public consultation exercise a lack of sound statistical information about the nature and extent of alcohol problems and measures to tackle these. In 2000, the Executive commissioned the Information and Statistics Division (ISD) of the Common Services Agency to identify what information is currently collected, how it is used, and where the major gaps are. We have published the report of this scoping study and action on some of the gaps is underway.

7.28 **It's happening already: surveys of substance misuse (alcohol, drugs and smoking) by school age children are being brought together by the Executive, to improve knowledge of young people's attitudes and behaviour and enable more effective planning of services at national and local level. There will be a large survey of schoolchildren aged 12-15 in 2002 and a smaller survey in 2004 to track patterns of substance misuse. Survey information will:**

- **provide local and national prevalence estimates over a broad range of health, lifestyle and substance misuse issues;**
- **open up the opportunity for further interrogation of data by national and local researchers;**
- **rationalise survey work in schools, reducing the need for local surveys and the likelihood of survey fatigue.**

7.29 In the light of the ISD scoping study and the consultation comments, the Executive and ISD are looking at the feasibility of setting up a national alcohol information resource, to benefit those who plan and provide services. We are publishing separately, for consultation, a draft information action plan that covers:

- Information development: identifying new and improved types of information, for instance on children and young people's drinking and on health problems linked to alcohol use.

- Information co-ordination, to allow AMCCs and their constituent agencies to have access to data that they require in order to produce and implement local strategies.
- Information dissemination, to provide access, perhaps through a dedicated website, to statistics, surveys, news and links to other websites of interest: Scottish, UK and international.
- > **The Executive will provide resources from January 2002 to underpin development of a national alcohol information resource.**
- > **The Executive will consult on standard definitions of a range of alcohol problems to be used in data collection by relevant agencies.**

7.30 The public consultation exercise and the work of SACAM highlighted a number of gaps in information about equality issues. For example, we do not know enough about whether alcohol is a problem for minority ethnic groups in Scotland, nor how to address a potentially wide range of issues for such groups. There is some scope to draw on work already underway in Scotland, for instance, by NHS Greater Glasgow, and also in England.

- > **The Executive will explore, by summer 2002, the potential for quantitative measurement of alcohol, and other substance misuse issues and problems, among minority ethnic groups in Scotland, alongside other survey activity.**

7.31 We will look similarly at the potential for better understanding and information about alcohol problems among other equality groups, including among women. We shall draw on expert knowledge where this exists.

Research and evaluation

7.32 The evidence for this Plan, and in particular the HERU study of effectiveness, have underlined that we need to know more about what works in tackling alcohol problems, to make sure that scarce resources are used wisely. We need better co-ordination of research effort, more accessible research results, and more and better evaluation of services.

7.33 Alcohol Concern in England have recently convened a Research Forum, through which a number of UK experts have identified current research and gaps where future research efforts might be concentrated. There is scope to build on the Research Forum's work and look at what might be done to meet particular Scottish needs for new studies. There is also scope to build on some of the work on evaluation being done by the Executive's Effective Interventions Unit.



7.34 It's happening already: the evaluation guides produced by the Effective Interventions Unit, designed to support improvements in the practice of evaluating services and other interventions, are being distributed to AMCCs.

- > **The Public Health Institute for Scotland, on behalf of the Executive, will lead a review in Scotland starting early in 2002, of gaps in research knowledge and evaluation practice, in the light of the action in this Plan.**

7.35 There will be consultation on research needs, with the aim of drawing up a future programme of research and evaluation, the outcomes of which are directly related to action and good practice.

- > **The Effective Interventions Unit work on identifying and disseminating effective practice in tackling drug misuse will be made routinely available to the alcohol field.**

In some cases, the Unit's studies will look at alcohol problems where these occur alongside drug misuse, for example, in forthcoming studies of the effectiveness of treatment services. In others, the Unit's work will be relevant to alcohol as well as drug problems, for example, that on integrated frameworks for services and overcoming barriers to training and employment for former drug users.

7.36 Resources to support research on alcohol problems come from a wide range of funding bodies, such as the Alcohol Education and Research Council. The beer industry will be funding new research on aspects of beer and its effects on health. Applications from Scotland for funding will be welcomed.

7.37 The Executive provides funding for research through the Chief Scientist Office, and applications for health services and public health research related to alcohol misuse are welcomed. These may include studies of treatment and prevention of alcohol-related illness and associated problems, and epidemiological studies that help towards understanding their causes or which contribute to the design and planning of services. Full details of how to apply for research grants are available on the Chief Scientist Office website, at <http://www.show.scot.nhs.uk/cso>, and research managers will provide detailed advice to intending grant applicants.