Public Health England

Protecting and improving the nation's health

Alcohol CLeaR handbook

Using the self-assessment tool to support an evidence-based response to preventing and reducing alcohol harm

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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Foreword

The alcohol CLeaR self-assessment tool and supporting materials have been produced by PHE to support an evidence-based response to preventing and reducing alcohol-related harm at local level. The materials build on experience from the tobacco control CLeaR model, initially developed by Action on Smoking and Health (ASH) and partners. CLeaR helps place-based alcohol partnerships to assess local arrangements and delivery plans. It provides assurance that resources are being invested in a range of services and interventions that meet local need and which, the evidence indicates, support the most positive outcomes.

We acknowledge that, in the UK, alcohol plays a significant role in our social lives and in our economy: it provides employment, generates tax revenue and stimulates the night-time economy. However, although the majority who drink in this country drink moderately, alcohol consumption has doubled over the past 40 years. As a result, alcohol is the leading risk factor for deaths among men and women aged 15–49 years in the UK and is now the fifth biggest risk factor attributable to early mortality, ill-health and disability (DALY) for all ages in England.[1] More than one million alcohol-related hospital admissions are reported every year.[2]

As well as harm to individuals, alcohol causes harm to others. Alcohol is cited as a significant factor in domestic violence and was a component in almost 18% of the assessments of children in need undertaken by children's social care in England during 2014/15.[3] In 2015, 47% of the victims of violent crime perceived their perpetrators to be under the influence of alcohol.[4]

Alcohol-related harm falls disproportionately on the poorest in society. The most deprived fifth of the population suffer:

- two to three times greater loss of life attributable to alcohol
- three to five times greater mortality due to alcohol-specific causes
- two to five times more admissions to hospital because of alcohol

Alcohol misuse causes losses to business and the local economy through absenteeism, poor performance and work-place accidents. Up to 17 million working

[1] GBD 2013 Risk Factors Collaborators. Global, regional, and national comparative risk assessment of 79 behavioural, environmental and occupational, and metabolic risks or clusters of risks in 188 countries, 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013. Lancet 2015; published online Sept 11. http://dx.doi.org/10.1016/S0140-6736(15)00128-2
[2] Hospital episode statistics (HES) reported in Statistics on Alcohol, England, 2016: HSCIC.
[3] National Statistics in SFR 41/2015: Characteristics of children in need: 2014 to 2015 (DfE, 22 October 2015)
[4] Office for National Statistics (2016). Focus on violent crime and sexual offences, Chapter 1: An overview of violent crimes and sexual offences. London, Office for National Statistics

days are lost annually through absences caused by drinking – and up to 20 million are lost through loss of employment or reduced employment opportunities.[5]

The far-reaching nature of alcohol-related harm means that effective action to lessen availability, to reduce consumption in increasing and higher-risk drinkers and to engage dependent drinkers in treatment will have benefits across the local economy and community. In the medium term, this can help local government, the NHS, the police and other partners to deliver value and achieve cost savings for the public purse.

[5] Strategy Unit Alcohol Harm Reduction project: Interim Analytical Report, 2003, p70-76

What is CLeaR?

CLeaR is an evidence-based improvement model which stimulates discussion among partners about local opportunities for improving outcomes through effective collaborative working. It helps alcohol partnerships determine how the local structures and processes currently in place support a reduction in alcohol-related harm.

It is designed to be used by local authorities, the NHS, those involved in the criminal justice system, and voluntary sector agencies—working together across local alcohol partnerships with accountability to health and wellbeing boards, and/or community safety partnerships. Involving service users and carer representatives in the process will be beneficial and provide additional assurance.

CLeaR stands for the three linked domains of the model. These domains are underpinned by the central core of local priorities and objectives, which encourage alcohol partnerships to consider how the broader aims of local government, the NHS, the police and other partners complement, and support, a place-based approach to improving the outcomes associated with alcohol-related harm.

- **C**hallenge of local services that deliver interventions to prevent or reduce alcohol-related harm – this domain reviews operational practice against current evidence about the most effective components of alcohol interventions, as outlined in NICE guidance and other publications.

- **Lea**dership – this domain considers the extent to which strategic leadership is supporting comprehensive action to reduce alcohol harm. It looks at local structures and arrangements to assess whether commissioning decisions are informed by a robust understanding of local need and to evaluate the strength of partnership working, and the governance structures underpinning this.

- **R**esults – this domain looks at the data used locally to evidence the outcomes delivered by the partnership against national and local priorities and reflects on emerging local trends.

The alcohol CLeaR model offers:

- a free-to-access, self-assessment tool that can assist local partnerships in evaluating the effectiveness of structures and arrangements that support local services to address and reduce alcohol-related harm and in identifying opportunities for improvement and action planning
- a chance to benchmark local work to reduce alcohol-related harm over time
- an opportunity to identify and showcase good and innovative practices locally and to share this learning with others

The key principles of self-assessment are:

- simplicity – individual questions in the self-assessment should be quick and easy to complete
- collaboration – the self-assessment is best completed collaboratively through discussion with partners
- evidence-based responses – participants are encouraged to consider the local evidence, and to reflect on national and international evidence, before recording the basis for their choices
- honesty – completion of the self-assessment should be a transparent and open process

The use of a self-assessment tool that allows partnerships to **c**hallenge services, provide **lea**dership and examine **r**esults (CLeaR) has been shown to be an effective approach in tobacco control. The alcohol CLeaR uses the same methodology to give alcohol partnerships the same benefits.

The alcohol CLeaR tool was developed by experts with a background in alcohol policy, commissioning or delivery. Its content was shaped by the evidence base as set out in NICE guidance and existing PHE tools and resources, in particular the alcohol stocktake tool and the JSNA commissioning prompts, published within the annual JSNA support packs. The tool was piloted and then revised to reflect learning from the pilot sites.

Who should be involved?

Completing the self-assessment requires a partnership approach, with the right people collaborating in the process.

Knowledge and understanding of all aspects of the local alcohol agenda are also required.

It is therefore recommended that this task is not delegated to one or two people working on their own.

Before starting the alcohol CLeaR self-assessment, partnerships are encouraged to engage a full range of stakeholders, including strategic and executive leads and those with commissioning and operational delivery responsibilities across the fields of health, social care, children's and criminal justice services.

Consultation with partners will ensure the completed tool:

- reflects the full extent of alcohol harm reduction activity delivered by organisations in the area
- considers how well this work is integrated
- identifies any barriers to a collaborative approach between agencies so that local pathways and protocols can be refined or developed

Those completing the CLeaR self-assessment will want to consider opportunities to draw in stakeholders, known to be contributing to work to reduce alcohol harm, that are currently outside the alcohol partnership. This could include service user and carer representatives.

A list of potential partners and stakeholders is in Annex 2.

What information and evidence should be drawn upon?

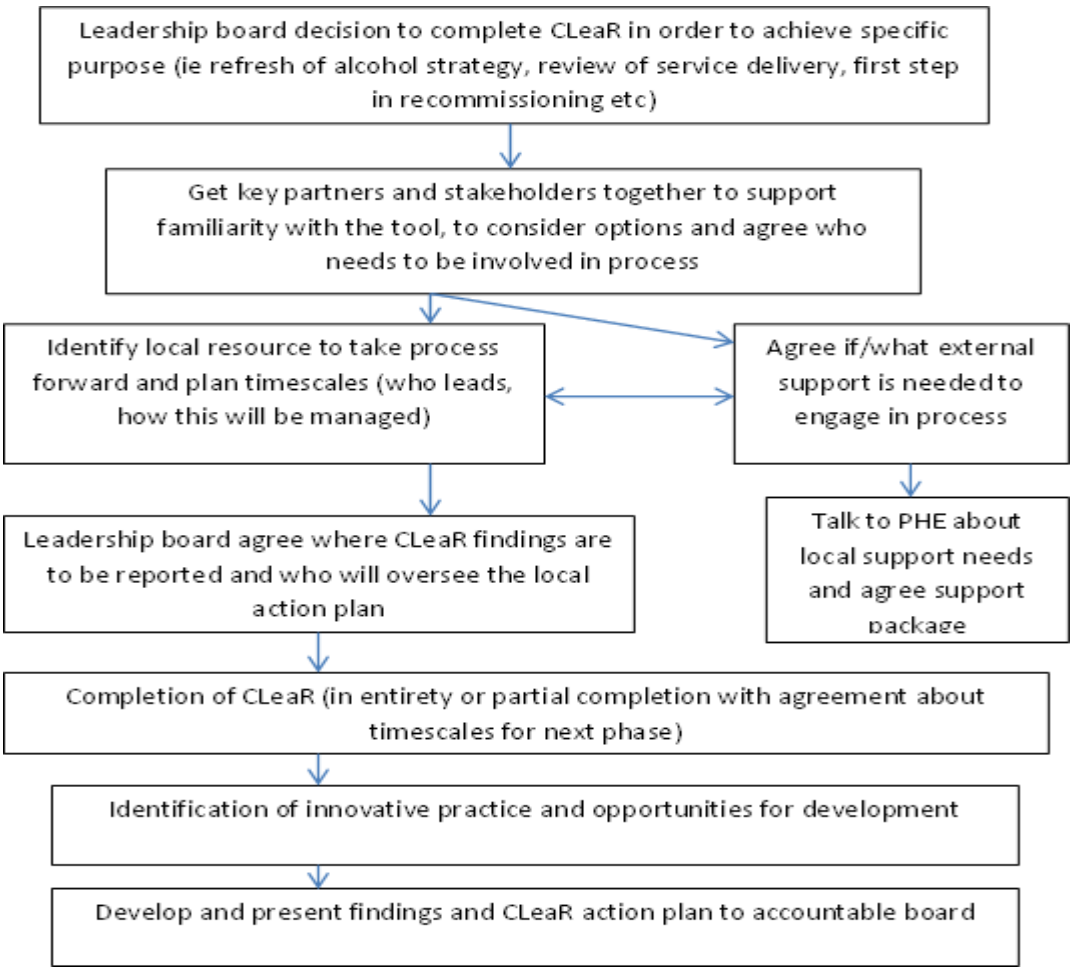
Good self-assessments will draw on a range of local policies, plans, reports, and specifications. It is important to assess the impact of these by using surveys, feedback from service users and partner agencies, and data as evidence. Some examples of where to look for evidence include:

- high-level local plans and strategies such as the Joint Health and Wellbeing Strategy, the Community Safety Partnership Plan, and the Children and Young People's plan
- the local alcohol strategy
- the local alcohol action plan
- the most recent alcohol-specific needs assessment or relevant sections of the JSNA where alcohol sits
- the statement of licensing policy
- local service specifications or contracts
- recent alcohol service reviews
- terms of reference and minutes of strategic groups that have oversight of the alcohol agenda
- overview and scrutiny reports
- protocols and service level agreements
- the local communications strategy/plan if this makes reference to reducing alcohol harm
- results from local surveys and/or service user feedback
- NDTMS and PHE fingertips data (eg LAPE and liver profiles) measuring outcomes and activity related to a reduction in alcohol harm

Getting started – walking through the alcohol CLeaR self-assessment

The alcohol CLeaR self-assessment tool, an Excel workbook, and other documents that support engagement in the self-assessment process can be downloaded from www.alcohollearningcentre.org.uk/CLeaR

Steps to completing the alcohol CLeaR self-assessment



How to complete the questionnaire and how it is scored

Answer the questions as honestly as you can, in consensus with stakeholders and partner agencies wherever possible.

Local activity to reduce alcohol-related harm is explored in the context of the three CLeaR domains. These are broken down into a number of sections. Each section contains questions to help partnerships determine whether they can demonstrate a particular attribute or practice.

	Domain	**Content of sub-sections**
1.	Setting the context	Defining local priorities
2.	Leadership	Vision and governance
		Planning and commissioning
		Partnership
3.	Challenge services	Communications and social marketing
		Primary prevention (reducing availability)
		Secondary prevention (targeting those at risk)
		Tertiary prevention (treatment provision)
4.	Results	Nationally reported data
		Locally collected intelligence
		Progress against local alcohol objectives

Consider whether the attribute or practice can be demonstrated in the partnership:

- if not, tick “no evidence of achievement”
- if you have some relevant practice, but recognise that there is room for improvement or development, tick “some evidence of achievement”
- if you can demonstrate that the practice is established locally and there is robust evidence that the partnership is delivering well, tick “strong evidence of achievement”

The worksheet has a column for comments and references. Where you select “some evidence” or “strong evidence” make a note of examples that illustrate your point or reference the pages of documents where specific evidence may be found and detail the outcome measures that demonstrate impact. This column is not intended for general descriptions of local services or processes.

County councils with two-tier local government, where the upper tier is working in partnership with the districts, may wish to use the comments section to note if there are areas of variable effort, impact or evidence across the county.

Calculating the score

The scoring of responses is automated on the spreadsheet. If the questionnaire is being completed manually, it is possible to work out the score for each section by adding up the totals based on the level of evidence cited against each criterion on the self-assessment document.

- score 0 where there is no evidence of achievement
- score 1 where there is partial evidence of achievement
- score 2 for strong evidence for achievement

The scores for each discrete section are calculated and presented numerically, and as a percentage of the maximum achievable score within the outcomes section (section 5) of the workbook (see below).

Leadership	Score	Max	
Vision and governance	13	22	59%
Planning and commissioning	17	30	57%
Partnership	10	26	38%
Challenge your services			
Communication and social marketing	8	24	33%
Primary prevention (reducing availability)	13	26	50%
Secondary prevention (targeting those at risk)	12	24	50%
Tertiary prevention (alcohol treatment for adults and young people)	21	38	55%
Results			
Nationally reported data (PHE Fingertips LAPE)	2	8	25%
Nationally reported data (PHE Fingertips LAPE and Liver Disease Profiles)	12	18	67%
Nationally reported data (NDTMS)	5	10	50%
Locally collected data	4	16	25%

An additional column on each of the worksheets, similarly automated, can be used in the event of an independent validation exercise or peer review.

The score provides a rough and ready overview of where the partnership is against each domain. The score can therefore start the conversation about what further action is needed.

Ways of using the self-assessment tool

Completing a CLeaR assessment in its entirety will illustrate the strengths of, and opportunities to develop, alcohol harm reduction work. Feedback from CLeaR pilot sites indicates that thoroughness is a valued aspect of the tool. Partnerships are therefore encouraged to undertake the whole self-assessment, if possible.

The scope of the alcohol agenda, and volume of activity, makes the self-assessment tool lengthy. Completing the full questionnaire may therefore prove challenging and stretch capacity at local level. Alcohol partnerships may choose to stagger their consideration of each domain or prioritise particular sections.

It is important that partners reach a consensus about what they hope to achieve from self-assessment and have a shared understanding about what drives local engagement in order to decide how best to proceed.

It will make sense and save time in the longer term if partnerships familiarise themselves with the full content of tool before considering how to customise its use. This is particularly important if the partnership is considering a phased approach or partial completion of the tool.

There are different ways to shape partial completion of the self-assessment:

- by domain
- by a sub-section of a domain
- by a focus on the role which good governance and strong leadership plays in supporting the agenda and promoting an integrated approach to delivery
- by a focus on service delivery across the spectrum of need
- by a focus on specific aspects of the challenge services section – perhaps reviewing universal activity as addressed in the primary prevention section or specialist services as considered within the section on tertiary prevention
- by a focus on particular segments of the population (generally under-served or over-represented groups reflecting local need).

Where the partnership is interested in using the self-assessment tool to examine the quality and effectiveness of local service delivery, it may be helpful to consider the extent to which planning and commissioning arrangements have an impact. To do this, the partnership is encouraged to consider some of the more relevant questions within the leadership domain to ensure that any actions coming out of the CLeaR process address the full range of barriers to effective operational delivery.

Pointers to support local decision making about the flexible approach

	Driver	CLeaR focus	Outcome
1.	Update of local alcohol strategy	Whole tool	Overview of totality of current activity to prevent, address and impact upon local alcohol harm
2.	Refresh/rebuild local partnership working arrangements	Leadership domain	Engagement of key stakeholders and encouragement for more active participation in local harm reduction activity
3.	VfM and resource allocation	Challenge services and results domains	Increased understanding of outcomes attributable to, and cost effectiveness of, specific interventions
4.	Re-commissioning/contract review	Relevant sections of challenge services and results domains	Better understanding of current delivery and gaps in existing provision
5.	Responding to specific concerns about access and aspects of service delivery	Relevant sections of challenge services domain and questions about collaborative working in partnership section	Enhanced understanding of pathways and awareness of extent to which delivery is in line with evidence base
6.	Supporting NHS cost savings (through sustainability and transformation planning (STP) process)	Planning and commissioning, partnership working, secondary prevention (IBA) and tertiary prevention (hospital based alcohol care teams and pathways into treatment) sections	Place based work to support more effective use of resource
7.	Clinical considerations	Relevant sections of challenge services domain	Assurance about the quality of specific aspects of operational delivery and its adherence to the evidence.

The results section, which reviews the progress achieved locally against a wide range of outcome measures, is all-important. Completion of the alcohol CLeaR self-assessment tool will help alcohol partnerships to:

- evaluate place-based activity to prevent and reduce alcohol-related harm
- check that what is being done is in line with evidence-based practice as detailed in NICE
- recognise good and innovative practice
- identify priority areas for further development

Action on completing the self assessment

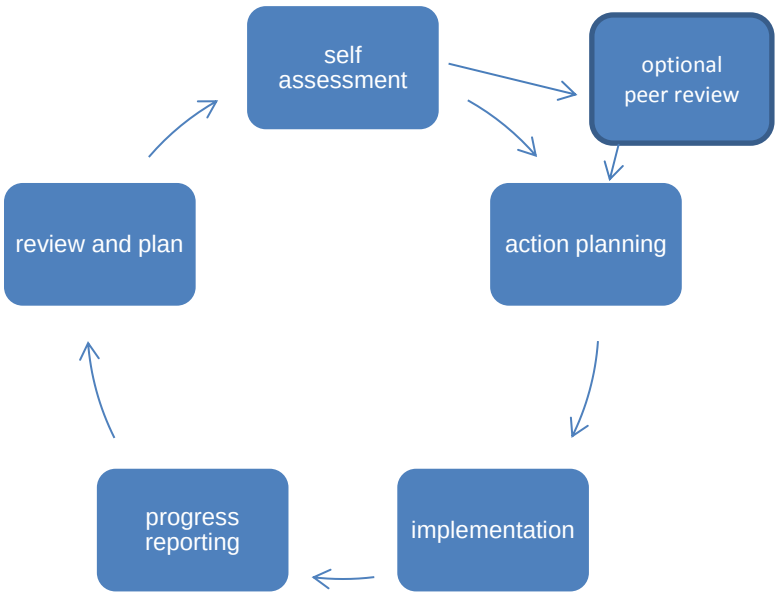
Once the tool is completed, in full or in part, an action plan can be devised based on scrutiny of local practice and learning from the process. The plan will confirm which aspects of local delivery are to be targeted for improvement.

Each partnership will need to agree governance and monitoring arrangements for their action plan.

A template to summarise the findings of the self-assessment and record the action plan is available at www.alcohollearningcentre.org.uk/CLeaR

The alcohol CLeaR project cycle and planning to revisit the self-assessment

Learning from the tobacco control CLeaR suggests that partnerships have benefited enormously from revisiting the self-assessment process.



The alcohol CLeaR project cycle

Depending on the scale of the local alcohol CLeaR self-assessment, 18 to 24 months is suggested as an appropriate period before review.
In the refresh process the partnership is encouraged to reflect on the learning that came out of the original CLeaR self-assessment and consider how the action plan has impacted upon local priority outcomes around health, social care and community safety concerns, as well as in delivering a direct reduction in alcohol-related harm.

PHE tailored support

A partnership that is interested in undertaking the self-assessment, but is not sure exactly how to start the process, can ask PHE for:

- bespoke advice and assistance to support the completion of the tool
- help in considering how the findings might be presented
- support in determining how best to take forward the necessary action planning once priority areas for development have been identified.

Any tailored support must be agreed in advance and should be negotiated between PHE, the local alcohol lead and other key local stakeholders in order to ensure flexible local responses. PHE support might include:

- telephone advice to answer questions about the content, about what constitutes demonstrable evidence and/or providing clarification and guidance on the process, as required
- helping to develop a briefing on the potential benefits of engaging in the alcohol CLeaR to present to local leaders and the accountable local body
- support in developing a local engagement strategy to maximise participation in the process
- attendance at a local workshop to present the tool to the partnership, setting out options for its use and advising on the evidence
- input into an action planning event on completion of the self-assessment.

In addition, support and resources are available at www.alcohollearningcentre.org.uk/CLeaR.

Contact the alcohol lead at the nearest PHE centre or email CLeaRalcoholteam@phe.gov.uk for more information about tailored support.

An overview of CLeaR tools and resources

PHE has developed a number of tools and resources to support the alcohol CLeaR self-assessment process. These aim to raise awareness of the evidence base, existing guidance and examples of good practice to inform local action planning and assist in evaluating the experience. All can be downloaded from www.alcohollearningcentre.org.uk/CLeaR.

Getting started – a checklist

There are no hard and fast rules for completing the alcohol CLeaR self-assessment. Partnerships will adopt approaches that reflect local circumstances and what they hope to achieve from the process. The checklist details things that a partnership may wish to consider in advance of taking an alcohol CLeaR self-assessment.

Getting the right participants around the table

To help the CLeaR co-ordinator identify local partners and stakeholders, a list of those who may have a role in contributing to the process has been drawn up by PHE. It is not exhaustive.

What ‘good’ looks like

To support partnerships that undertake the self-assessment without external expert support, PHE has developed a resources document containing a brief synopsis of what success might look like. It includes hyperlinks directing partnerships to the evidence base and signposting to other relevant publications, such as guidance and tools that highlight best practice. For convenience, these resources are presented in line with the domains and sub-sections of the alcohol CLeaR self-assessment tool. This information is available on the final worksheet in the self-assessment tool.

After the self-assessment – improvement planning

After completing the self-assessment, partnerships will have identified opportunities for development and recognised local innovation and effective practice. A PHE template is available to capture priority areas for improvement. This could also be used to monitor progress against the associated action plan.

Beyond the CLeaR self-assessment – what next for improvement planning?

Training

Training materials to support partnership engagement in the alcohol CLeaR process are available through PHE centres.

Peer assessment

During the pilot phase of the alcohol CLeaR model, PHE tested the feasibility of both the alcohol self-assessment and the peer-challenge component of the model based on the tobacco control CLeaR.

Feedback from the pilot sites indicated both aspects of the process were welcome but the peer-challenge process requires additional resource and is not cost neutral for participating partnerships. It was therefore agreed to take a phased approach to the implementation of the alcohol CleaR. PHE has focused initially on the launch of the alcohol self-assessment questionnaire as a stand-alone tool.

In due course, if partnerships are interested in establishing a peer-challenge process for alcohol, drawing on the learning of the tobacco control CLeaR model, PHE will support the development and implementation of different models for peer assessment to validate the findings of the self-assessment process.

Case studies

PHE is keen to promote opportunities for local partnerships to share learning coming out of the CLeaR self-assessment process. We plan to host a repository for case studies and examples of effective evidence-based practice on the alcohol learning resources website.

Annex 1

Getting started – a checklist

	Alcohol CLeaR self-assessment checklist	Y/N
1	***Who?***	
	Have relevant elected members been briefed?	
	Is there formal sign off from the H&WB or CSP to carrying out this exercise?	
	Has a member of the accountable board (H&WB or CSP) been identified to champion the CLeaR process and to promote active engagement of key partners whether strategic, executive or operational?	
	Is there senior buy-in and support for the self-assessment across the partnership?	
	Is there clarity about who the key partners are that need to contribute to each component part of the self-assessment process?	
	Are any key agencies missing from the process?	
2	***How?***	
	Is there a designated lead/co-ordinator to collate feedback from discussions and evidence to support self-assessment scoring and pull this piece of work together?	
	Has agreement been reached about how best to capture the range of local perspectives (for example, through individual structured interviews with partners, on the agenda at an existing strategic meeting, or at a specially convened workshop for local stakeholders)?	
	What aspects of the process have to be undertaken face to face and what can be managed effectively online?	
	Is there a local repository for all the evidence?	
	Are systems in place to support service user/carer input into this process?	
	Does the partnership want PHE support in the completion of the self-assessment? – If so, has this been formally requested?	
3	***What?***	
	Is there a shared understanding of what the partnership hopes to gain from completing the alcohol CLeaR self-assessment?	
	Have any specific training or support needs been identified?	
	Based on this, has a decision been reached about whether to complete the entire self-assessment or to prioritise specific sections of the tool?	
	If not, who will make this decision and when?	
4	***When?***	
	Have timescales for completion of this process been agreed?	

	Have dates for meetings been set and invites sent?	
	Do proposed timelines align with local commissioning and planning cycles?	
5	***Next steps – planning for improvement***	
	Is there agreement about how learning from the self-assessment process will be reported?	
	Is there an appetite for any form of external scrutiny or peer-challenge process? If so, has anything been done to progress this?	
	Has sufficient time been factored in to support the drafting of a report on the findings to individual stakeholders?	
	If the findings are to be presented to the accountable board, has a date been agreed for this?	
	Is there a local vision about how good practice identified through this process will be shared within the local authority, across partner agencies and outside of the partnership area?	
	Is there a local widely accessible repository for case studies and best practice to promote shared learning?	
	Has someone been nominated to prepare the action plan and to agree metrics to measure local progress on this?	
	Is there local agreement about who will have oversight of this action plan and how progress will be monitored?	
	Has the partnership agreed when it wishes to revisit this process and re-do the self-assessment?	

A word version of this checklist can be downloaded from www.alcohollearningcentre.org.uk/CLeaR.

Annex 2

Getting the right participants involved in the process

This list will help the CLeaR co-ordinator identify local partners and stakeholders who have a role to play in contributing to outcomes around the reduction of alcohol-related harm in the partnership area. It is not an exhaustive list. Other partners and organisations will potentially have a role to play in local delivery. They should be involved in the completion of the local self-assessment.

- elected members with responsibility for the alcohol, licensing, children and young people and/or community safety portfolios
- representatives from the health and wellbeing board and from the community safety partnership (or equivalent)
- senior managers based in a range of council departments including licensing, trading standards and planning
- commissioners from clinical commissioning groups
- commissioners in NHS England local teams
- substance misuse treatment providers
- providers in primary care and the hospital trust
- mental health commissioners and providers (adult and children)
- third sector agencies working with vulnerable groups
- housing providers
- Jobcentre Plus
- adult and children's social care
- education department and schools, pupil referral units (PRUs), colleges and universities
- local safeguarding boards (children's and adults)
- the police
- the Office of the Police and Crime Commissioner (PCC)
- National Probation Service (NPS) and the local community rehabilitation company (CRC)
- youth offending service
- representatives from the local business community
- fire and emergency response services
- service user and carer representatives

Annex 3

Template for improvement planning based on the findings of the self-assessment

Name of partnership: Alcohol CLeaR Action Plan				Date CLeaR Completed:		Date of Plan:
1.	**Summary of CLeaR findings:** *please list:*					
	CLeaR Strengths (showcasing good practice)		CLeaR opportunities (areas for further development)		Order of Priority?	By when?
2.	**Actions planned:**					
	CLeaR Domain	Identified area for improvement	Actions	Milestones	Lead officer	By when
3.	**Progress Update (by exception):**					
	Action/Milestone		Progress	Remedial Action	By whom	By when