



Opportunities for Smart Commissioning: *An analysis of services dealing with alcohol-related harm in Cheltenham*

Funded by Gloucestershire County Council Health Inequalities Fund

**Conducted by a research team from the University of Gloucestershire, School of
Natural and Social Sciences**

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Executive Summary

This research was funded by Gloucestershire County Council Health Inequalities Fund. Its purpose is to provide some insight into the current nature of service provision for alcohol-related harm in Cheltenham, and to explore opportunities for a 'Smart Commissioning' approach. It does this through a range of statistical information on health and alcohol use, a survey of 26 local organisations, and face-to-face interviews across nine different support providers.

Although there were some areas identified as specific concerns in terms of service delivery there was no firm evidence of gaps or overlaps in provision. What is clear, however, is that there is not enough clarity around the breadth and distribution of provision in Cheltenham, which is to some extent driving a perception of gaps and overlaps.

There are, however, opportunities to develop alcohol-related provision in Cheltenham and developing the work of Duffy (2006), this research provides the following definition for such an approach:

Smart Commissioning is a holistic, person-centred and flexible approach to organising services. Smart Commissioning means working alongside individuals to support them to take positive steps to move towards their aspirations, utilising the whole system to maintain and create networks, and develop a meaningful use of time typical to success in everyday life.

In terms of practical elements, a Smart Commissioning approach should adopt a number of elements. It should **Holistic**; it should involve '**Strength-Based**' working; it should be a **positive** process; it should be **flexible**; it should emphasise and enable effective **communication**; it should involve working alongside individuals and be **person-centred**; it should aim for **empowerment** towards 'life without services'; and it should be regarded as an **overall approach or philosophy** of support, rather than a strict set of criteria. These eight characteristics are important guides for designing a Smart Commissioning approach in Cheltenham. In several services, these criteria already influence service provision. For instance, the Inspiring Families model offers adopts a number of these principles and a plan for Smart Commissioning in Cheltenham could build on this approach.

1. Introduction

This research was commissioned by Cheltenham Borough Council and funded by Gloucestershire County Council Health Inequalities Fund to provide some insight into issues around alcohol-related harm in the town and the potential for a Smart Commissioning approach to tackle this. Although alcohol use and related harm is an issue in many towns and cities across the UK there are some specific concerns in Cheltenham. In 2015, a 'needs analysis' conducted by Gloucestershire County Council (2015a) revealed that from 2008 to 2013 Cheltenham had a considerably higher average rate of hospital admissions related to alcohol misuse (800.56 persons per 100,000) than the South West Region (633.35 persons per 100,000) and the whole of England (638.86 persons per 100,000). As a consequence of this, there has been a focus on reducing alcohol-related harm in the town, led in parts by Cheltenham Borough Council, Cheltenham Alcohol Coordination Group, Cheltenham Partnership, and other key stakeholders in the area.

In September 2015, the University of Gloucestershire hosted an 'Alcohol Summit' on behalf of the Cheltenham West End Partnership: a strategy group bringing together Cheltenham Borough Council, commissioners and service providers (Cheltenham Partnership, 2015). The summit brought together key stakeholders to discuss the nature and causes of alcohol-related harm in Cheltenham. The summit identified a range of key issues as areas for further exploration, and this research project aims to address two of these. First, there was a concern that there is currently no single point where professionals or those requiring a service can access information about all of the services currently working to reduce alcohol-related harm. Second, it was agreed that there was an opportunity to explore the Cheltenham-wide distribution, use and deployment of resources for managing issues around alcohol-related harm. The work commissioned as part of this research deals with these two key issues, and aims to:

1. Address issues of 'siloeing', where agencies work on their own or in groups with lack of awareness of other support available by, among other things, creating for Cheltenham Alcohol Coordination Group a 'Database of Services and Resources' to help improve awareness of diverse services available in Cheltenham.

2. Explore a potential for a Strategy for the Smart Commissioning for services dealing with alcohol related harm. This should identify gaps or duplications in current provision and make suggestions about how the Alcohol Coordination Group can harness and mobilise existing alcohol harm reduction resources within the community.

The first key output of the research, the database of services and resources, was produced in December 2016, and transferred to the Cheltenham Alcohol Coordination Group. The Database provides details of available support across Cheltenham, including: type of organisation (for example charity, faith group, community organisation); nature of services (including criteria for accessing these and relevant referral mechanisms); capacity (for example, bed space and facilities); and geographical reach.

The database provides contact details of the services, allowing services to explore opportunities for signposting to other support in the area. It is important to note that, although every effort was made to ensure the database was comprehensive and accurate at the time of delivery, the nature of the sector means that the nature and scope of provision may change within a project and the mix of projects providing a service can change over time. This report focuses on the second of these key areas: a discussion on the potential for Smart Commissioning to develop alcohol-related services in Cheltenham. The report comprises the following sections:

Section 2 outlines the approach to the research and the data used to compile the report;

Section 3 explores the concept of 'Smart Commissioning' and its applications, developing this into a definition and approach for the Cheltenham context;

Section 4 explores statistical evidence around alcohol-related harm in Cheltenham as well as some key issues identified by the participants contacted as part of this research;

Section 5 sets out the nature of current alcohol-related services in Cheltenham, exploring gaps and overlaps in that provision;

Section 6 details opportunities for Smart Commissioning of alcohol-related services in Cheltenham, focusing in particular on some existing examples of good practice in the town;

Section 7 is a summary of the work and provides some recommendations on Smart Commissioning in the Cheltenham context.

2. Research Design

This section sets out some of the key considerations for this research, including the data collected, the methods of analysis, and the other considerations taken in the collation and analysis. This research for this report was conducted on behalf of Cheltenham Borough Council and Cheltenham Alcohol coordination group, and was funded by Gloucestershire County Council Health Inequalities Fund. The research funding paid for a Postgraduate research student to conduct the majority of the work, with support from academic staff in the School of Natural and Social Sciences at the University of Gloucestershire. Both the postgraduate researcher and the academic member of staff have experience working in and researching supported housing.

The database of services

The funded research has two main outputs: a database of alcohol-related services in Cheltenham, which was delivered in December 2016; and this report, which details the potential opportunities for Smart Commissioning in Cheltenham. Whilst the two outputs are different, they both relied on the same baseline data collection with agencies across Cheltenham that dealt with alcohol-related issues.

The initial data for the research was gathered from a range of key stakeholders working to reduce alcohol-related harm in Cheltenham. The data was collected primarily via an email survey, with some direct contact via phone and visits to the different services where suitable and required. This was supplemented with publicly available information.

The email survey was initially completed by individuals from 26 organisations. Two further organisations responded via telephone. The participants comprised a range of people working to reduce alcohol-related harm in Cheltenham. Participants were a mix of frontline workers from statutory services, the voluntary sector, faith groups, and included some individuals with strategic influence. Details for a further 16 organisations were recorded

using publicly available information on the internet meaning that in total 44 organisations and groups are detailed on the database.

The responses to the survey formed the basis for the initial mapping of service provision in Cheltenham. The survey ended with a short question inviting the participants to *“please give a brief example of a time when your service has utilised one of the following approaches with an individual with alcohol-related support needs; Smart Commissioning, strength based working, asset based working, a user-led approach or a person-centred approach”*. From those who responded to this question, a number were invited to participate in a semi-structured interview to explore in more depth some of the issues both they and the researcher had identified. To increase the response rate, further participants were identified through the network of contacts of the participating service providers.

Interviews with key stakeholders

There is already a large amount of quantitative data that indicates Cheltenham has a higher than average rate of alcohol harm when compared to the national picture for the UK (Gloucestershire County Council, 2015a), and it is the intention of this project to add depth to this statistical material through the voices and experiences of key stakeholders in the services managing these issues.

Semi-structured interviews were carried out with nine key participants involved in delivering alcohol-related services across Cheltenham. The semi-structured interviews comprised twelve questions, each with follow-up prompts. The questions explored: the participant’s role and responsibilities; their general approach to working with people with alcohol-related harm issues; the service that the participant works for; and their opinions on gaps, overlaps, and issues with service provision in Cheltenham. Efforts have been made to maintain anonymity of interviewees so far as possible, and responses are numbered 1 – 9. The participants spanned a range of different services and roles in Cheltenham:

- One participant works for an Offender Based Service, which is a part of another supported housing organisation interviewed for this research. The service helps people

find suitable accommodation following release from custody. The participant works as a brokerage worker, assisting people when making support related purchases from an Individual Service Fund.

- One participant works for a community regeneration organisation in Cheltenham, focuses on social, economic and environmental regeneration in areas within and near Cheltenham town centre. The interview took place in a training room of the community centre from which Community Organisation B operates.
- One participant works for the Students' Union at the University of Gloucestershire. This individual is involved in a project called Student Community Patrol in which undergraduate students work in a pastoral, peer support capacity to fellow students and members of the public who are consuming alcohol and making use of the night-time economy.
- One participant works in the commissioning of Alcohol Services Commissioner in Gloucestershire, with extensive experience in overseeing the commissioning and delivery of alcohol and recovery services in the county.
- One participant works as a project manager for a recovery service which provides a safe and supportive place for people in recovery to re-enter the world of employment.
- One participant works for a Supported Housing Organisation as a Business Contract Manager, with responsibility for accommodation based services supporting people who have been, or are at risk of, homeless.
- One participant works for Cheltenham Borough Council to resolve a range of social issues impacting the town.
- Two participants were interviewed jointly. They are both occupational therapists who work for a community interest company called 'People and Places', who were happy to be named in this research. The participants work with people with a range of physical, mental and social needs and those who are recovering from long term health conditions.

Ethical Considerations

The process of conducting this research raised relatively few ethical issues. The respondents to the survey and the interview participants were professional adults and the focus of the research was on detailing areas of good practice. Although participants were asked to give examples which refer to their understanding of service user experiences and outcomes, no names or details of service users were required for this research.

In line with the University of Gloucestershire's ethical procedures, this research obtained written consent from all participants and prior to interview participants were provided with a letter explaining the research and its purpose. To maintain appropriate data protection, all data was stored securely and electronic files were password protected. The interviews were transcribed and the recordings were deleted.

Participants in this research were not guaranteed anonymity. Although alias names for individuals and some organisations were constructed to ensure a degree of personal anonymity, important context would have been lost without some indication of a person's background and role and of their organisation's function. The research team constructed the aliases used in this report to strike a balance between these two factors. In each instance an alias name meets the terms on which a participant agreed to take part in this research. For example, *People and Places*, the *Nelson Trust* and *Inspiring Families* agreed to be identified so as the research could use them as examples of best practice in Smart Commissioning. Cheltenham Borough Council, Gloucestershire County Council, Turning Point, and the University of Gloucestershire Students' Union also agreed to be named.

Unfortunately, this research was unable to secure anyone from Turning Point to take part in the research despite multiple attempts to engage them with inclusion in the survey for the database and with invites to take part in the interview.

3. Smart Commissioning

This section of the report describes how Smart Commissioning has come to be utilised as an approach to the management of services. It explores how this approach might be applied to services dealing with alcohol-related harm, both in terms of the commissioning and the subsequent delivery of those services.

What is Smart Commissioning?

There are a wide variety of approaches to combating problematic drinking. Those involving state intervention usually begin with the commissioning of relevant services. Following on from reforms in the 1980's and the 1990's this has, to a large extent, involved the creation of internal markets within healthcare and the inception of the concept of 'commissioning' (Glasby, 2012).

Rees (2014) states that one of the most useful definitions of 'commissioning' comes from the Cabinet Office (2006:4), where 'commissioning' is described as "the cycle of assessing the needs of people in an area, designing and then securing an appropriate service". For Rees (2014) 'commissioning' differs from 'procurement' because it extends beyond purchasing services and considers needs assessments, planning, and design of services.

One consequence of marketisation has been a reduction of state-run services in favour of the commissioning of services from the third and private sectors. This process has intensified in recent years, with the pressures of austerity on funding and resources. Consequently, there are concerns from some such as Rees (2014: 60) that a fiscally conservative environment places concerns of cost-efficiency over need, and that this has led to incidents where service commissioners favour awarding high value contracts to the 'best lowest priced' larger providers.

Duffy (2006) describes this general approach to commissioning as the 'Professional Gift Model' (figure 1)

Figure 1: The Professional Gift Model



(Source: Duffy, 2006: 153)

With the Professional Gift Model the service user is at the “receiving end of a chain of power” in which the decision about which services are commissioned is led by the government and how the service is received is determined by the professional provider (Duffy, 2006:152). In this model the end-service users are often powerless in terms of directing their support needs. Further, Duffy (2006) identifies an additional risk in that large-scale commissioning of private sector organisations to provide services means the profit-motive rather than end-user need may become a driving factor in service design.

Although funding and resource pressures place pressure on funding levels for commissioning services, in recent years there has been an approach to commissioning that attempts to make best-use of increasingly limited resources: Smart Commissioning. A concept originally applied to social work and particularly to approaches to working with people with learning disabilities, the concept ‘Smart Commissioning’ was developed by the academic and director of the Centre for Welfare Reform, Simon Duffy (2008). Duffy (2008) describes Smart Commissioning as a process of producing self-directed support to empower the individual. It is intended as a means of empowerment, placing the decisions about purchasing and utilisation of services with the individual who will be accessing the support.

The concept of Smart Commissioning for personalised services, as described by Duffy (2008), is tightly linked with work on Citizenship Theory. For Duffy, there are seven key principles to which Smart Commissioning should adhere if it is to enable the individual to participate fully in their community as an equal citizen, as shown in Table 1:

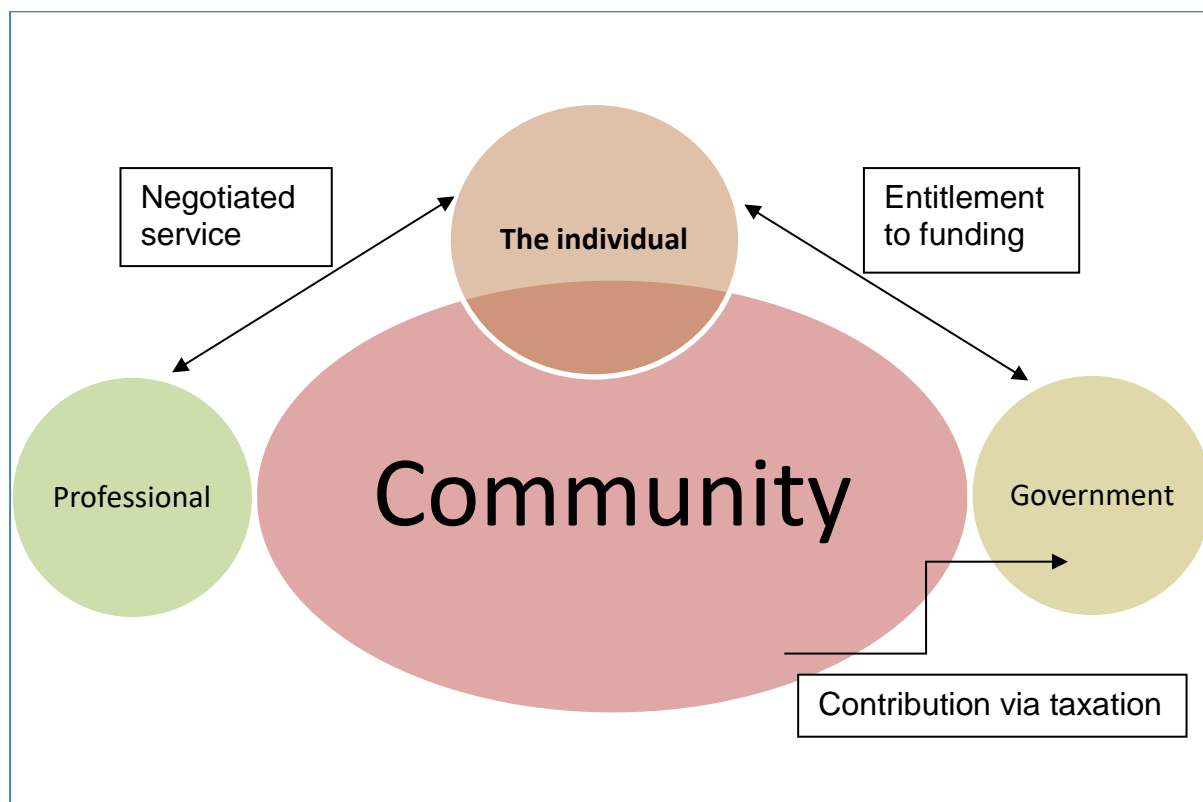
Table 1: Duffy's Key Principles of Smart Commissioning	
The Right to Independent Living	I can get the support I need to be an independent citizen.
The Right to a Personal Budget	I know how much money I can use for my support.
The Right to Self-Determination	I have the authority, support or representation to make my own decisions.
The Right to Accessibility	I can understand the rules and systems and am able to get help easily.
The Right to Flexible Funding	I can use my money flexibly and creatively.
The Accountability Principle	I should tell people how I used my money and anything I've learnt.
The Capacity Principle	Give me enough help, but not too much, I've got something to contribute to.
<i>(Adapted by Lodge from Duffy, 2008:6)</i>	

As an approach to the management of resources and the support of those in need, 'Smart Commissioning' is fundamentally underpinned by Citizenship Theory. Built on these two approaches, Smart Commissioning seeks to overcome the inequalities of expense and access that limit the life-changes and opportunities of individuals and that constrain those in need of support. It is an approach to commissioning services that *enables the individual*: it enables them to strive to participate equally in their community and to deal with the challenges they might face in their lives.

Duffy's (2010) description of 'Citizenship Theory' casts 'Smart Commissioning' as approach that emphasises the link between the individual and their community. A citizen is an individual who has a relationship with the state, has membership of a community and has an entitlement to certain provisions in a society, such as access to welfare. For Duffy (2008), Smart Commissioning should promote social justice by empowering people to see themselves as citizens: as being equal to others and included in the wider social life of that community. This involves providing services and enabling those who need those services to access them.

In a 'Smart Commissioning' approach, self-directed support becomes a key mechanism for the individual to negotiate their needs. Unlike the traditional 'Professional Gift' model (see figure 1), a 'Smart Commissioning' or 'self-direct support' model (see figure 2) is driven by the needs of the service user. It is an approach to support based on agreement and partnership between service and service user, and, ultimately, a model for empowering the individual to be a citizen.

Figure 2: Self-Directed Support



(Source: Simon Duffy, 2006:155)

This approach is not without some criticism and caution. For instance, Ferguson (2012) argues that it fails to identify the ways that personalisation has at times been misused as an excuse to cut funds from services. The sometimes vague way in which Duffy discusses social justice has at times allowed personalisation to be “co-opted by powerful forces whose notions of social justice are very different from the ones which he [Duffy] espouses” (Ferguson 2012: 57). Similarly, Rees (2014) and Pearson et al. (2014) describe the impact of austerity-led personalisation as synonymous with ‘cost-efficiency’, and that this has exerted a disempowering effect on service users. In light of these criticisms, Duffy has subsequently issued an apology for the way that interpretations of his work have resulted in negative consequences, and has warned of the limitations of personalisation as an aspect of Smart Commissioning (Duffy, 2012).

Smart Commissioning and alcohol-related services

Duffy’s (2008) concept of Smart Commissioning was originally applied in relation to learning disabilities services, and to the management of Personal Budgets. Although there is little or no explicit use of the concept in relation to the commissioning of alcohol-related services, the approach has been applied in other areas of service delivery. For example, it is considered best practice in many related services, such as supported housing (including Gloucestershire based services such as Home Group and Riverside English Churches Housing Group) to follow a service-user led approach (Brafield and Eckersley, 2008). This approach which is needs-driven and, to some extent, user-led offers an important guide for how Smart Commissioning might be used in relation to services tackling alcohol-related harm.

One of the key tasks of this report is to develop a conceptual framework for using the Smart Commissioning approach to reduce alcohol-related harm in Cheltenham. To achieve this, in the interviews, participants were asked a range of questions concerning key aspects of Smart Commissioning, such as strength based working, asset based working, user/person-centred approaches or coproduction. Participants were encouraged to give examples of best practice and effective intervention.

One of the more common responses from participants concerned the importance of focusing on the individual. Participants explained that services and professionals must

encounter the individual in their entirety and that outcomes need to be designed for individuals rather than for organisations:

when you're working across agencies to get outcomes for individuals, it's working towards that individual's need rather than your organisations, or outcomes. And I think that is why these services don't work because we lose focus on individual outcomes and we work to ticking boxes on our contract review meetings.

(Participant 8)

Participants reported that this approach was most effective when an individual received the support that they needed to make positive changes to their circumstances:

I suppose the idea really of what we're trying to do is to make sure that alcohol is not the focus of their life anymore. However, they choose to have a relationship with alcohol in the future, it's making sure that they've got a life, skills, prospects for the future so that alcohol isn't the main feature of their lives anymore.

(Participant 7)

Respondents noted the exacerbating impacts of isolation, disconnect and loss of community membership, which can make it difficult to deal with harmful relationships to alcohol:

I can imagine characters in front of me now in Cheltenham who would say we always must treat them with this holistic based stuff. And it's the same with asset based stuff; everyone will say these things but do they really think about what that means? Because a lot of the time what we are grappling is inequality and poverty. So, somebody might be able to stop drinking but actually you know, they've got a really shit life. A really shit life, therefore actually they need a huge amount more.

(Participant 6)

I think that sometimes, you hear from people who consume alcohol ... sometimes some reasons for consuming alcohol are because of a lack of activity and purpose in a person's life.

(Participant 5)

To combat these issues, respondents noted the value of services that considered an individual's circumstances holistically and focused on empowering the individual to address these circumstances. This might be through focusing on their strengths, or by helping them to develop and maintain healthy social and personal relationships and find opportunities to use time in meaningful ways.

There is a close relationship to these principles and the concept of Asset Based Community Development (ABCD), which seeks out and develops strengths already present in a community or individual. In Gloucestershire, there has been a move towards a more asset-based and individualised approach to services. For instance, the charity The Barnwood Trust (2011) has championed ABCD. Similarly, Lynch, Hobson, and Dooley (2016) note the extent and success of the use of ABCD as an approach for reducing the impact of reducing funding in supported housing.

Adopting such an approach to commissioning would also mean re-evaluating how success is measured. Bovaird et al (2012) have described how there has been a shift in the planning process of strategic commissioning towards an emphasis on outcomes that are defined by individuals. This is as opposed to a traditional way of commissioning that looks at outcomes as defined by statutory organisations and measured based on outputs and activities. For the participants of this research, however, they feel there is still some work to be done to make commissioning and services more holistic and person-centred.

One further issue concerned the way in which the term 'Smart Commissioning' is defined and understood. As one of the participants noted:

There is something inherent in the term which is slightly critical. There is an inherent thing in there saying there isn't Smart Commissioning and this is smart commissioning. And I know that isn't the intention, I completely get that.

(Participant 6)

Indeed, there is a danger that the term 'Smart Commissioning' could be understood to imply that other commissioning not branded in this way is therefore not 'Smart'. Although this is

not the intent, it is important that this sensitivity is considered when exploring how to use this approach.

Smart Commissioning, then, is an approach that is needs-driven and person-centred. It aims to empower people by limiting exclusion and supporting positive behaviours. By combining Duffy's framework with the responses from practitioners involved in providing alcohol-related services, it is possible to develop an idea of what a Smart Commissioning approach for Cheltenham Borough Council might look like. Figure 3, overleaf, summarises these responses under the key themes used by Duffy in his work.

Figure 3: A Smart Commissioning Approach: key themes for alcohol-related services

It should consider an individual's circumstances holistically:

The approach should work with multiple aspects of the person's life, considering other personal, social and economic factors that might contribute to alcohol harm. This approach sees alcohol misuse as a symptom of other issues rather than being solely a problem in and of itself.

It should involve 'Strength Based Working':

The approach should look at the individual's strengths rather than their deficits (Barnwood Trust, 2011). Building from strengths engages and inspires individuals more effectively, and strength- or asset- based working was reported to yield more positive outcomes than other approaches.

It should be a positive process:

The approach should focus on strengths and positives rather than what might be perceived as the negative aspects of someone's life. Engaging in small positive changes based on strengths can be a catalyst for greater change, developing the resilience needed to overcome issues such as alcohol harm.

It should be flexible:

The approach should be flexible, allowing an individual to change contractual arrangement so they adapt to new challenges and opportunities. Because individuals vary in their experiences, motivations and challenges, the services available should not be prescriptive but be individually tailored and able to evolve following success and setbacks. The same idea should apply to the relationship between commissioners and services; allowing for adaptation to contracts to meet changing needs.

Communication is Key:

There are three key communication routes: between commissioner and service provider; among the service providers; and between service providers and individuals. This should ideally be facilitated by a central contact or key worker supporting the communication and brokerage processes described.

It should be person-centred:

There should be a focus on approaches that are led by the individual and an emphasis on empowerment and choice. It should avoid top-down approaches to dictating support. At key points, there may also be a need for 'hand-holding'; this means being able to take the time to support individuals in a more in-depth way, such as taking them to appointments.

It should aim for empowerment towards 'life without services':

The goal should be to empower the individual to be able to lead a life that is like a perceived 'normal' way of living; i.e. a way of living that draws support and resilience from friends, family, community and employment and is independent of the services that the individual has relied upon. Whilst the individuals are working towards this, support should aim to give compensatory access to services to enable equal participation in society and community life.

It should be seen less as a strict set of service criteria and more as philosophy

Smart Commissioning should be an integrated approach that extends beyond applying a set of criteria. It is an approach to designing and delivering support that encompasses the above characteristics across all levels of a service

Figure 4 unites these concepts into a definition for Smart Commissioning in relation to alcohol services in Cheltenham:

Figure 4: A definition of Smart Commissioning for the Cheltenham context

Smart Commissioning is a holistic, person-centred and flexible approach to organising services. Smart Commissioning means working alongside individuals to support them to take positive steps to move towards their aspirations, utilising the whole system to maintain and create networks, and develop a meaningful use of time typical to success in everyday life.

Summary

As with Duffy's original conception of the term, the definition for Smart Commissioning developed here is not solely about 'commissioning'. It is a wider approach to service delivery that encompasses the design and delivery of support. The next section of the report looks at the current situation concerning alcohol-related harm in Cheltenham and related issues.

4. Alcohol-related harm in Cheltenham

This section of the report explores some of the key issues around alcohol-related harm in Cheltenham. There are a wide range of reasons for problematic alcohol consumption, and it is not the place of this report to explore those different reasons. There is, however, an understanding in the analysis that any approaches for dealing with problematic alcohol consumption will need to address a wide range of different issues. Consequently, there are four key areas identified in this research as important when exploring the present state of alcohol relates services in Cheltenham:

- Statistical evidence on problematic alcohol use in Cheltenham;
- the pressure of austerity on services;
- Consumption in the night time economy versus long term alcohol abuse and harm;
- networking and connections.

Statistical evidence on problematic alcohol use in Cheltenham

Public Health England's Local Area Profiles for England (LAPE) for 2012 to 2014 indicate that mortality rates due to alcohol in Cheltenham are slightly lower than the national average, except for mortality for males from chronic liver disease which is higher than the regional and national average. However, hospital admissions related to alcohol use for some conditions are high in Cheltenham, particularly for alcohol-related malignant neoplasm conditions (cancer) and intentional alcohol poisoning (Public Health England, 2012 and 2014).

The reason for the pattern is not entirely clear. The Cheltenham Partnership (2015) has concluded that it is in part because of the way that services in Cheltenham are organised. They argue that this is because there is not a clear understanding of available services, leading to duplication of provision, gaps in provision and a lack of established partnership working. These things, they argue, are to the detriment of the service user and the wider community.

Gloucestershire County Council (2015a) has expressed their concern regarding the situation illustrated by these statistics, particularly in relation to the significant harm and life-limiting implications for young people abusing alcohol. A needs analysis conducted by Gloucestershire County Council (2015a) identified youth unemployment as a concern for Cheltenham despite the actual number of young people in this position falling in recent years and, at 1.8% of 18 – 24 year olds, being generally lower than the local and national average. This was reflected by participants at the Alcohol Summit organised by Cheltenham Partnerships and the University of Gloucestershire, in which a pre-event survey revealed that the 70 professionals representing over 30 organisations believed there were specific issues relating to young people and alcohol misuse in Cheltenham (Cheltenham Partnership, 2015).

The pressures of austerity

One of the issues affecting the provision of alcohol-related services is the austerity programme that has in place in the UK since 2010. Participants commented on the cuts to local authority budgets and the impact that this has had on public services and the implementation of social policy. For instance:

That's the cold hard world that we're in. And that's probably where I think some of the Smart Commissioning type thing emanates from. Although none of us wants to say that or admit to it, there's a reality to the fact that part of it is because things are getting tighter.

(Participant 6)

It's probably a gap that has always been there but I think it's a one bigger now. I think as services have had to retract because of austerity we just don't have the resources to do that cross over [...] I know that everyone talks about early prevention, but how much resource and capacity is in that preventative [activity] is getting smaller and smaller because you have to fund crisis services first.

(Participant 9)

As the cuts, have set in budgets have become tighter and resources scarcer. Services have increasingly focused on providing their core functions and on ‘crisis management’. These impacts are present in other areas of provision in Gloucestershire. For example, Lynch, Hobson, and Dooley (2016: 595) discuss a process of “residualisation” in supported housing provision in which a reduction of funding means that services “are increasingly restricted to those who are at the high end of support need and the most vulnerable or needed within society”. In line with the views of participants for this research, Lynch, Hobson and Dooley (2016) found from their own qualitative study in Gloucestershire that austerity had fractured services and affected the most vulnerable in the community. Similarly, Rees (2014) argues that commissioning is increasingly focusing on cost efficiency over needs, and that this has clear implications for the quality and effectiveness of service provision:

Often commissioners get driven by the fact that something’s cheaper or it seems more economical or whatever it is. That’s not the focus. The quality needs to be the focus. But you don’t have to pay the earth for that. Because you don’t get the quality often even if you do pay the earth.

(Participant 4)

In line with the Smart Commissioning model, funding should be organised in a way that is needs-driven but also reflects a need to respond to tighter resource allocations and make efficiency savings. However, Smart Commissioning is not just a cost-cutting exercise, and both Ferguson (2012) and Duffy (2008) warn against this. Smart Commissioning is a person-centred and strengths-based approach for empowering those at need.

Night Time Economy versus Long Term Alcohol Harm

Although treating alcohol misuse comes at a cost to public finances, the sale of alcohol forms an important contribution to Cheltenham’s local economy. Nationally, the Night Time Economy has been valued at approximately £66 billion (Furedi, 2015) and although more recent figures are not available, Cheltenham’s night time economy was in 2001 estimated as being worth between £21-31 million to the town from nightclubs alone (Charlesworth et al, 2002). One of the difficulties identified by participants was the need to strike a balance

between public safety from alcohol-related anti-social behaviour and health related issues, with trying to maintain a very important part of the local economy:

I think Cheltenham Borough Council have done an incredibly good job at trying to deal with. Because on the one hand, you're actually providing the means for them to do that as a night time economy in capitalist economy, if I can use such a dreadful phrase: that's what we want. We want people to spend money. And that's what the Borough want. They want people to spend money and quite rightly, quite reasonably; that's a free market that's what people do.

(Participant 6)

[Students] bring a lot [of] income into the town and cities from the universities. They do bring an awful lot of income in and obviously for the night time economy but wider than that.

(Participant 3)

There is a difficult balance to strike between the positive economic and social benefits of a thriving night-time economy and the damage caused by excesses in drinking and associated behaviours. One way in which a distinction can be made is to consider differences between problematic drinking related to the night time economy and that of alcohol-related harm caused by wider social issues and addiction. For instance, some of the participants would focus more on alcohol-related harm predominantly caused through long term and dependent drinking. Other participants discussed alcohol-related harm in relation to the night-time economy in which, more often, the discussion would relate to issues such as anti-social behaviour or the effects of becoming ill through consuming too much alcohol in one sitting:

I suppose I would tend to think of it as being people who are drinking regularly or dependently and are drinking in a way that is causing harm probably to their health, at the very least, forget about anything else. And there are people who drink in a harmful way, which I think is a problem around Cheltenham in the night time economy where people might go out at night and they might not define themselves as or see themselves as a proper drinker. In fact, other people may not see them as [that]. Nevertheless, they do things which are harmful to other people.

(Participant 6)

Several participants also discussed what they see as a societal perception that heavy alcohol consumption is part of a “British drinking culture”. They felt it is often seen as acceptable, at times encouraged, and not an exception:

It's quite funny really; I used to say it's not socially acceptable: it's socially expected. Because if you don't drink, you've got to make up some excuse why.

(Participant 7)

Culturally, we drink a lot in this country. It's accepted to get drunk and, as we know, when we go abroad and we go out in the night time economies in other European cities it's just not the same; you don't get the level of violence, the level of anti-social behaviour due to alcohol. It's completely different. And I am not completely sure why that is.

(Participant 3)

Bunton (2011) described alcohol consumption in the UK as a ‘permissible pleasure’: an accepted and promoted way to have fun. The consumption of alcohol in the UK is high when compared to other countries, and the World Health Organisation (2014) identified that people in the UK drink on average the equivalent of 11.6 litres of pure alcohol per year, as compared to the European average of 10.9 (for the data available 2008 – 2010). In world rankings, the UK is 25th highest consumer of alcohol per capita out of 191 countries, with Belarus highest at 17.5 litres of pure alcohol per capita (WHO, 2014).

For other participants, concerns focused more on long-term problematic drinking. As shown earlier, Cheltenham has a higher number of hospital admissions due to alcohol-related harm than both the UK national and South West regional averages (Gloucestershire County Council, 2015). Some participants connected this to the degree of access to 24-hour licensing and the availability of cheap alcohol:

...this area has the highest concentration of off-licences in the whole of the town because there are a lot of shops down here [...] particularly the Eastern European shops and they sell alcohol very very cheaply and their alcohol is a lot stronger than what we're used to.[...] And of course there is one 24-hour off licence down here. There's another 24-hour off licence, I think there might be two actually, at the other end of the high street, and of course they have got huge issues in Sandford Park now haven't they? And I suspect that the two are linked.

(Participant 1)

The difference between a focus on a night-time economy and long-term drinking is understandable as participants came from a range of roles within the management of alcohol-related harm. It does highlight, however, the multifaceted nature of the issues and point to the difficulties of finding solutions to satisfy the diverse needs of different groups. What was interesting was that in both cases, participants suggested effective approaches involved person-centred, holistic themes: themes that are central to the Smart Commissioning approach developed in this work.

Networks and Connections

Most participants discussed at some point the importance of key relationships, both person-to-person interactions, and the relationships between professionals/different organisations. The importance of networking and connection is a central aspect of a Smart Commissioning approach that seeks to signpost and direct individuals to the services they require (see Brafield and Eckersley, 2008; Duffy, 2008; Fraser, 2008; Gilchrist, 2009). In terms of current services in Cheltenham, the emphasis from participants was on how professionals interact and communicate with each other, and how organisation work with each other:

I think the IF [inspiring families] model is quite good where services, but not just services, community based services, come together to try and jointly own people and own communities if that makes sense? So rather than it being this agency's problem, it's all of our problem and how we do that. [...] But also, I think that if generally agencies work together to own the problem people feel less worried about taking things on because they feel less like if I accept this referral I'm stuck with this.

(Participant 9)

I think there is a lot more potential for interagency working [...] it's like if they have an alcohol [or] drug problem it goes to Turning Point: they go to them and then that's their problem. [...] Sometimes it can feel like that, I think. I don't know what form it could take but there could be potentially a better way of working together. You know, we refer people in to Turning Point and we kind of... you know... off you go... and then Turning Point take up the primary support.

(Participant 2)

I think it is hit and miss depending on personal relationships as well. Because the support environment, not just supported accommodation, all of the support providers, there is such a small network in Cheltenham. There's a lot of staff who go across providers and so it can be a bit like it's who you know rather than a service providing the support they're meant to be providing.

(Participant 8)

A specific example identified was the case of services provided by Turning Point. When this research began in February 2016 Turning Point were the provider of the block contract for drug and alcohol services commissioned by Gloucestershire County Council. Gloucestershire County Council had put this contract up for tender, and in September of 2016 Turning Point were unsuccessful in securing the new contract. The new contract came in to effect with the new provider on January 1st 2017 (Gloucestershire Live, 21/09/2016). Participants explained that they felt that Turning Point struggled to be flexible in delivery and to network and connect with communities and existing services.

I don't really know. I don't hear great things. Because I don't work operationally with the providers I generally will only hear either really good stories or really negative stories and I think I don't hear great things about the current provision.

(Participant 8)

[They] had funding, didn't they, from the drug alcohol pot. [Before] Nelson Trust did and you had more than one organisation dealing with issues in different ways. So whatever way suited people, it was able to be done. [Now] This is just: "come in, we'll deal with you, but you've got to come to us, we're not going to come to you".

(Participant 1)

Participants were critical of a "one size fits all" approach with the block contract. They felt it was prescriptive and did not always provide a service that suits everyone's needs. Although the block-contract provides has recently changed, further challenges may arise from the fact that the new provider, CGL, has been tasked with providing the same block contract but with less funding than Turning Point received (Gloucestershire County Council, 2016c).

Summary

In their work on Smart Commissioning, Needham and Duffy (2012) explain that commissioners face a critical challenge in looking at a person and their needs holistically rather than breaking a situation down into separate issues. Alcohol misuse should not be an issue in isolation: problem drinking emerges because of many different factors and consequently requires a range of different services to be addressed. The next section of this report explores the service provision in Cheltenham, with focus on areas where there are gaps or duplications in services.

5. Service Provision in Cheltenham: Gaps and Duplications

This section of the report explores some of the key issues in provision of alcohol-related services across Cheltenham.

Alcohol services in Cheltenham

It is difficult to define the full extent of alcohol support available in Cheltenham as there are many different avenues individuals can take. It is also clear from work undertaken by the Cheltenham Partnership that even the relevant professionals in Cheltenham are unclear about the extent and nature of current service provision.

When this research began in February 2016, the main service for alcohol treatment in Cheltenham was run by the social enterprise and support service Turning Point. The NHS commissioning group let services to Turning Point in 2013 with a remit to provide aspects of support and treatment to residents of Gloucestershire, including Cheltenham (Gloucestershire County Council, 2015b). The responsibility for the contract transferred to Gloucestershire County Council in the same year following the changes initiated by the Health and Social Care Act (Gloucestershire County Council, 2015b).

Between December 2015 and March 2016 Gloucestershire County Council (2016a) undertook a twelve-week initial external consultation with service users and stakeholders about the provision of services by Turning Point. Their initial report notes a range of issues, including:

- that they should place greater emphasis on services for parents using drug and alcohol;
- that they should have greater flexibility in their coverage, be responsive when their problems are identified, and have a greater community presence;
- that they should continue to increase the amount of work done to reduce the harm caused by alcohol;
- that the service will need to manage an increasing demand for treatment.

In a press release on April 13th 2016, Gloucestershire County Council publicly confirmed the outcome of this consultation and added that in considering tenders for a new service, the council intends to commission “a community drug and alcohol recovery service that is a complete service for individuals, professionals, organisations and bodies who have concerns around substance misuse” (Gloucestershire County Council, 2016b). In September 2016 Turning Point were unsuccessful in securing the new tender, due to begin 1st January 2017, and the contract was awarded to social care and health charity Change Grow Live (CGL). However, given that all the fieldwork for this research took place in August 2016, references made to the drug and alcohol contract for Gloucestershire throughout this research refer to the contract held by Turning Point unless specifically stated otherwise.

Gaps in Service Provision

The initial data for this research came from the 2015 Alcohol Summit held by the Cheltenham Partnership in conjunction with Cheltenham Borough Council and the University of Gloucestershire (Cheltenham Partnership, 2015). One of the key outcomes of this was agreement that service providers and commissioners needed a more accurate idea of the range and nature of services in Cheltenham that provide alcohol-related support. This project produced a database of services and groups that compiles information on services, including the geographic areas of work, the purpose of the service, and the type and extent of support on offer. This database was delivered to the Cheltenham Alcohol Coordination group in December 2016. The range of organisations included is wide, including GP surgeries, homelessness and housing services, faith based groups, a women’s centre, drug and alcohol services and the University of Gloucestershire Student Union. A screenshot of the database can be seen in Appendix 1.

The database did not identify any significant or clear gaps in service provision across Cheltenham. However, subsequent interviews with a range of providers of alcohol-related services did identify areas of concern. Specifically:

- provision for supporting those in recovery and/or with a criminal record to get back into work;

- provision for young people with drug and alcohol issues, particularly in relation to supporting the transition between children to adult services;
- the availability of peer mentoring support and opportunities.

In relation to the challenges facing people in recovery and/or those with a criminal record getting back in to work, one Participant spoke of difficulties in becoming reconnected and overcoming isolation and boredom:

The challenges are still the same, people are still relapsing at similar points and one of the biggest challenges is, the majority of people who get in to recovery want to just feel normal again and they just want to feel part of their community. [...] They just want to get on with their lives in a way that is normal and safe and that they can have their families and build relationships and get a job, get around and do all of that kind of stuff. To do that you generally need to be employed.

But the barriers to employment are huge. One, the majority of people in recovery sadly will have some kind of criminal history; that's the nature of addiction. Some of them don't, but the majority do. And also most of them haven't worked for a significant period of time, so whether that be a year, or 20- years, somehow you have to explain that on your CV or in a job interview. So already you've got 2 big barriers to getting back into normal life.

(Participant 7)

Participant 8 identified a lack of specific services for young people with drug and alcohol issues which could support the transition from children to adult services:

"For me, specifically engaging with a young people's service for drug and alcohol service has been increasingly difficult. We've had young people who have desperately needed it. I think the transitional services between children and adults is another missing... another massive link"

(Participant 8)

The same participant identified a gap in peer mentoring support, which can connect individuals who have a shared or similar experience:

Peer mentoring. Turning Point have peer mentoring groups but they haven't really been embedded. I think that would be really useful"

(Participant 8)

By the term 'imbedded' Participant 8 was referring to the criticism of Turning Point that has already been identified - that they were not seen as connected or rooted in the community they were serving.

Although there were some concerns expressed around these issues, the data collected as part of this report are not sufficient to justify stating that there are clear and specific gaps in service provision across Cheltenham. However, in a broader sense of a 'safety net', participants referred to areas in which services had diminished or were no longer provided as result of cuts in budgets and reduced funding. They suggested that, because of issues with the block contract, coupled with the loss of other services, there is no longer a variety of options meaning that there is little choice if an individual does not work well with the block contract service. Associated with this was a lack of capacity for 'handholding' roles, in which a worker would be able to provide very gentle support and encouragement to get an individual to engage with a service and effectively 'take them through the door'.

The additional problem of the block contract seemed to be that Turning Point to be the only option available for people if they had a drug or alcohol issue, creating a type of conveyor belt process by which issues were identified by a worker and then the person would be fed in to the block contract. In this way, having a block contract potentially restricts creativity and flexibility because it is seen as the only avenue for alcohol support and recovery work. The suggestion was that a system driven by the individual with a number of opportunities available would generate different choices made by people to support their recovery.

In addition, there was criticism that that the contract length was too short, leading to quick turnaround of staff, a lack of stability, and limited potential to build relationships between services, and with the individuals using them:

Every so often, everything gets recommissioned so it all changes again and you get a different bunch of people and a different set of management and a different way an organisation works to start building new relationships again. But you know sometimes, it feels that the systems put us back at square one a little bit too early, which for us, Nelson Trust has been here for 30 years, organisations in Cheltenham that we work really well with are often ones that aren't specifically about drug and alcohol they're independent...

(Participant 7)

The lack of stability, the loss of diversity in services, and the focus on the block contract has led to a situation in which professionals tend to work with the services they already know, based on professional-to-professional relationships as opposed to being open to choices or really being guided by the individual client for whom they were working:

And you think that that "one stop shop" sounds really positive and exciting. I think it goes down to leadership and management to a certain degree as well which is some of the failings of the current provider in my opinion in some of that lack of clear leadership and accountability. I just think if it was clearer. I think it is hit and miss depending on personal relationships as well. Because the support environment, not just supported accommodation, all of the support providers, there is such a small network in Cheltenham. There's a lot of staff who go across providers and so it can be a bit like it's who you know rather than a service providing the support they're meant to be providing.

(Participant 8)

In a positive step, it seems that Gloucestershire County Council are aware of issues relating to stability and consistency and as such in the new drug and alcohol contract from January 1st 2017 will have an initial term of five years and three months with the chance to extend for another two years (Gloucestershire County Council, 2016c). Gloucestershire County Council have stated the contract length has been determined due to "need for stability following the transition and implementation period" (2016c:6).

Duplications in Service Provision

Duplications in service provision were difficult for participants to identify, which may well reflect the idea that most participants did not feel entirely clear about the range of services available. It may also be further reflective of the impact of cuts to services resulting in fewer services overall. However, there was also an interesting reflection on the role that the block contact system has had on service provision, and how centralisation of services can limit duplication:

I don't see it myself because there's only... I think there was a little bit of duplication before they put the contract into one pot, but I don't see it now.

(Participant 1)

At the heart of the issue may be the way that some groups work together currently, compared with how many participants would ideally work together if they could. There is a consensus that services and organisations working together creates the best results for the individual clients. Although some good examples of this were given, because participants felt this is not happening universally their perception is that services could be organised more effectively. The perceived lack of connection between organisations could be generating a general lack of clarity around the provision and could therefore be itself creating fears that there might gaps and duplications. In other words, if there is uncertainty around the breadth of provision, it is difficult to know whether there are gaps and duplications.

Furthermore, there needs to be some consideration of what duplication means. For instance, participants were supportive of similar services being delivered in different ways. Variety, when managed suitably, can enable person-centred and strengths-based support, both important aspects of smart commissioning:

“...obviously, you can’t have the world out, there, can you? But it’s like I don’t see how it could work under the current system while there is only one provider. Because what’s the choice? If you said to somebody you’ve got an issue with alcohol, these are the sorts of things that could help you, which one do you think could help most? Because some people like groups, and some people don’t like groups for example, but if you’ve only got one provider providing a one size fits all, then Smart Commissioning, as I believe it should be can’t work. You’ve got to have that choice. You’ve got to have more than one way of dealing with it.

(Participant 1)

“It’s such a complex issue and we try and put it in one box and say oh, these people have an alcohol problem, well no they don’t. That person might have a problem with binge drinking and that person might have a problem because they’ve had an absolutely dreadful life with awful things.

(Participant 4)

People use alcohol to cope with stress and the pressures that they face (Wilkinson, 1996). The situation described by participants is not one in which people suddenly find themselves as alcoholics or consuming alcohol in a harmful way, but a journey and a set of evolving circumstances. There was a consensus shared amongst many participants that drinking harmfully is the result of multiple related factors rather than something that occurs in isolation, and to support this work needs to focus on the overall person.

Summary

Identifying gaps and duplications in provision was difficult from the data available. There were some areas identified as specific concerns, such as support for those in recovery and/or with a criminal record to get back into work, support for young people with drug and alcohol issues and the availability of peer-mentoring support and opportunities. Nevertheless, it was not possible to point to firm evidence of gaps in provision. What is clear, however, is that there is a lack clarity around the breadth and distribution of provision in Cheltenham, which drives perceptions that there are gaps and overlaps.

6. Opportunities for Smart Commissioning

This section of the report outlines some opportunities and models for Smart Commissioning approaches in Cheltenham. It highlights a range of existing models and approaches from the area that use elements of the Smart Commissioning process detailed in section 3.

Smart Commissioning models in Cheltenham

From the data in this research, it is apparent that not only is Smart Commissioning possible in the Cheltenham context, but that there already exist a range of local examples where similar approaches are used. The examples outlined below focus on the elements of Smart Commissioning as detailed in the eight key features identified in Figure 3, Section 3:

- It should be **Holistic**,
- It should involve '**Strength –Based**' working,
- It should be a **positive** process,
- It should be **flexible**,
- That **communication** is Key,
- It should involve working alongside and be **person-centred**,
- It should aim to **empowerment** towards 'life without services'
- It should be an **overall approach or philosophy** to support, rather than a strict set of criteria

The research does not make an overall evaluation of the impact of each project, as this would need to be the focus of further research. Rather, what follows are possibilities that highlight the collective suggested values and approach that participants in this research recommend. The key terms listed above are highlighted in the text where they related to each approach.

i. The Inspiring Families model

When working with families, Inspiring Families employs key components of a Smart Commissioning approach. Inspiring Families work with family groups who are struggling to cope and who are often already in contact and receiving support from agencies such as social care, drug and alcohol services, and housing support. The **philosophy** of the Inspiring Families approach is to **empower** users to negotiate their support needs by encouraging them to work **alongside** a 'trusted individual'. This 'trusted individual' is someone chosen by the family who helps to bring together the various areas that they would like to develop. Building on a family's **strengths**, Inspiring Families work with and through the 'trusted individual' to enable the family to meet their goals and a life without services. Participant 9 describes the Inspiring Families model:

"Inspiring Families is a different way of working with families, it's a partnership approach where families get to choose their own goals and partners support them to achieve them in positive ways, so it's very much about people making their own choices and it's about people choosing who they work with. So they don't get assigned key workers they choose an organisation or person that they like working with and then the inspiring families project negotiates with that organisation and individual to see if they've got the capacity to lead on them.

[...] So, we had a family who were approached by Families First but they didn't want to work with Families First so they went to Inspiring Families and we asked them who they would like to work with and they... I think they gave the name of their school and also someone from the County Council and we spoke to them and the school ended up leading on them. So, it's about yeah choosing.

And the idea is that the partners from Inspiring Families help whoever has been chosen to support that family. It's more that the family has a relationship with that person and trusts them so it's much easier for them to start working with them rather than having to build up that relationship. Because one of the things that we've found that is key when people change is having strong relationships with the person who is supporting that change"

(Participant 9)

In this approach, families drive their own support as they can effectively choose and manage the services they require, working alongside the ‘trusted individual’ who advises and facilitates this choice by acting as a broker between the family and the services available. The service is **flexible**, with the trusted advisor helping families to negotiate and **communicate** the different support options and find a fit for their needs. Furthermore, by allowing the family to choose their ‘trusted individual’, Inspiring Families also develop a greater sense of **person-centred** support and ownership. This choice also means that the family have a greater opportunity for success as they choose a person they are comfortable with, rather than having caseworker or key worker assigned to them.

Cheltenham Borough Council has plans to extend the Inspiring Families model to other contexts. For example, there is a pilot scheme designed to work with ‘street drinkers’: people who consume large amounts of alcohol and are likely street homeless. Cheltenham Borough Council plan to work with six street drinkers using the Inspiring Families approach, with the individual selecting a trusted individual from the professionals that they are already working with

It’s kind of drawing on the IF model of having a trusted individual and then services coming around and providing that sort of normal support about what’s important to people rather than worrying about the alcohol issue as such, unless that is their most important issue that they want to deal with, but a lot of the time it isn’t.

What we would thought is that we would replicate that way of working but with 6 high risk drinkers and we are going to try it in groups of 2. So, we are going to try it with 2 who are street drinking but not causing anti-social behaviour, 2 people who are causing the most issues within their community and 2 people who are part of families to see if we use this keyworker aspirational, working-with-people approach, will it make a difference to them.

(Participant 9)

The Inspiring Families model is a **holistic** approach to providing support. It does not just focus on helping the individual access support from alcohol-related support agencies, but encourages people to access support for wider issues that influence alcohol consumption. Alcohol-related harm does not stand in isolation to other portions of a person’s life, and

supporting people should involve treating them as more than just an outcome of their alcohol issue:

So it's about trying to find solutions that are more normal... obviously normal is a horrible word but I mean normal in the widest context for people who live without relying on services, how do they do it? Because it's not that everything is OK for them, it's that they find different coping mechanisms. So can we help people replicate those coping mechanisms rather than rely on a system which doesn't have the resources to cope but also it's not the best way of living really. Because none of us choose to be a part of the system if we don't have to be.

(Participant 9)

The quotation from Participant 9 also highlights the strengths-based approach that Inspiring Families adopt, in which support is **positive** and focuses on individual strengths and aspirations. It encourages people to look at what they are good at already and encourages them to explore that further and utilise the skills and talents they have and apply them to other areas of their lives.

ii. The Nelson Trust: Hub1 and Hub2

The Nelson Trust Recovery Café, also known as Hub 1, is a café and business that directly employs people, or recruits volunteers, who are in recovery from addiction. Hub 2 is a handyman property maintenance project which employs people in recovery and provides a handyman service to people on low incomes. Below is Participant 7's overview of the service, which, despite its length is reproduced in full because it provides such a good account of the work and the reasons behind it:

So hub1 is the Bistro which is where we are at the moment, so this is a high-street café, we are very similar to most normal cafes and restaurants in the city centre other than the fact we're not making a profit and that a lot of our staff are volunteers. Most of our staff and volunteers are people in recovery from addiction, who are working to gain new skills, to get ready to either go back to work or looking to increase their opportunities for employment so that they can become independent members of the community again. Some of them live in supported housing so you know generally that is a temporary measure for people, so they need financial independence to go back in to independent housing, to be able to all the things that normal employees are able to do.

Hub2, which is the Hub Maintains, which is based in Stroud but works Gloucestershire wide, is a property maintenance project.

We understand that getting back in to work after long periods of addiction can be really challenging.

[Hub1 and hub 2 work] slightly differently but the premise is the same. It's about people who have generally been out of work for a long period of time and they've been in addiction to either drugs or alcohol to make that step to start building skills to go back to being part of the community again which is, you know normal for adults, you've got to go to work, it's a shame, but we've all got to do it! [laughs] So it's getting them in to that frame of mind so that is a step that is going to be really important for their long-term recovery.

(Participant 7)

The explanation demonstrates how Hub 1 and Hub 2 create **positive** social networks by providing a safe, but typical, working environment for people who are in recovery. The project enables people in recovery from addiction to create social networks that are not based on the consumption of alcohol or drugs but which are based on work and regular everyday activities.

The aim is to **empower** people to work toward a life without services, and Hub 1 and Hub 2 support people to have a meaningful use of time, creating opportunities for people who might struggle to otherwise find employment.

iii. People and Places

People and Places is a Gloucestershire-Based community interest company that provides support for adults to achieve personal goals that they might otherwise struggle to achieve due to difficulties with physical or mental health, or through other social issues. The interviews were undertaken for this research in August 2016, and regrettably People and Places have taken the decision to stop their work from March 2017 (Peopleandplacesglos.co.uk, 2016). However, the insight that Participant 4 and Participant 5 from People and Places gave to this research was incredibly useful and their organisation had a good grasp of what could be described as Smart Commissioning so that it is still a pertinent example:

[...] we support [people] by listening to them and finding out what's important for them and what is going to help and then we try and help them overcome the barriers that have so far been preventing them.

(Participant 4)

From a different perspective, as well, looking at people who have perhaps been unwell or off sick for a long time from work and get caught up in the benefits system and so will be going through the job centre, and a number of the prescribed programmes don't always fit for people on long term... sometimes the diagnosis, in inverted commas, is not that clear. It's complicated by all manner of interactions in the past which can be physical, can be alcohol-related, could be drug related, but it's impacted on their health, so the more prescribed, rather rigid, programmes don't fit that. So, we will often become involved at the request of job centres to start looking at something rather more tailored to what they might need. And that often needs a gentler approach, a longer-term approach.

(Participant 5)

People and Places takes a very different approach to commissioning, and participants 4 and 5 spoke at length about negotiating with a commissioner for flexibility in their contracts and discussed the importance of maintaining good **communication** with commissioners to ensure that this works. Participant 4 and 5 thought that their success lay in the fact that their organisation is small and does not have a hierarchical structure. They explained that

this gave People and Places the ability to be **flexible**, as they do not have fixed roles which means they can take on quite different work at different times.

People and Places also interestingly did not have an exit procedure - that is, they did not sign people off from support and provided opportunities for people to reengage with support very easily. Participant 4 and 5 explained that this meant that someone who they had maybe supported some time ago could call up and ask for advice when an issue arose. Having a brief interaction when required could prevent issues escalating. This, they felt, saved time and money in the long run because it prevented small problems in someone's life becoming a crisis. In this way, having no exit procedure and a flexible approach to reengagement with support can help to **empower** people to live as independently as possible.

People and Places work with people on a one-to-one basis and part of this is assisting people to reconnect with networks that they have lost or to establish new networks. By providing a more **holistic** and **person-centered** form of support, people and places help the individual to engage with work, volunteering and hobbies as is relevant to their individual needs.

iv. The 'Our Place' initiative

The 'Our Place' initiative is a project that two respondents, Participant 9 and Participant 1, are working on after being successful in applying for funding from the Department for Communities and Local Government (DCLG, 2016). The Our Place initiative for Cheltenham aims to support and **empower** parents and families to establish networks with people in their communities as a means solving their problems for themselves without the need for any state intervention. The initiative provides training to local people to enable them to become peer-supporters and to go out and run their own Our Place groups in their communities.

Participant 1 talked about how they have become accustomed to seeing groups run by organisations or by some peer supporters that do not appear to achieve or focus on anything positive with individuals because they are problem-focused. Examples addiction-based groups and groups based on medical or mental health conditions. Although

Participant 1 saw the value of sharing problems with others, they felt that it is better when people come together to **communicate** on a range of day to day and more significant issues, reflecting how people typically live their lives:

Hopefully that's where we will head with those groups. Just getting people together, talking, rather than... and gossiping you know, it doesn't all have to be taken serious stuff, does it? [...]

So, I suppose yes, I want to say to people get up and get on with it because nobody else is going to do it for you. They're just going to keep pushing you down. You don't matter to them. So, if you want to change your life it's you who's got to do it. But that support needs to be there initially, and that's why doing something like this Our Place project has been great because we've been given the funding and the opportunity to go out there and do it.

(Participant 1)

Our Place supports people to establish and maintain **positive** networks by providing a platform for people in a community to come together. Group work in communities and establishing networks appears to be at the heart of this project and, as Our Place trains people to go on to support their own groups, this means there is a potential for the networks to grow.

The **philosophy** behind Our Place is to support people to have a meaningful use of time by providing a group for people in local communities this focuses on problem-solving and mutual support. In addition, the training that is provided and the potential for group participants to go on to be peer supporters enables them with further options to use their time meaningfully along with the potential for group members to provide direct support to someone experiencing alcohol-related harm.

Summary

These existing services in the Cheltenham area serve as starting point for implementing Smart Commissioning based on local examples. The examples share many common aspects. They tend to be holistic, positive and focused on empowering those accessing services and support. They focus on individual strengths and draw on multiple aspects of an individual

life. Importantly, none of these services takes on a single aspect of someone's life, but rather they offer holistic and person centred services guided by the individual at their own pace.

Although none of the services described above is explicitly structured around the principles of Smart Commissioning, they do seem to share some of the key tenets. Developing existing approaches and schemes that encompass elements of a Smart Commissioning philosophy would help to embed this practice more widely and in a sustainable and achievable way.

7. Report Summary

Key issues

This report examines a range of issues around alcohol-related services in Cheltenham. Through surveys and interviews, the report identifies issues around gaps and duplication in service provision as well as opportunities for a Smart Commissioning approach. The key findings of the research are summarised below:

- Austerity and cuts to services have had an impact on the provision of alcohol-related services and the resources available. The new block contract for drug and alcohol services awarded by Gloucestershire County Council will see funding for these services fall by nearly £700k from £5.97million per annum to £5.3million per annum (Gloucestershire County Council, 2016c).
- There are a wide variety of reasons for problem drinking and these depend on a range of factors. There is a divide between issues that manifest in the night-time economy, and those that develop as part of long-term negative behaviours. However, in both cases participants suggested effective approaches involved person-centred, holistic themes: themes that are central to the Smart Commissioning approach developed in this work.
- There was not a great deal of evidence to show that there are gaps or duplications in service provision across Cheltenham. However, it was interesting that a lack of information for providers in what services are available might be exacerbating a feeling that there are problems. If providers do not have a clear indication of available support, then it is hard for them to ascertain how comprehensive support is.
- Participants felt the services worked best with longer contracts, giving services time to embed in to a community and to reach consistent levels of staffing. This was particularly important for developing positive relationships with service users. Difficulties in delivery that come from contracts turning over too quickly inhibits the ability for organisations to found strong working relationships and adds to confusion around provision.

- Participants considered Turning Point, the existing provider of the drug and alcohol contract for Gloucestershire at the time of research, as less successful than it might have been. It was hampered by a lack of consistency in personnel, and could have integrated and communicated more effectively with other services in the area.
- There is a lot of agreement across participants on what constituted effective approaches to working with people. Key features of successful support included: working in a holistic and person-centred way; supporting the establishment of networks; and providing opportunities for a meaningful use of time.

Towards 'smart commissioning' of alcohol-related services

One of the key tasks of this research was to develop a Smart Commissioning approach for alcohol-related services. Section 3 provides a discussion on this, and Figure 3 summarises the eight key characteristics of such an approach, which are central to applying a Smart Commissioning ethos in Cheltenham. In several cases, these approaches already form part of existing services. The Inspiring Families model offers a good example of many aspects that could be regarded as Smart Commissioning. It is recommended that any plan for Cheltenham should look in more detail at this approach.

The headings following outline how the key components of Smart Commissioning approach might reflect in service delivery:

It should be Holistic:

The approach should work with multiple aspects of the person's life, taking in to account personal, social, and economic factors that might contribute to alcohol harm. This approach sees alcohol misuse as a symptom of other issues rather than being a problem in isolation. Individuals should be supported to link to multiple sites of support, of which alcohol services might play a part, and which have the overall aim of helping the individual tackle the harmful behaviours impacting on their life.

It should involve ‘Strength Based Working’:

The approach should take an approach that looks at the individual’s strengths rather than their deficits. This is an approach deployed by organisations such as the Barnwood Trust (2011). Building from strengths engages and inspires individuals more effectively, and helps to build capacity so that an individual is better placed to tackle problem areas of their lives.

It should be a positive process:

The approach should try to engage a person in making small, positive, and achievable changes to their lives. These can be a catalyst for greater change and can contribute to developing the resilience needed to overcome issues such as alcohol harm.

It should be flexible:

The approach should have flexibility in approach and opportunity, and flexibility in contract delivery. Because individuals vary in their experiences, motivations and challenges, services should not be prescriptive but individually tailored and able to evolve in the light of successes and setbacks. The same idea should apply to the relationship between commissioners and services, allowing for adaptation to contracts to meet changing needs.

Communication is Key:

Communication is important in three directions: between commissioner and services provider, between service providers and other service providers, and between service providers and individuals. Communication is essential to ensure a joined-up approach, to avoid duplication and gaps, and for efficient use of resources. There might, for example, be a central contact or key worker supporting the communication and brokerage process.

It should involve working alongside and be person-centred:

There should be a focus on approaches directed by the individual rather than top-down approaches to dictating support. This should emphasise empowerment and where there is a need for ‘hand-holding’ this should be a process that takes place alongside the individual.

It should aim to empowerment towards ‘life without services’:

The goal should be to empower the individual to lead a life independent of services. In doing so, support should aim to give compensatory access to services to enable participation in society and community life. It can do this through a variety of means, but by helping individuals to develop and maintain positive, supporting networks (friends, family, community, work).

It should be seen less as a strict set of service criteria and more as philosophy

Embracing Smart Commissioning goes beyond being able to follow a service model or being able to sign up to a set of practices; it is a philosophy or ethos to commissioning and delivering support in a way. It needs to be engrained in all levels of the service with practitioners who are fully committed to this approach in all aspects of their work

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Appendices

Appendix 1: Screenshot of the database created for Cheltenham Borough Council

Created By Alex Lodge, University of Gloucestershire
v2 Oct2016



alex.lodge@connect.glos.ac.uk

Gender Age blank to view all partners

Organisation	Dept.	Activities	Address	Phone	Email	Contact Name	Status
Streetwatch		0 Community Group	Streetwatch@outlook.com	N/A	Streetwatch@outlook.com	Michael willoughby	Other
	Suicide Crisis Centre and also separate Trauma Centre	Charity	Suicide Crisis, Admin Office, 4 Thompson Drive, Cheltenham GL53 0PN	07975 974455	contact@suicidecrisis.co.uk	Joy Hibbins (CEO)	Charity/3rd Sector
The Nelson Trust	The Hub	Community Group	59 Southgate Street, Gloucester	01452 422191	ruth@nelsontrust.com	n/a	Charity/3rd Sector
The Nelson Trust	Residential Based Services	Specialist Drug and Alcohol Service	Brimmscombe, near Stroud	01453 732867	admissions@nelsontrust.com	n/a	Charity/3rd Sector
Turning Point	Substance Misuse	Specialist Drug and Alcohol Service	8 Barton Street	01684 851590	info@turning-point.co.uk	n/a	Charity/3rd Sector
Turning Point	Housing Related Support	Specialist Substance Misuse Service	Turning Point, Bramery House, Alstone Lane, Cheltenham, GL51 8he	0300 123 1512	referraladmin@turning-point.co.uk	n/a	Charity/3rd Sector
Uni of Gloucestershire Students' Union	Membership Services	Charity	The Park, Cheltenham, Glos. GL50 2RH	01242 71 4360	su@glos.ac.uk	Linda Farrall	Charity/3rd Sector
		0		0		0	0
		0		0		0	0