

## Recommendations

- Identify a minimum set of external contextual factors to invest in and establish when preparing for roll-out.
- Four key enabling factors associated with higher numbers of AHCs trained were:
  - (i) having a named healthcare provider in place who would lead and coordinate the intervention**
  - (ii) delivery specified within an existing contract with local commissioners**
  - (iii) having an existing pool of volunteers to recruit from; and**
  - (iv) having formal volunteer induction arrangements in place**
- Co-produce a roll-out checklist of tasks to gain community insights into external contextual factors that may affect implementation
- Use a theoretical framework to guide the development of a localised roll-out checklist of tasks to inform decisions as to whether the community is ready to roll-out

### External contextual factor content category identified *a priori* in the CICA evaluation

External contextual factor content category	In place 3-6 months prior to roll-out?
Healthcare provider in place to coordinate the intervention	
Contract in place with a commissioned service	
Staff stability with staff in post at the outset	
Pool of other volunteers to recruit from	
Existing pool of RSPH Level 1 Health Champions to recruit from	
Formality of volunteer arrangements	
RSPH training centre status affiliated	
Local CICA coordinator registered trainer with RSPH	
Support from local Director of Public Health through the allocation of resources	
Evident support from elsewhere in the local authority	
Support from a licensing officer from the local alcohol licensing system	
Public alcohol licensing register in place at the outset	