

City of London Substance Misuse Partnership

Commissioning Strategy

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1 Summary

In its Adult Drug Treatment Plan 2010/11, City of London Substance Misuse Partnership (SMP) made clear its intention to develop a three to five year outcome focused commissioning strategy for the City of London to give the partnership clear strategic direction. This draft commissioning strategy sets out the intended strategic outcomes and agreed approach for the three-to five-year timeframe, and indicates key investments and disinvestments to be made. It signals the strategic direction for local services; highlights commissioning priorities, needs and opportunities to service providers; and is intended to offer a focus for discussion with service users and the local community, as well as an opportunity to open dialogues with potential providers. Clearly, there should be linkages with the City of London Adults' Health and Wellbeing Commissioning Plan.

The strategy belongs to the SMP. It is an overarching plan and analysis outlining priorities and strategic direction for the next 3-5 years. It will work in conjunction with a number of complementary plans (see Section 10), some of which will need to be developed subsequently.

2 Introduction

The City of London is a small area with approximately only 9,000 residents, but has a huge daily population of workers living in London and the South East. The City of London is bordered by the London Boroughs of Hackney, Islington, Camden, Westminster, Southwark and Tower Hamlets. For health purposes the City is linked to Hackney through NHS City and Hackney.

City of London SMP has the lowest estimate in the country of problematic drug users in its area, and receives the second lowest Pooled Treatment budget of all 149 Drug and Alcohol Action Teams (DAATs). It is an intensive Drug Intervention Programme (DIP) area but the majority (on average 97%) of clients do not reside in the City. Treatment services are commissioned by the SMP itself and also by NHS City & Hackney.

The Adult Drug Treatment Plan 2010/11 recognises that the City SMP "has excellent partners who work closely together, in an effective and diverse treatment team, committed to meeting the needs of all drug users in the City. The main demands on the partnership come from managing the complex needs of chaotic, rough sleeping drug users, and referring out of borough offenders back into services in their borough of residence and utilising its very small resources to create a broad treatment system that meets the needs of all drug users".

It summarised the aims of the partnership as being able to:

- Ensure that the entire treatment system focuses on recovery and reintegration and on quality of services.
- Deliver timely and effective treatment, harm reduction and wraparound services to drug users resident in the City of London or homeless within its boundaries.
- Improve access to treatment and harm reduction services for hard to reach groups in the City.
- Seek and report on research and best practice evidence in order to assist commissioning and strategic decision making.
- Increase the number of problematic drug users in treatment by increasing access points and retention and reducing unplanned discharges.
- Focus on improving the quality of current services with robust clinical governance procedures.
- Continue to work closely with partners to maintain a strong system which can be accessed if necessary to provide assistance to problem drug users with dependent children.

2.1 Current Commissioning Structure

The SMP Commissioning Group is composed of commissioners and local authority managers, and its purpose has been to support the SMP in the commissioning of drug treatment services, and treatment interventions in the criminal justice system, along with supporting the local implementation of objectives in the Government Strategy to tackle drug misuse.

In 2010, the SMP carried out a Structural Review¹, to identify whether the current organisational structures were best suited to the ongoing purpose of the partnership. The review identified that there has been some confusion about the respective roles of the SMP and the Commissioning Group. The launch of this new strategy provides an opportunity to clarify that the SMP Steering Group has primacy, as well as to ensure that the Commissioning Group has the appropriate membership to ensure delivery of the new national drugs strategy, referred to in section 3.

The Commissioning Group agencies are responsible for producing, or contributing to, a number of plans which interlink with the Commissioning Strategy. These include the Adult Drug Treatment Plan, the Joint Strategic Needs Assessment, and the Local Area Agreement. Relevant plans are referred to later in this document.

The Structural Review also confirmed the need to place greater emphasis on alcohol-related issues, reflecting the increasing level of concern and activity relating to alcohol misuse, and prevailing national practice. To reflect this shift, from April 2011 the City of London DAAT will become the City of London Substance Misuse Partnership. This confirms that the partnership's business echoes some of the key agendas for public health. Its focus has become broader, and includes alcohol, drugs, tobacco, and so called 'legal highs'. The SMP seeks to address the needs of both the resident and daytime populations of the City.

Accordingly, throughout this strategy the term SMP is used consistently.

2.2 Values

This Commissioning Strategy has much in common with the aims set out in the Drug Treatment Plan. It is informed by some shared values, which recognise that, while action on drugs and alcohol is fundamentally health-led, there is an equally important criminal justice focus. Our values and approach are therefore dependent on excellent collaboration between all stakeholders. This means that we will:

- Approach the commissioning of drug and alcohol services in a transparent way, which respects the views of service users.
- Work to ensure that drug and alcohol provision, relevant to need is available to all residents of the City of London, including homeless people.
- Seek to enable people to move away from a culture of dependency.
- Aim to offer choice and opportunity to service users with a range of harm reduction and recovery options.
- Within a context of limited resources, seek to invest on the basis of evidence based good practice, and the importance of responding to the most pressing needs.
- Seek to ensure that provision is high quality and offers good value for money.
- Aim to collaborate effectively with other City of London Commissioners and with DAATs and Health Commissioners in neighbouring Boroughs.
- Move to an outcome based approach to commissioning and will seek full service user involvement in setting outcomes and the monitoring of work towards them

2.3 Commissioning Principles

Commissioning is seen as a series of cyclical activities encompassing both commission and purchasing that can be grouped under four headings:

- Analysis.
- Planning.
- Doing.
- Reviewing.

In pursuit of these activities, the Commissioning Strategy conforms to some key principles:

- All four activities are sequential and equally important.

¹ City of London DAAT. Structural Review. IPC, October 2010.

- Commissioning and purchasing cycles are linked, and activities in one must inform the ongoing development of the other.
- The commissioning process must be equitable and transparent, and open to influence from all stakeholders through ongoing dialogue with service users and providers.
- There is a focus on needs identified by all agencies, ensuring a joint approach.

3 Legislation and other key drivers

The agenda of the present Coalition Government is clear, underlining considerable change in the broader policy context, to be seen in conjunction with significant reductions to public expenditure, as set out in the Comprehensive Spending Review of autumn 2010. It is important to note a number of key developments, which will be drivers for change for City of London SMP:

- The Comprehensive Spending Review, which was published on 20 October 2010, set out the high level position across Government departments, amounting to a total reduction of £81bn over the four-year period. While there is to be a net increase to the Department of Health budget (+0.4%), most analysts agree that the increase will not be sufficient to meet demand, and there will therefore be implications for health spending priorities. Home Office expenditure is to reduce by 23%, with police spending down by 4% pa. The overall cut to local authorities over the four year period is 28%, the detail of which was subsequently announced in the Local Government settlement published in December 2010. While the City of London Corporation may not be directly affected by all of these reductions, clearly there are implications for SMP partners, and indeed, neighbouring London Boroughs.
- The publication of a new National Drug Strategy², with anticipated changes in the approach to drug treatment, with a shift in emphasis from harm reduction to a more overt focus on abstinence and recovery.
- The functions of the National Treatment Agency (NTA) will be subsumed within the new national Public Health Service. Although this organisational change will not take place until later in the life of the present strategy it will mean significant changes in the funding and performance management relationships between the centre and local DAATs. Changes have already begun with less emphasis by the NTA on the detailed performance management of DAATs.
- The publication in 2010 by the NTA of Commissioning for Recovery³, which focuses on outcome-based commissioning for the drug treatment, re-integration and recovery system in drug partnership areas for problem users. It sets out to highlight good practice in a recovery-based treatment system. While it relates to the 2008 drug strategy, it clearly anticipates the change of emphasis set out in the 2010 strategy.

The Health White Paper⁴, published in 2010, proposed the abolition of PCTs, GP commissioning through consortia, and a new role for local authorities, with Health and Wellbeing Boards expected to work collaboratively with GP Commissioners. The proposals from the White Paper have been included in the Health and Social Care Bill 2011.

- Following publication of the White Paper on public health⁵, DH has launched a consultation on the funding and commissioning routes for public health. The section on alcohol and drug misuse states:
 - Public Health England and local authorities will play a key role in tackling the harms caused by alcohol and drugs. Local authorities will be responsible for commissioning treatment, harm reduction and prevention services for their local population, providing an opportunity to more comprehensively join up the commissioning of drug and alcohol intervention and recovery services locally. At a national level this will be supported by Public Health England, which will provide evidence of effectiveness, guidance and comparative analyses to support local areas in their task. To ensure

² Reducing Demand, Restricting Supply, Building Recovery. HM Government Drug Strategy 2010 www.homeoffice.gov.uk/publications/drugs/drug-strategy/drug-strategy-2010

³ Commissioning for recovery. Drug treatment, reintegration and recovery in the community and prisons: a guide for drug partnerships. NTA, 2010 http://www.nta.nhs.uk/uploads/commissioning_for_recovery_january_2010.pdf.

⁴ Equity and Excellence, Liberating the NHS. DH, 2010.

⁵ Healthy lives, healthy people White Paper. Our strategy for public health in England. DH, 2010

this support is immediately available, the core functions of the National Treatment Agency for Substance Misuse (NTA) will transfer to Public Health England.

- The Police Reform and Social Responsibility Bill⁶ is currently making its passage through Parliament, following public consultation on proposals for policing in the 21st Century. While not directly applicable in the City of London, the Bill will impact on neighbouring boroughs. It includes provisions for:
 - Making the police service more accountable to local people by replacing police authorities with directly elected police and crime commissioners to be introduced from May 2012.
 - Overhauling the Licensing Act to give more powers to local authorities and police to tackle any premises that are causing problems, doubling the maximum fine for persistent underage sales and permitting local authorities to charge more for late-night licences to contribute towards the cost of policing the late-night economy.
 - Introducing a system of temporary bans for new psychoactive substances, so-called 'legal highs', whilst the health issues are considered by independent experts, to ensure our legislative process can respond quickly to emerging harmful substances.
- The gathering pace of personalisation, with adult social care already rolling out a regime underpinned by choice and the use of personal budgets, set in train by Transforming Social Care⁷ and Putting People First⁸. This has been updated by the Think Local, Act Personal agreement⁹, which recommends how councils, health bodies and providers need to work more efficiently to personalise and integrate service delivery across health and adult social care. The proposal sets out what needs to be done to ensure further transformation of adult social care. It reiterates the need for integration of health and social care, in particular, around outcome based commissioning and procurement and effectively engaging with local markets to deliver on the choices and outcomes people require. To target supply effectively requires commissioners to develop stronger and more collaborative relationships to develop new models of provision and reduce cost; to work with providers to diversify their services and commissioners to develop better ways of gathering and utilising market intelligence. The expectation is that this process will be encompassed in health reforms.
- A move towards personalisation will mean that for commissioners, there will be an imperative to ensure that independent brokerage is available, to ensure that service users are able to make informed decisions about the choices available to them. For the SMP Commissioning Group, there will clearly be a need to explore the potential for adopting brokerage principles in tandem with the Health and Wellbeing Strategy.
- There are a number of changes to benefits and housing entitlement, encompassed in the Welfare Reform Bill¹⁰ which may have significant impact on residents and homeless people in and around the City of London:
 - A further £7bn in welfare savings was planned in the CSR on top of £11bn already announced.
 - A new 12-month time limit on the employment and support allowance could see an estimated 200,000 claimants moved onto jobseekers allowance and see their support reduced.
 - A proposed 10% cut in council tax benefit budget.
 - Under-35s will only be able to claim housing benefit for a room rather than a whole property.
 - Secure tenancies may be reduced – although this will be at the discretion of housing authorities.
 - The maximum savings award in pension credit to be frozen for four years.
 - An increased working hours threshold for working tax credits for couples with children, and a new total benefits cap of £26,000 per family.
 - A single universal credit to be introduced from 2013.

⁶ <http://www.publications.parliament.uk/pa/cm201011/cmbills/116/11116.pdf>

⁷ Transforming Social Care LAC (DH) 2008

⁸ Putting People First. A shared vision and commitment to the transformation of adult social care. DH, ADASS, LGA, 2007

⁹ Think Local, Act Personal. Next steps for transforming adult social care. Partnership agreement, 2010

¹⁰ <http://services.parliament.uk/bills/2010-11/welfarereform.html>

Aside from the overall context for public expenditure, and the aforementioned proposals impacting directly on drugs and alcohol, health, crime and policing, there are a number of broader policy developments which will have implications for the business of the SMP and how it approaches its commissioning responsibilities. Of particular significance are:

- The momentum for localism, and a likely focus on place-based budgeting, moving the Total Place¹¹ approach on to another stage. There will be an imperative to achieve greater value for money through collaboration, and in turn this will require service transformation. Subsequently, CLG announced 16 pilot Community Budget areas from April 2011, where councils and their partners will pool various strands of Whitehall funding into a single 'local bank account' for tackling social problems around families with complex needs. This approach will be rolled out nationally by 2013-14.
- The Localism Bill¹² was introduced to Parliament in December 2010, and included proposals for community empowerment, greater accountability to local people, and, of huge significance for commissioning activity, diversifying the supply of public services, aimed at increasing choice and achieving a better standard of public services.
- The "Big Society" agenda, supported by a Commissioning Green Paper¹³, which sets out the Government's intention to create an enhanced role in public service delivery for voluntary and community sector organisations, and which will inform a Public Service Reform White Paper to be published in 2011. This will clearly have implications for the role of commissioners, not least in developing broader provider markets.

4 Needs assessment

In assessing City of London drug and alcohol needs the following main sources of information have been consulted:

- The City and Hackney Joint Strategic Needs Assessment.¹⁴
- The City of London Adult Wellbeing Strategy.¹⁵
- City of London DAT Needs Assessment.¹⁶
- Safer City Partnership Plan 2009/12.¹⁷
- City of London Service User Group Survey Report.¹⁸

Full versions of these sources are available through the City of London SMP.

Additionally the following activities have been conducted:

- Interviews with all SMP staff.
- A consultation meeting with the Expert Service User Group.
- Interviews with the managers or key operational staff of service providing agencies.

This assessment provides an overview of the demographic position followed by an assessment of drug needs and then alcohol needs. In both the drug and alcohol assessments the available data and the analysis focus primarily on the City of London resident population, but in line with the overall approach of this strategy an estimation, where possible, is given of potential need among the City's day and night time non-resident population.

¹¹ Total Place. A whole area approach to public services. HM Treasury, 2010 http://www.hm-treasury.gov.uk/d/total_place_report.pdf

¹² <http://www.publications.parliament.uk/pa/cm201011/cmbills/126/11126.i-v.html>

¹³ Modernising Commissioning: Increasing the role of charities, social enterprises, mutuals and cooperatives in public service delivery. Cabinet Office, 2010. <http://www.cabinetoffice.gov.uk/sites/default/files/resources/commissioning-green-paper.pdf>

¹⁴ The health and wellbeing profile for Hackney and the City. Our joint strategic needs assessment. London Borough of Hackney, City of London Corporation, NHS City and Hackney, 2009

¹⁵ The City of London Adult Wellbeing Strategy, 2009-2012. City of London Corporation

¹⁶ City of London Drug Action Team Needs Assessment, 2009

¹⁷ Working together for a safer City 2009-12. Safer City Partnership

¹⁸ Service User Group Survey Report. City of London DAT, 2010

4.1 Key demographic issues for the City of London

The City of London has a residential population of approximately 8,000 people according to ONS estimates and 9,137 based on the GLA estimates. This number is expected to rise to just over 13,000 by 2026. Although the residential population is low, the daytime working population is in excess of 340,000 people along with approximately 16,000 students and 8,000 tourists.

Among residents a very high proportion are of adult working age with only 10% of the population under the age of 20. Generally life expectancy is higher than average for England. Though generally affluent the City's Portsoken Ward is among the 25% most deprived areas in England.

The City of London shares borders with the boroughs of: Hackney, Islington, Westminster, Camden, Tower Hamlets and Southwark. Drug markets are not generally available in the City itself and resident users source their drugs in adjacent boroughs. Similarly a number of key resources and housing options are outside the City itself. The relationship between the City and its neighbouring boroughs is therefore complex and this is a key issue for service design and delivery.

Similarly little data is available about the needs of City workers who may come from a wide variety of locations especially in the east of England with Liverpool Street station as the primary access point. This too has potential implications for the future design of services for both drugs and alcohol.

4.2 Drug needs in the City

4.2.1 Overview

The SMP has produced annual needs assessments in line with NTA requirements. The most recent data reports show a small population of resident drug users formally in treatment. Almost all are male and over the age of 24, with half aged 35 to 64. This relatively homogenous group used crack and opiates as their primary drugs of choice and there was very little use made of other drugs. Just under half were currently continuing to inject. Most had been homeless.

4.2.2 Tier 2

The profile for Tier 2 service clients showed that support, advice and information was provided to 37 individuals in 2008/9, most of whom were aged between 30 and 49 years and were predominantly male. Among this group were 24 heroin users and in addition to their heroin use most of these individuals also used crack as a secondary drug (92%). Many were in temporary accommodation and 6 people were recorded as being of No Fixed Abode (NFA). There was a small number of young people (24 or under) who were mainly cannabis users and were usually referred via the City YMCA or Centrepoint charities.

4.2.3 Tiers 3 and 4

City SMP clients receive their tier three treatment at the Homerton Hospital Specialist Addiction Unit (SAU), the Neaman GP practice and Health E1 which is a medical centre for the homeless on the outskirts of the City. Numbers in treatment remained relatively stable compared to 2007/08 with 26 people in treatment in 2008/09. The majority of clients receiving tier three and four treatment were in temporary accommodation and were predominantly heroin and crack users. All three of the services are able to prescribe methadone, but clients who use crack can be referred to the Crack Project in Hackney, though its location is seen as difficult to access for some City residents.

Referrals for Tier 4 treatment in the City are rare and are dealt with on a case by case basis.

4.2.4 People not in treatment and estimates of prevalence

Due to the unusual set of factors present in the City of London including low total numbers, it is difficult to provide accurate estimates of the numbers of drug users within the area. As a result, the normal processes used nationally by the University of Glasgow to produce estimates using the capture-recapture method (CRC) for the City of London have not been effective. Additionally, some indicators within the National Multiple Indicator Method (MIM) estimates were not appropriate to use for the City of London. These include population density and drug-related arrests of City residents in other areas (NTA Needs Assessment Guidance 2008/09). Such data as is available suggests that

there are no more than 10 to 12 people not in treatment, and this estimate is borne out by both the perspectives of service providers and service users who were consulted. This is further borne out by low referral numbers into treatment from Outreach provision, which is widely available in the City.

There had been concern in 2009 about possible unaddressed need among the settled resident population and this was a focus for the work of a new substance misuse nurse at the City's only GP practice. However this has not increased numbers identified as needing treatment.

4.2.5 Emerging trends and key issues

Prior needs assessments and the views of service users and providers suggest some emerging trends and developing issues. These can be summarised as follows:

- The closure of the Lindsey Hotel has made access to housing more difficult for some City drug users.
- There has been a significant reduction in rough sleeping generally, thanks to successful outreach work, but there has been an increase in the proportion of male homeless Eastern Europeans. While some of them have drug problems the predominant issue is with alcohol.
- The number of resident drug users is unlikely to increase significantly and it will be necessary to continue providing services for small numbers of people who typically have high levels of complex needs arising from homelessness. Sustaining such clients in treatment has been an important achievement of the City SMP and its providers of service, and in many of these cases the treatment journey is inevitably a long one. These factors will need to be borne in mind in planning future services.

4.3 Drug users who come from outside the City of London

4.3.1 The Drug Intervention Programme (DIP)

The City of London is an intensive DIP area. The SMP and City of London Police therefore work closely to ensure that drug testing is carried out for those arrested or charged for trigger offences and that the required assessments and restriction on bail (ROB) are implemented.

Due to the unique nature of the City, its DIP service is intensive for the initial part of the programme and non-intensive for treatment. This is due to the fact that most of the individuals passing through the City custody suites are not City residents. In 2008-09 97% of people who attended initial assessments with the arrest referral team lived outside of the City and were referred back to their own borough of residence.

Of the individuals who were assessed by the City Arrest Referral team, the majority were male (89%) and most of the clients were aged between 25 and 49 years, with those between 25 and 29 years making up the largest group (30%). The vast majority of these individuals were white British with a further 16% of another white background. After this, the Asian or Asian British individuals from a Bangladeshi or Indian background were the largest group, accounting for 16%.

As Figure 1 demonstrates the borough with the highest number of individuals attending assessments was Tower Hamlets (27%) followed by Southwark and Hackney. 53% of the individuals who came into contact with the City SMP team reported using heroin as their primary drug, with a further 20% using cocaine and 13% using crack as their primary drugs. In practice the majority of primary heroin and crack using individuals use both substances.

The City SMP has been working alongside other London DAATs at the cross borough attrition meetings organised by the NTA. This has brought individuals together from those boroughs that are net 'importers' or 'exporters' of DIP clients. The City SMP and Tower Hamlets DAAT are working together with the aim of increasing the number of people who attend their follow-up appointment and therefore have the initial contact with the DAAT in their residential borough, hopefully improving engagement levels.

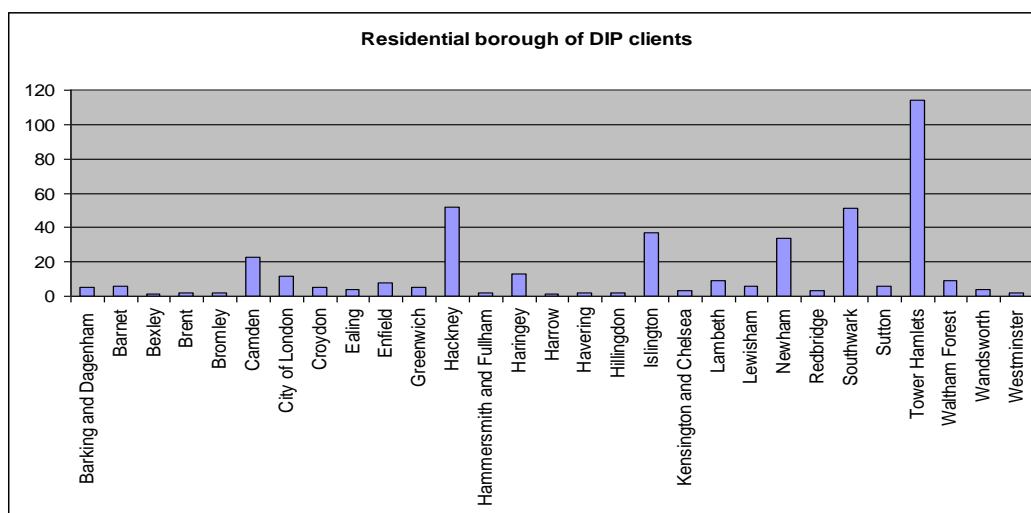


Fig 1. Residential Borough of City of London assessed DIP clients 2009/10

4.4 Day-time population and people from further afield who have not been arrested.

Over the years there has been much written about the actual nature of illegal drug use within the City of London based financial services industry. This has largely been based on anecdotal evidence or personal experience and there is no more substantial epidemiological study available. Clearly much use may be recreational, and financed without recourse to crime. There could well be nonetheless a considerable unmet need for information and support at a Tier 2 level, which is unlikely to be available to those working long hours in a City setting and commuting significant distances to home areas, where access to general health provision is difficult as a result.

Given a more assertive approach by the current Government to public health and prevention, and a more flexible approach to work based or walk in health provision there may well be opportunities for a pro-active approach to the daytime working population. This is inevitably a sensitive issue, but the first step should be for the SMP to seek funding for a full study, hopefully with the collaboration and support of the major Financial Services bodies in the spirit of developing the City of London to promote itself as a centre of healthy living and working. Such a study would need to assess the numbers from different areas outside London, as there may well be a case for funding being made available from such locations.

4.5 Alcohol needs in the City

4.5.1 Introduction

Alcohol is now generally recognised as a major national concern across the United Kingdom. Some of the main issues are as follows:

- Alcohol related problems cost British industry £2 billion per year due to absenteeism and poor work performance.
- 25% of hospital admissions are related to alcohol.
- 40% of domestic violence incidents are alcohol related.
- One third of cases of child abuse are associated with alcohol consumption.
- 11 people are killed each week in road traffic accidents due to drinking.
- 33,000 people die each year from alcohol related causes.
- In city centres with significant night-time economies a high proportion of calls for service to the Police are alcohol related. In the City of London in 2009/10, 60% of assaults recorded by Police were alcohol-related.
- The City has some 700 licensed premises, of which between two and three hundred are private establishments. As well as this high density most public premises now have significantly longer opening hours in the evening and weekends than was traditionally the case in the City.

- 19% of men and 5% of women in Britain report having had some sort of alcohol related problem.

So far as the last proportions are concerned, they would translate very roughly to 760 men and 200 women within the City's resident population. Assuming equal male and female work force proportions in the day time population 340,000 would indicate roughly 32,000 men and 8,500 women having some sort of alcohol problem.

Alcohol concerns feature prominently in the City's Safer City Partnership Plan for 2009/12, which includes the following key activities relating to different Action Plans. The main elements can be summarised as follows:

4.5.2 Night Time Economy Plan

- Improving the overlap between alcohol and drugs planning including the workplace.
- Personal Safety Advice training.
- Brief interventions for arrestees at a City GP practice.
- Conditional Cautioning.
- Preventative work with young people.
- Instigation and progression of a survey to find out more about drinking patterns for those who drink in the City, where there are approximately 700 Licensed Premises.

4.5.3 Anti-social Behaviour Action Plan

- Ongoing work with street drinkers and rough sleepers including repatriation where appropriate through the Barka Foundation.
- Financing and implementing arrangements for alcohol services for those whose drinking brings them into contact with the Police- the Performance measure for this is to be reduction of perception of drunk or rowdy behaviour a problem from a 39% baseline figure in the 2010/11 Place Survey to 35%.

4.5.4 Protecting Vulnerable People Action Plan

- Finalise and implement arrangements for alcohol services (jointly with the ASB Action Plan).
- Raising awareness of drug and alcohol issues amongst the working population.
- Maintaining the low number of deaths among drink and drug users.

Most of these actions are concurrent with the present strategy on Drugs and Alcohol, and close links need to be made operationally and through commissioning to achieve the best results.

4.5.5 Adult Health and Wellbeing

The other key strategic document relevant to alcohol is currently the City of London Adult Well-Being Strategy and Action Plan for 2009/12. A new Health and Well-Being Strategy is currently being developed and there has been dialogue between the City of London SMP and Adult Services to ensure that the two strategies are consistent in their overall approach and priorities.

The 2009/12 strategy proposes improved integration between drug and alcohol services with improved alcohol services which are seen as less well developed, and this is clearly an important ongoing priority in the development of services into the future.

The 2009/12 strategy does, however, suggest that there are estimates of relatively low levels of alcohol related harm. A different view was expressed by a majority of the drug and alcohol workers from different agencies who contributed to the development of this City of London SMP strategy. They spoke of significant concealed levels of need within the City resident population, and very high levels of need among homeless and rough sleeping populations. An Outreach service said that of the

273 people it had seen in the previous year at least half had primary alcohol use as their predominant substance misuse issue.

The City SMP is already developing alcohol provision in a more integrated way with clearer referral pathways, but in developing its approach further needs assessment work is necessary to estimate need more accurately.

GPs will be crucial in developing a clearer understanding, especially given the new commissioning structures which will be established during the life of the Drugs and Alcohol Strategy. The City of London SMP will be helped in this by having a single GP Consortium to deal with initially, but the development of early working and planning links and procedures is a high priority for the City SMP. Key links with NHS structures in Hackney and Tower Hamlets will also need to be planned.

In this regard the 2009/12 Adult Well-being strategy noted that while 63% of the population were happy with GP arrangements satisfaction levels were lower among those in BME groups and in socially rented housing. The strategy notes particularly a need for closer strategic working with Tower Hamlets, which may be relevant for the present strategy.

So far as the development of the new strategy for Health and Wellbeing is concerned an initial Commissioning Strategy giving direction to the overall commissioning approach and partnership structure will be followed by a second strategy document addressing policy and provision including key outcomes and priorities.

Both these documents will reflect the major significance of the new and broader Public Health role which local authorities will have in future. Given the major significance of substance misuse for this agenda it will be important to ensure a synergy between the Health and Wellbeing and City of London SMP strategies. It is already clear that both will address the needs of both residents and the daytime populations.

4.5.6 Problem drinkers who come from outside the City of London

As with City residents there is little systematic data available about the extent of the problem.

City of London Drug Interventions Programme staff have commented on the relatively high number of people who are seen by them ostensibly with a drugs issue, but in fact presenting significant problems with alcohol. Referral practice of this kind is outside their current formal role but some do already make referrals and give advice to arrestees. While at present there is no statutory basis or dedicated resource for this work, the SMP will aim to achieve during 2011/12 a substantial increase in the number of interventions with alcohol users arrested in the City of London.

Other contributors pointed to high levels of alcohol use especially late at night among commuters.

It does seem clear that, as with illegal drugs, there is a strong emerging case for a more assertive approach to work places about alcohol policy and consideration of new methods of intervention at Tier 2 which could offer day time confidential provision to workers.

The primary initial need both for the resident population and the day time population alcohol is a detailed study of needs levels and this will also facilitate a better analysis of gaps in current and planned services.

It does seem clear from contributors to this strategy that alcohol presents a bigger potential challenge than illegal drugs, especially given the aspiration to develop some provision for the day time population.

There will be a joint approach with Hackney on alcohol issues, commissioned by City and Hackney PCT, and performance-managed by the two SMP/DAATs. A contract has been awarded to East London Foundation Trust to provide both low threshold and structure treatment.

5 Service Review, Mapping and Gap Analysis

A review of services was conducted through an assessment of available performance data; consultations with staff and managers from in house and external providers of services, and the views of an expert group of service users.

The assessment is structured against the main planned improvements proposed in the Adult Drug Treatment Plan for 2010/11, and key issues identified from the needs assessment above.

5.1 Overview

For the City of London's small resident population of drug users the current services provided are individualised, well integrated and responsive. Assertive outreach is seen as a key resource for a population with a high proportion of rough sleepers though a range of policies including the closure of long established hostel accommodation has significantly reduced numbers.

Services are much stronger for illegal drug users than for those with alcohol problems, and the retendering of the City and Hackney service has addressed this issue.

East London Foundation Trust (ELFT), in partnership with Lifeline, is the new provider for both low threshold and structured alcohol treatment. The new service will be called CHARTS (City and Hackney Alcohol Recovery and Treatment Service).

The new services will provide:

- Increased capacity within the alcohol treatment system.
- A strong orientation towards working with primary care, Homerton University Hospital and a range of community based services.
- A high level of clinical support.
- A full range of interventions available to meet the varied needs of the client group.
- An opportunity to develop improved integration with drug treatment services, over the longer term.

The former City of London Alcohol Worker post has been subsumed within the new service and will contribute to the continuation of dedicated City of London provision with clear pathways for access to service.

The new services will be operational from 1st April 2011.

Most provision across the drug treatment system is in-house, but there is good dialogue at both operational and management levels with the small number of external providers. Other providers inevitably have a broader focus than the City and help to cement links to neighbouring boroughs, but there are difficult issues about 'ownership' of cases and the improvement of working practice with adjacent boroughs continues to be an important priority.

The DIP deals with very few City cases but operates a very comprehensive cover within Bishopsgate Police Station and the City Magistrates Court. There is awareness that numbers have been reducing and that this has implications for the use of resources in respect of the current shift pattern and the distribution of work. There is some cross over of function between DIP staff and the City treatment providers and the small number of City residents coming from the DIP access the same treatment system as non-Criminal Justice entrants. The commitment in this strategy to higher levels of work with alcohol users will have a significant impact on the numbers concerned.

An ongoing issue for the City of London has been the difficulty in making the performance management data required by the National Treatment Agency relevant to a small treatment system with low numbers. Requirements are likely to change within the life of this strategy, following the abolition of the NTA and the subsuming of its functions into the new national Public Health department. As indicated earlier this is likely to be accompanied by a greater focus on outcomes and choice for those entering the treatment system.

The following sections relate to specific areas of service delivery.

5.2 Harm reduction work

Changes in needle exchange provision have weakened access to this important area of harm reduction provision, and there is a need to improve this, possibly through basing exchange in at least the main GP practice. This is likely to be a key issue in dialogue with new GP consortium. Similarly further improvement in Blood Borne Virus testing and treatment are also needed.

Strategically, and as identified in the 2010/11 Treatment Plan broadening of the focus of harm reaction work is needed. This should include alcohol, and tobacco as well as sexual health. There will be a need to develop the skills of City substance misuse workers to support this. A more broadly based approach will call for close working links with new health commissioning consortia and with the City's Public Health function. As well as planned leafleting and promotional campaigns efforts should be made to engage the wider City of London staff group as champions and supporters of the strategy.

As indicated in the earlier needs assessment many of those involved in delivery of City of London services are aware of the significant harm reduction issues affecting the day and night time economy populations. While these risks include drug use the predominant issue is alcohol and associated risks such as physical and sexual harm. In alliance with other partners the City will aim to develop a plan for tackling harm reduction with these wider groups. Key allies will need to include the City NHS Walk In provision in Bishopsgate, British Transport Police and members of the wider Community Safety Partnership.

5.3 Access to and operation of the treatment system

While consideration has been given to reducing the scale of the assertive outreach service because of lower figures on drug referrals the need to build capacity for alcohol work and the likelihood of considerable unmet alcohol need from hard to reach groups suggests that capacity needs to be maintained. The service is well linked to the rest of the treatment system and access is generally prompt and effective.

The City of London treatment system is well placed to continue offering an individualised service and to develop a personalised approach to service delivery through individualised payments as is being developed in mainstream adult services. The introduction of this approach will be a priority within this strategy. In order to develop it the following features of current service provision will be important components:

- The role of care manager with well-integrated links to Housing and other services.
- Regular integrated case reviewing.
- Work on meaningful occupation - although restrictions on funding have prevented the continuation of a time limited specialist post the SMP will work to ensure that this area of activity remains part of the SMP's overall approach, especially in the context of opportunities for recovery.
- Sustained good quality prescribing services.

In addition there will need to be the provision of independent brokerage for service users and as indicated earlier in this strategy the City of London SMP will seek to develop this in conjunction with the City's Adult Services

5.4 Further developments

In order to develop the personalisation approach, however, a number of further developments are necessary.

5.4.1 Appropriate facilities for resource allocation to individuals

A system of individual budgets with appropriate resource allocation and monitoring systems will need to be introduced in conjunction with City of London Adult Services.

5.4.2 A new model for Service Use Engagement

The current model, which has been under review, has focused on attendance of service users at a Drop In provision where attendance is supported by a small payment. As well as providing convenient access point for professionals to engage with service users this meeting has been used also for consultation purposes.

It is suggested that the most suitable model for a small total number of treatment users may be to develop the role of the Expert Group, accompanied by an annual survey. Views and assessments from both these sources should be fed regularly into team meetings and the SMP Steering Group.

This would leave the possibility of developing an alternative use for the Drop In facility.

5.4.3 Widening the range of treatment choices

It will be important to develop an integrated treatment system capable of working with drug and alcohol users as well as those with a dual diagnosis. In order to achieve this integration and offer a wider range of interventions the following are key priorities:

- Skills training on alcohol within both the SMP and DIP staff teams.
- Developing an alternative Drop In model, which will offer direct access to some treatments.
- Developing access for drug and alcohol users to structured group programmes either through contractual arrangements with existing providers or through spot purchase.
- Extending the capacity to deliver Psycho- Social Interventions at an individual level.
- Development of a treatment system, which is more recovery based and has the capacity to deliver abstinence based approaches, with an appropriate and recognised role for self-help groups such as Narcotics Anonymous and Alcoholics Anonymous.
- Sustaining work on meaningful occupation.
- Developing practice with carers and families in conjunction with other City services.

Given the financial conditions likely to exist through the life of the strategy the development of services along these lines will need to be achieved through reconfiguration of current provision, and a more flexible use of resources. Clearly close collaboration with neighbouring boroughs will assist in this.

5.4.4 Drug Interventions Programme (DIP)

An anticipated reduction in resources for the DIP will necessitate changes in the allocation and responsibilities of workers, including greater links to the treatment team to achieve maximum synergy.

It is likely that cover for shifts can be reduced at low demand periods, and the SMP will also look for closer working with neighbouring boroughs, notably Tower Hamlets.

As part of the proposed development of broader harm reduction work DIP staff will also be trained to assess problematic alcohol use and appropriate referrals for brief and longer- term interventions.

5.4.5 Development of provision for day-time and night-time economy populations

As indicated in the earlier section on substance misuse need further work will be necessary on the range of potential options and service markets for City workers and visitors. City of London SMP does recognise the importance of the City becoming a centre for health and well-being in the work place, however and that the wider targeting of harm reduction work on both drugs and alcohol merits a plan in its own right. Additional funding would need to be sought for this work.

It is recognised that many firms have in-house provision for occupational health, but this does not necessarily include access to substance misuse provision, and there may well be a market from such firms for the specific contracting out of such services. The SMP could well act as a broker in this situation as well, potentially, as being a direct provider.

Within the night time economy there may be further unmet need and several workers have expressed concern about some hidden harm issues, for example sex workers.

6 Developing the market

In the light of the needs identified, and in the context of a public policy orientation towards greater choice and value for money, commissioning activity must address market development. Equally, in the context of new health and wellbeing responsibilities for the CoL Corporation, we suggest work is undertaken in the first year of this strategy towards development of a market position statement. This should help clarify for commissioners and providers alike issues such as:

- Where input should be made to achieve greatest effect.
- The extent to which brokerage should be available.
- The extent to which the market is expanding or contracting.
- Whether services are to be outsourced or insourced.

7 Resource analysis

In common with all DAATs, the funding position for the City of London SMP is complex, reflecting that it is a partnership. Funding has come from various sources, with the largest contributions coming from the Pooled Treatment Budget allocated by the NTA, and the DIP main grant from DH and the Home Office, as well as mainstream investment from the PCT.

In line with the shift towards a recovery-focused system in 2011/12, the DIP main grant will in future be divided between local Health and Wellbeing Boards, and Police Commissioners.

The table below summarised the position for the last two years, and the coming year.

7.1 Funding: Current position

The funding allocations for 2009/10 and 2010/11 is set out in the table below.

Item	2009/10 (£)	2010/11 (£)	2011/12
Subs Misuse pooled Treatment Budget Adults PTB	68,105	52,798	59,882
SMPTB underspend from previous year	79,000	50,000	TBC
YP PTB	671	1,202	1,991
DIP main grant	325,101	274,329	238,768
PCT mainstream investment (PCT MI) Care Manager	33,825	33,825	33,825
PCT MI Community Alcohol Worker	25,000	25,000	0
PCT MI Alcohol Treatment	21,065	21,065	21,065
Partnership Support Grant	55,400	42,600	TBC
Total	608,167	500,819	355,531 TBC

7.2 Staffing

The current staffing level is 9.4 full time equivalent posts, composed of 10 individuals. Grant reductions mean that, for 2011/12, the staffing level will reduce by 1.6fte, with a re-organisation of the team as a result. One DIP post will be removed. The 0.6fte Meaningful Occupation post was temporary, and will not be continued. The intention is that the principle of enabling service users to identify meaningful occupation will be mainstreamed across the staff team.

8 Risk assessment

There are various overarching risks that the partnership must be aware of and be able to manage. The key areas to be addressed are:

- Internal organisational change: It is inevitable that in the cost reduction climate, different models come into consideration for the best organisational location for bodies such as the SMP. This can be destabilising, and has the potential to adversely impact on performance.
- Reduced funding for providers from neighbouring London Boroughs, which may have an impact on the City's share of services: this may necessitate firmer contractual commitments to safeguard the City share in future.
- Sustainability: uncertainties about funding mean that there is a potential risk to continuity of service.
- Staffing reductions: Although the activities of the SMP are within staffing capacity, any diversification of work, or expansion in future, would put resources under pressure.
- Outcomes: with a greater focus on outcomes-based commissioning, there are uncertainties about how to work towards this, and as yet a lack of clarity about the measures that must be agreed. TOP returns will be a starting point for this.
- Planning: although the new national drug strategy is published, the absence of a framework document which would provide the detail regarding implementation means that it is currently difficult to engage in forward planning.
- Performance management: Not least due to the changes to NTA, there is a lack of clarity about what performance management regime will prevail. There is a current risk of drift, due to the lighter touch already being taken by NTA. This results in a hiatus, and means that it, in the absence of monitoring imperatives, can be more difficult to secure commitment from all SMP partners.
- NHS changes: it is inevitable that attention will be focussed on a major change process, meaning that it may be difficult at times for the SMP to be the highest priority on the list of some key stakeholders. PCTs and their staff are facing a challenging future, and there is no clarity yet about how GP consortia will relate to the City of London, nor about their commissioning abilities or priorities.
- Public Health: The main funding for the SMP will come from Public Health England. There is great uncertainty about how the changes to public health will bed down, and this raises questions about funding and contracting arrangements in future. There is as yet no clarity about where public health will be located within the Corporation.
- Localism: the new agenda arguably offers great opportunities to commission services most appropriate to a locality, but in practice there may be conflicting agendas for the different "localities" that impact on the City of London.

9 Monitoring and review arrangements

The SMP will develop a set of indicators to measure the impact of the strategy against the outcomes, and will also develop measures to gauge the impact of the proposed service developments and changes. We will use a balanced score card approach that relies on a range and mix of measures, including:

- Statistical performance data.
- Contract and service monitoring reports.
- Satisfaction surveys from the public.
- Feedback from neighbourhoods.
- Feedback from service users including project data.
- Complaints.
- Detailed evaluation reports as required.
- Individual case review and pathway studies.
- Service user data.

10 Related Plans

This Commissioning Strategy sets out the overall strategic direction for the next three years. A number of supporting plans will be fundamental:

- Implementation plan.
- Market facilitation plan, with a market position statement.
- Purchasing plan.
- Communications plan.

As this is the first Commissioning Strategy for City of London, a clear plan for communicating the priorities and contents is crucial, for the whole life of the strategy.

The plan will need to address a range of different audiences, including:

- Partnership members - for 'buy in' and dissemination of the strategy through their agencies and infrastructures.
- Other partnerships and their associated agencies.
- Elected representatives at all levels.
- The Home Office and DH.
- The voluntary sector.
- The general public - through a range of media.

11 Key priorities

Reflecting the period of change and transition that lies ahead, this Commissioning Strategy sets out a number of clear intentions. Underpinning all of them, is the imperative for the SMP to:

- Make the most of the synergies with the public health agenda, and to exploit the potential for greater collaboration with the Corporation's Health and Wellbeing function.

There are a number of short-term priorities for the SMP. It must:

- Develop a needs assessment process to inform design of future service provision.
- Sustain and develop a good quality substance misuse service for the resident population.
- Develop a wider service approach to both the daytime and night-time populations.
- Seek to influence the commissioning decisions of the corporate sector in the City.

In pursuit of these priorities, it is essential for the SMP to Appendix.

The following document is attached in full as an appendix to this Commissioning Strategy: City of London DAAT Structural Review 2010.

The following supporting documents are available directly from the SMP or via the City of London SMP website.

http://www.cityoflondon.gov.uk/Corporation/LGNL_Services/Health_and_social_care/Substance_misuse/drugs_action_team.htm

- The City and Hackney Joint Strategic Needs Assessment (City and Hackney 2009).
- The City of London Adult Wellbeing Strategy 2009/12 (COL 2009).
- City of London Drug Action Team Needs Assessment 2009 and 2010 (COL SMP 2009/10).
- Safer City Partnership Plan 2009/12 (COL 2009).
- City of London Service User Group Survey Report (COL DT 2010).
- City of London Safer City Partnership Plan for 2009/12 (COL 2009).