

Committee(s):	Date(s):
Community and Children's Services	For Information 11 Apr 2014
Health and Wellbeing Board	For Information 30 May 2014
Subject:	Public
Service Review of Drug and Alcohol Services, Update Report	
Report of:	For Information
Director of Community and Children's Services	
Summary	
<p>This report updates Members on the status of the City's drug and alcohol services review. The early stages of the review have included an examination of the evidence and policy surrounding substance misuse and analysis of the current spend on different elements of the service.</p> <p>The key outcomes of the review to date are as follows:</p> <ul style="list-style-type: none"> • There is a need to focus on prevention of drug and alcohol misuse as well as on treatment of entrenched users. • There is potential to link the drug and alcohol misuse service with other addictions services, for example smoking and gambling. • There is potential to link the drug and alcohol misuse service with other risk-taking behaviours, particularly for City workers. • There are inherent links between drug and alcohol misuse and mental health services, and these should not be ignored. As such, it is necessary that the service should have a 'no wrong door' policy, and links across to mental health prevention and treatment services. • The tobacco control programme review has been aligned to run in parallel to the drug and alcohol services review. 	
Recommendation(s)	
Members are asked to:	
<ul style="list-style-type: none"> • Note the report. 	

Main Report

Background

1. In January and February 2014 it was reported to the Health and Wellbeing Board and Community and Children's Services Committee respectively that an initial review of all public health services had been undertaken. This initial review had highlighted a number of areas requiring a full service review, of which substance misuse (drug and alcohol) services was one.

2. The necessity for the review was highlighted by a recent message from Duncan Selbie, Chief Executive of Public Health England, stating that he will shortly be writing to all local authorities to ask them to share the progress they have made in improving prevention programmes for drugs and alcohol, and in improving outcomes and value for money.

Current Position

3. The current substance misuse service is provided by the City of London Substance Misuse Partnership (SMP). The funding for the service is provided by the public health budget, City of London Police, and the Safer City Partnership. The current spend from the public health budget on this service, including management costs, is £295,000, with an additional £106,000 provided by City of London Police and £29,000 provided by the Safer City Partnership.
4. Almost all of the current work involves drug and alcohol treatment services for residents, with only a very small proportion of resource being spent on prevention work for drugs.
5. The current specialist treatment is jointly commissioned with the London Borough (LB) of Hackney from the Alcohol Recovery Centre (ARC) and Specialist Addiction Unit (SAU), which is an expensive service. Additionally, City clients accessing the service have expressed the opinion that the service is too far away; however, they have acknowledged that it is useful. The ARC also provides a lot of support to the substance misuse team. LB Hackney is currently reviewing its substance misuse service, particularly its commissioned specialist services. Officers from the City of London Corporation (CoLC) are on the programme board for this review, and will be assessing the strategic fit with the City's needs as the LB Hackney review develops.
6. To date, drug and/or alcohol prevention work with workers or businesses in the City has been of limited scope and of unknown efficacy. Despite efforts from the team it has proved to be a difficult area to penetrate, and as such would require additional resources to ensure its effectiveness. There is potential for this to link with the emerging Business Healthy Circle in future.
7. The amounts paid for the different levels of service are currently unbalanced. Best practice and quality standards indicate that the spend should be far higher on prevention work with healthy or low risk users, in order to prevent future misuse, with smaller amounts of money spent on the higher risk users and entrenched addicts. As stated above, this is currently not the case – there is very limited prevention work undertaken as the focus and drive has been towards treatment.

Evidence Review

8. An evidence review was completed in January 2014, looking at best practice reviews that have taken place elsewhere in the UK as well as the National

Institute for Health and Care Excellence (NICE) quality standards for drug and alcohol services. This evidence review has highlighted areas that the drug and alcohol services commissioned by the City should concentrate on. These are detailed under the following headings:

- a. Information and awareness
- b. Educating children and young people
- c. Training for frontline workers
- d. Treatment services
- e. Tracking clients across services
- f. No wrong door
- g. Hospital liaison
- h. Vulnerable groups
 - i. Looked after children
 - ii. Rough sleepers
 - iii. Tenancy support
 - iv. Dual diagnosis and mental health services
 - v. Children and families
 - vi. Older people
- i. Reducing substance-related crime/violence
- j. Premises selling alcohol

Information and Awareness

9. There is strong evidence to link risk-taking and addictive behaviours such as smoking, drugs, alcohol and gambling in commissioned services. These behaviours are often exhibited together, and with a linked service can therefore be tackled at the same time. In line with this, the tobacco control review has been aligned to run in parallel with the substance misuse review, and there are references to tobacco control within this report. During the reviews, consideration will be given to the feasibility of a combined or linked service.
10. Within the City worker population, there is a particular risk-taking culture that may contribute to the development of health issues and addictions. This has the potential to impact on both City workers and their employers. In terms of prevention and awareness-raising activities, attitudinal research shows that City workers do not like to admit that they have relinquished control, so this could be a potential communications angle. There is also potential to conduct research on the role of City employers as 'enablers'.

Educating Children and Young People

11. Public Health England has released figures showing the benefits of drug and alcohol interventions for young people. Across England, young people's drug and alcohol interventions result in £4.3m health savings and £100m crime savings per year. They can also help young people get in to education, employment and training, bringing a total lifetime benefit of up to £159m. This means that every £1 spent on young people's drug and alcohol intervention brings a benefit of £5 to £8.
12. The City of London Police currently commission the Drug Abuse Resistance Education (DARE) programme which is aimed at teenagers and primary school-aged children. Police officers run pupil education sessions on drugs in three of the private schools in the City, and have also conducted some sessions with teachers. There is anecdotal evidence that drugs can be a problem with teenagers around exam time in particular.
13. City Gateway, the City's provider of youth services, has provided two sessions on cannabis usage to young people engaged in the youth service.

Training for Frontline Workers

14. There are plans in place to train all frontline staff including children's social care, rough sleeper outreach teams and housing officers. Social workers within adult social care have already received training.
15. Some training of bar and club staff was carried out by Project Eclipse, which was managed by the London Drug and Alcohol Policy Forum and partially funded by the SMP.
16. There is a gap in training of receptionists, security officers, City of London street cleansing staff and other frontline workers who are in contact with people on a daily basis and may be able to provide either brief interventions or signposting to appropriate prevention services.

Treatment Services

17. The services have not been evaluated to look at the effectiveness of treatment and outcomes. There is a need for this to be completed to ensure that people are not re-entering the system at a later date, and also to ensure that the services are generally fit for purpose.

Tracking Clients Across Services

18. The substance misuse team currently use a web-based care management system. It will need to be investigated as to whether this can be integrated with Frameworki and other City systems, in order to be able to track across social work, families, housing and other teams to improve integration of care across services.

No Wrong Door

19. Substance misuse care managers currently act as the link between social care and substance misuse services.
20. Broadway's homeless outreach service is excellent at making referrals to the substance misuse service, and integration between the homelessness and substance misuse teams is working very well.
21. The City funds a substance misuse nurse to work at the Neaman Practice in the City, and Health E1 in Tower Hamlets. This is working very well, and has increased the number of referrals coming through to the team from these practices.

Hospital Liaison

22. Evidence from Public Health England shows that one alcohol liaison nurse can prevent 97 accident and emergency (A&E) visits and 57 hospital admissions.
23. There is currently no hospital liaison for drug or alcohol services. As most hospitals retain lists of A&E admissions that are alcohol or drugs related, there is potential to link with the Section 256 funded social worker liaisons which will be in place shortly.

Vulnerable Groups

i. Looked after children

24. Looked after young people are particularly vulnerable, and NICE has issued specific guidance about reducing substance misuse in this group. The City does not currently undertake any substance misuse work with looked after children placed in other authorities; however, conversations have now started with the children and families team to look at prevention strategies for looked after children and care leavers. It will be important to ensure that this group is looked after, either as part of a wrap-around service with the host authority or by providing limited one-to-one support.

ii. Rough sleepers

25. Evidence suggests that floating support for rough sleepers is extremely important to ensure that they do not slip between authorities and services. In the City we have a good floating support for rough sleepers – it comes at the start of their journey and the team are allowed to work with rough sleepers who are housed out of the borough.

iii. Tenancy support

26. The Tenancy Support Officers working for CoLC provide brief interventions for drugs and alcohol to tenants living on our estates who are in receipt of support. The key benefits to this are the identification of tenants in need of interventions and support, as well as reduced rates of drug and alcohol misuse on our estates.

iv. Dual diagnosis and mental health services

27. There is strong evidence to show the links between mental health and substance misuse, and many patients have dual diagnoses. Dual diagnosis patients currently access drug and alcohol treatment services first, even if substance misuse is not their primary issue. It then falls to the substance misuse team to convince other services that there are cognitive or mental health issues that need to be dealt with as the underlying problem.
28. Currently, substance misuse is not integrated within mental health prevention services. This will need to be considered alongside other prevention services to be commissioned.

v. Children and families

29. The evidence shows that targeted education for troubled families should be an essential component of the prevention services in place for City residents. Substance misuse services should aim to work directly with other City teams to offer specific support to these families, taking a whole family approach to prevention.
30. The SMP is an active member of the Troubled Families Strategy Group and is working with children and families.

vi. Older people

31. Alcohol dependence in older people is often under-detected. An age-specific outreach approach is required for this group.

Reducing Substance-related Crime/Violence

32. The current Drugs Intervention Programme (DIP) is jointly funded by the City of London Police and Public Health England. As the name of the service shows, this is a drugs programme and involves only a relatively small number of alcohol interventions. Discussions are currently under way with City of London Police as to the vision for this and other substance misuse services, ensuring a joined-up approach under the review.
33. Alcohol, particularly when combined with cocaine, can be a contributing factor to violent crime within the City. This is a key area that needs to be targeted with City workers.

Premises Selling Alcohol

34. Premises selling alcohol should be encouraged to work together in order to share information both with each other and with the City about drug and alcohol misuse. Sharing with the City will take time to build trust and ensure that licensing issues do not come into play; however, information sharing should be facilitated and encouraged. This will link with the 'Safety Thirst' campaign co-ordinated by the Safer City Partnership.

Public Health Outcomes Framework

35. The current service contributes to the Public Health Outcomes Framework (PHOF); however, it has been identified that by focusing on prevention, as suggested in the evidence above and by Public Health England, it could make a far greater contribution. This can be seen in the table below. For ease of reference, the tobacco control work has also been included in this table.

PHOF Indicators	Current service	Drugs	Alcohol	Tobacco
1.09 – Sickness absence	x	x	x	x
1.10 – KSI casualties on England’s roads		x	x	
1.11 – Domestic abuse	x		x	
1.12 – Violent crime (including sexual violence)	x	x	x	
2.01 – Low birth weight of term babies			x	x
2.03 – Smoking status at time of delivery				x
2.04 – Under 18 conceptions			x	
2.14 – Smoking prevalence				x
2.15 – Successful completion of drug treatment	x	x		
2.18 – Alcohol-related admissions to hospital	x		x	
2.24 – Injuries due to falls in people aged 65 and over			x	
3.02 – Chlamydia diagnoses			x	
4.03 – Mortality rate from causes considered preventable	x	x	x	x
4.04 – Under 75 mortality rate from CVD				x
4.05 – Under 75 mortality rate from cancer	x	x	x	x
4.06 – Under 75 mortality rate from liver disease	x	x	x	
4.07 – Under 75 mortality rate from respiratory disease				x
4.08 – Mortality from communicable diseases	x	x	x	

36. As expressed above, there is strong evidence to show the benefits of looking at addictive behaviours together. The government provide guidelines on unhealthy behaviours that should be avoided to reduce health problems later in life. Some 70% of adults seen by services in the NHS are not adhering to the government guidelines on two or more of these unhealthy behaviours. By clustering behaviours in this manner, every contact can count, and three potentially linked behaviours can be addressed with both residents and workers in the City.

37. In addition to this, the efficiency savings that can be made on management costs by combining the services could be translated into further funding for prevention work with residents and workers in the City.

Tobacco Control

38. As stated above, a review of the tobacco control services commissioned by the City is currently under way. The current management of the tobacco control programme is complex, with some aspects managed directly by CoLC and some led by LB Hackney. The current total spend on the services is £355,000. This includes time spent by the commissioning and management teams in attending meetings. Much of this time is duplicated in meetings and management of substance misuse services.
39. Smoking prevalence within the City is high, particularly among City workers. It is therefore unsurprising that the smoking cessation and prevention programme has a high cost attached to it. That said, it is important that these services are working in a co-ordinated and joined-up manner to achieve the best outcomes with the best value for money.
40. Further information on the tobacco control review will be provided to Members on completion of both reviews.

Timescale

41. It is proposed that during April–June, key partners including the City of London Police, Safer City Partnership and members of the current SMP will be consulted on the review. A proposal will then be brought to the Health and Wellbeing Board in July, and the Community and Children’s Services Committee in September.

Conclusion

42. The evidence from the substance misuse review thus far shows a need for a service with a focus on prevention. This is in line with policy shifts from Public Health England.
43. The review is ongoing and will explore all options to assist the focus on prevention while ensuring that treatment is available for those who need it. It will also explore possible links with other public health services.

Appendices

None

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