

**TACKLING
DRUGS
CHANGING
LIVES**

**Norfolk Drug and Alcohol
Partnership (N-DAP)**

**Adult Joint Commissioning
Strategy**

2008 - 2012 Part 2

Reducing the harms caused by the misuse of drugs and alcohol in Norfolk

1. INTRODUCTION

This is the second part of a two part commissioning strategy for adult substance misuse services in Norfolk and should be read alongside part 1. Part 1 of the commissioning strategy explained how available funding will be used to plan, purchase and monitor substance misuse services in Norfolk. Part 2 describes the N-DAP 'commissioning intentions' and the evidence they are based on.

What is commissioning?

Commissioning is: "A formal statement of plans for securing, specifying and monitoring services to meet people's needs at a strategic level. It applies to services provided by the local authority, NHS, other public agencies and the private and voluntary sectors".

Source: Institute of Public Care, adapted from the Audit Commission

This document will be the 'working document' for the Adult Joint Commissioning Group (AJCG), and will also be of interest to anyone wanting to know how the Norfolk Drug & Alcohol Partnership (N-DAP) plans and purchases adult substance misuse services.

Why do we need a commissioning strategy – and why now?

N-DAP needs a commissioning strategy in order to communicate current and future plans for the commissioning of substance misuse services – this is important for people who use the services, providers of those services and other agencies who refer to the services. This commissioning strategy is based on a robust process of evidence gathering, including extensive needs assessment.

It is particularly important that N-DAP Commissioners are able make clear, needs lead decisions that ensure service provision is delivered to the best quality achievable within the constraints of tighter funding environments.

This strategy has been produced to support delivery of the overarching N-DAP Outcomes Strategy 2008 –2011¹ and, along with the Young People's Joint Commissioning Strategy, will form the basis on which all other N-DAP strategies are developed. It will be

¹ For a copy please visit www.nordat.org.uk

important for N-DAP to demonstrate how the commissioning intentions proposed relate to the Norfolk Local Area Agreement and its targets.

The overarching aim of N-DAP – to reduce the harm caused by the misuse of drugs and alcohol in Norfolk – along with the following local outcomes, will provide the focus for N-DAPs commissioning:

1. A reduction in drug-related ill health
2. A reduction in drug-related deaths
3. A reduction in drug-related offending
4. A reduction in the supply of illegal drugs
5. A reduction in alcohol-related harms
6. Today's young people prevented from becoming tomorrow's problematic substance misusers

The AJCG undertake their commissioning in line with N-DAP's commissioning principles and values, and have signed up to 'Level 2' commissioning, which means that partner agencies take a more joined up approach to commissioning and funding without pooling the budgets available. All of this is fully described in part 1 of the commissioning strategy.

When will changes to what is commissioned happen?

The AJCG recognises the importance of fully involving and consulting N-DAP and others on the proposed commissioning intentions. The changes set out here have been extensively consulted on. They will now be implemented, a start being made in the 2008/09 financial year. They may be subject to change, depending on future changes in Government policy, funding levels and identified local need.

Process and timeframe

Part 1 of the commissioning strategy was consulted on from January 10th – April 4th 2008. A response to this consultation can be found on N-DAPs website - www.nordat.org.uk. Part 2 of the commissioning strategy was released for consultation in July 2008 along with an Equality Impact Assessment, which aims to ensure that commissioning is effective for all of Norfolk's residents.

2. EVIDENCE SOURCES

This section explains and provides an overview of the evidence which has informed the commissioning intentions in this strategy. To try and keep this document as concise as possible, the evidence sources have been 'signposted'. Contact the Joint Commissioning Officer on 01603 677577 for further information on any of the evidence sources mentioned in this section, or go to www.nordat.org.uk.

The development of a commissioning strategy gives commissioners the opportunity to reshape provision, decommission services and develop new ones – but this must be done based on local needs, research evidence, national guidance, performance expectations and good practice. In this case, as already mentioned, there are significant financial drivers which have shaped the commissioning intentions.

Needs Assessment: The most important consideration in developing commissioning intentions are the needs of those people for whom the services are being planned and provided. The partnership carried out a range of needs assessment in 2007/08 including:

<u>Title of needs assessment</u>	<u>Undertaken by...</u>
Needs assessment of adult drug users not in treatment	University of East Anglia
Young People's Needs Assessment	University of East Anglia
Children of Parental Substance Misusers and Substance Misusers who are Parents, Study of Need and Response for Norfolk	University of Bath
The Harm done by Alcohol in Norfolk	Eastern Region Public Health Observatory
Treatment system mapping	DAAT Research & Information Officers
Housing Needs of Substance Misusers	N-DAP / Supporting People Programme

Part 1 of the 2008/09 Adult Treatment Plan provides an overview of the key findings from all of the needs assessment activity, including a 'gap analysis' of the current treatment system and services.

Prevalance of drug misuse in Norfolk

A study commissioned by N-DAP in 2003 identified that there were approximately 8,200 problematic drug misusers in Norfolk. For the purposes of

the study, a problem drug user was defined as 'any person who experiences or causes social, psychological, physical or legal problems relating to their self-administration of a drug, including any form of drug use that involves injecting' This original study was later validated by a project funded by the NTA, which estimated between 6,400 and 10,500 problematic drug misusers in Norfolk. In addition, The University of Glasgow estimates the prevalence of opiate and crack cocaine users in Norfolk [a subset of all problematic drug users] to be 3,452.

Source: Norfolk Drug & Alcohol Partnership Adult Treatment Plan 2008/09

National guidance and good practice: N-DAP looks to the Home Office, Department of Health and the National Treatment Agency (NTA) for guidance on substance misuse commissioning and good practice. This strategy is informed by:

Drugs: protecting families and communities. The 2008 drug strategy²
Safe. Sensible. Social. The next steps in the National Alcohol Strategy³

N-DAP Outcomes Strategy: The N-DAP Outcomes Strategy provides the focus for the commissioning of substance misuse services in Norfolk.

Local Knowledge: In April 2008, the Drug and Alcohol Action Team (DAAT) held a workshop for existing substance misuse service providers, to ensure that service providers had the opportunity to contribute their expert local knowledge around what works in Norfolk to the development of the commissioning intentions. The product of the workshop informs this strategy.

Performance Expectations: The National Treatment Agency hold N-DAP responsible for a range of performance expectations. In addition, Norfolk's Local Area Agreement includes targets around substance misuse.

Contract reviews: Analysis and evaluation of the 2007 and 2008 contract review meetings and written reports did not identify any substantial issues with service quality. Issues arising from the contract reviews related to service capacity (i.e. ability to meet demands on the service), issues arising from disinvestment in services and strengthening of strategic and operational links between services.

Norfolk:

² *Drugs: Protecting Families and Communities* (Home Office: 2008)

³ *Safe. Sensible. Social The next steps in the National Alcohol Strategy* (Department of Health: 2007)

People and geography

Norfolk is the fifth-largest Shire County in England at 535,000 hectares. Its population is 824,200, forecast to grow by 11% by the year 2016. A rural county - Norfolk has 1.5 persons per hectare compared with an average for England of 3.8 persons per hectare. (London has 46.1 persons per hectare).

Three major centres (Norwich, Great Yarmouth and King's Lynn) account for 39% of the county's population. There are 21 market towns and 539 parishes. 37% of the population live in communities with fewer than 2,500 people. 150 parishes have fewer than 250 people and 40% have no shop or post office.

The size and rurality of the county pose particular challenges to the county in relation to transport and service delivery.

Ethnicity

The 2001 census showed that only 2.7% of the population were from minority ethnic communities with "other white" and "white Irish" forming the largest proportion of these (1.8% and 0.5% respectively). Norfolk's education language support unit has identified that 85+ languages are spoken in Norfolk. Norfolk's largest ethnic minority is Portuguese.

Economic variations and deprivation

Of non-metropolitan counties, Norfolk is the 6th most deprived in England (out of 34) - this is significantly higher than the rest of the counties in the Eastern Region; the next most deprived county being Suffolk which is ranked 18th. Some 60.5% of Norfolk's population are economically active compared with 64.3% regionally.

Urban issues

In terms of Urban Deprivation there are significant problems in Great Yarmouth, Norwich, King's Lynn and parts of Thetford with each of these areas having between 11 and 1 'super output areas' in the top 10% most deprived wards in England in the overall Index of Deprivation. Using an assessment of the average of super output areas scores, Norwich is the most deprived local authority area in the 48 authorities in the East of England and Great Yarmouth is the second most deprived. Using this score Norwich is in the top 20% most deprived authorities in the Country.

Rural issues

The East of England Development Agency has examined social exclusion in the rural parts of the eastern region and has identified those rural districts which have a relatively high proportion of the population affected by particular problems. These, together with other key social exclusion and deprivation issues for the rural areas include:

- low income and low pay in Breckland and North Norfolk
- low income, low pay, pensioners on low income and high premature deaths in King's Lynn and West Norfolk
- lack of access to local services, with 40% of rural parishes having no shops or post offices
- limited provision of affordable housing in many rural areas

Source: Norfolk County Council Self-Assessment for 2008 Comprehensive Performance Assessment

3. FINANCIAL POSITION

Commissioning intentions must be based on the known investment available and market capacity. This section explains where detail of the cost of services can be found and what is known about future investment levels.

N-DAP faces a challenging financial situation, with indicative Adult Pooled Treatment Budget funding levels being reduced by 2% in 2009/10 compared with 2008/09. Coupling this with inflationary pressures and the direct linking of future funding with performance of the adult substance misuse services, which creates a new degree of uncertainty regarding future resource availability, means that N-DAP can no longer afford to commission services in Norfolk at previous levels.

The cost of and charges for services

Each year, Section 4 of the Adult Treatment Plan sets out the funding available for services and an overview of the way in which it is spent. Part 1 of the commissioning strategy showed the existing services commissioned by N-DAP. Service users do not pay for the services and treatment they receive.

The commissioning intentions include overall existing service costs. It has not been possible in all cases to indicate possible savings within the commissioning intentions.

The AJCG recognises the importance of fully costing the services which it purchases, and will continue to work with providers to ensure that services are properly costed and that expenditure is properly accounted for through the contract monitoring process and income & expenditure returns⁴.

⁴ NTA resource pack for commissioners Fundamental principles of handling public money A good practice guide
http://www.nta.nhs.uk/publications/documents/nta_handling_money_section6.pdf

The table below shows how the Norfolk Drug & Alcohol Partnership spent available funding in 2008/09, and hence the foundation on which future spending plans will be based. This funding includes significant contributions from the partner agencies that form N-DAP:

What it is	What it costs
Adult commissioned services	4,533,267
Drug Intervention Programme	598,764
Integrated Drug Treatment System (IDTS)	575,000
Young People's commissioned services	856,368
The DAAT	497,343
Adult Training	28,000
Young People's training	10,000
Adult Information services	39,000
Young People's information services	8,000
Carers services	35,500
Service User Involvement / Diversity	4,000
N-DAP website	1,000
Legal services	1,000
INTRAN - scheme annual fee	2,000
INTRAN - translation, interpretation	1,500
Hidden Harm Forum	1,500
GP training	10,000
DIP Kits & Prescribing	35,000
DRR Kits and Prescribing	50,000
Total	7,287,242

National investment in future services

In early 2008, and in the light of the Comprehensive Spending Review undertaken by central Government, the NTA provided the following projected allocation of Pooled Treatment Budget funds to Norfolk between 2008/09 and 2010/11:

Adult Pooled Treatment Budget 2007/08	Adult Pooled Treatment Budget 2008/09 actual	Adult Pooled Treatment Budget 2009/10 based on the projected 1% standard increase on 2007/08 budget (final settlement)	Adult Pooled Treatment Budget 2010/11 based on the projected 2.4% standard increase on 2007/08 budget
£4,318,939	£4,339,686	£4,370,805 (£4,338.309)	£4,422,659

The NTA have made clear that future actual funding allocations will be based on performance and the data received through the National Drug Treatment Monitoring System. This is reflected in the indicative settlement figure for 2009/10.

4. THE COMMISSIONING INTENTIONS

This section sets out the proposed commissioning intentions and explains the issues which need to be considered as part of the commissioning activity undertaken by the AJCG.

The AJCG has responsibility for ensuring that the commissioning intentions are taken forward in tandem with other relevant commissioning strategies and arrangements⁵. Commissioners also have responsibility to ensure that joint commissioning activity takes into account both the shared and separate targets and 'drivers' that the partner agencies are accountable for.

What are commissioning intentions?

Commissioning intentions explain how the available money will be spent. They set out what is going to be done, when, how and with how much money. A commissioning intention may be to continue the activity already happening, to change it, or to commission something new. The most important considerations in developing commissioning intentions are the needs of those people for whom the services are being planned and provided, their families and the wider community.

'Personalisation' of services

Nationally, there has been a focus on giving service users more control over the services they receive. This is sometimes referred to as the 'personalisation' of commissioning and of services, and includes the use of direct payments and individual budgets to give

⁵ See Appendix 1

service users control over meeting their social care needs (but not health related services/treatment). N-DAP will be guided by the Drug System Change pilots described in the 2008 drug strategy *Drugs: protecting families and communities*, which will examine individual budgets and individual treatment planning in substance misuse service provision.

Alcohol treatment and services

In 2009, N-DAP will continue to develop its strategic partnership working in this area to inform future alcohol service developments. This work will be overseen by the Joint Commissioning Groups and will link with the development of the Alcohol Harm Reduction Strategy and related action plan.

Treatment services in prisons

The AJCG will work closely with both HMP Wayland, HMP Norwich and any other prisons in the county in future, which will be Integrated Drug Treatment System (IDTS) 'sites'. The objective of IDTS is to expand the quantity and quality of drug treatment within HM Prisons, by:

- Increasing the range of treatment options available to those in prison, notably substitute prescribing;
- Integrating clinical and psychological treatment in prison into one system that works to the standards of Models of Care and the National Treatment Agency's Treatment Effectiveness Strategy and works to one care plan; and
- Integrating prison and community treatment to prevent damaging interruptions either on reception into custody or on release back home.

The IDTS has to work closely with the Drug Interventions Programme funded teams to ensure that offenders receive seamless support and are retained in treatment after release.

Workforce development

The workforce development guidance set out by the NTA aims to improve the quality of treatment and care for people with substance misuse problems and their families. To achieve this, N-DAP is committed to continuous professional development. The Norfolk DAAT Training & Workforce Development Strategy works towards the goal of developing a competent, flexible and motivated workforce, in line with Models of Care and to support the implementation of the Adult Treatment Plan, required annually, and this commissioning strategy.

Procurement of services

The work and decision-making of the AJCG complies with the procurement procedures of Norfolk County Council (as the host agency of the DAAT). The requirements of the local Compact⁶ will need to be considered alongside this when planning service provision, as well as the Third Sector Guide for Public Commissioning in Norfolk, published by Voluntary Norfolk in 2008. Implementation of all the commissioning intentions is subject to guidance from Norfolk County Council's Corporate Procurement Unit and Legal Services Department. Norfolk County Council's Cabinet have agreed that a full re-tendering exercise (a legal requirement) for adult treatment services will take place in 2012.

Commissioning intentions

The Adult Joint Commissioning Group, following consideration of all the available evidence, responses to the consultation and consideration of the financial situation facing N-DAP, agreed the eight commissioning intentions below as the initial focus of the 2008 – 2011 strategy. Where the commissioning intentions refer to 'Models of Care', please refer to the glossary in section 7 for a definition. The commissioning intentions are numbered for reference purposes only. This does not indicate any priority order.

⁶ <http://www.nvs.org.uk/compact.php> - A tool for improving relationships between organisations in the public sector and those in the voluntary and community sector.

A1: To reduce levels of funding to one service and decommission two other N-DAP services from 31 March 2009:

A1 (i) To part-fund The Matrix Project – Sex Industry Outreach Service, subject to sufficient other funding being secured, which will be reviewed on an annual basis.

A1 (ii) Decommission the Contact NR5 Tier 2 Service for Substance Misusing Clients and Tier 3 Specialist Community Treatment Service for Substance Misuse

A1 (iii) Withdraw funding allocated towards the provision of aftercare and resettlement for female residents moving back into the community following their treatment at Hebron House

How do we know we need to do this?

The financial position faced by N-DAP has forced commissioners to make difficult choices about the future funding of services and the decision to decommission is not based on any doubts regarding the quality of services provided to date.

The Matrix Project: The AJCG no longer felt it was appropriate that the Adult Pooled Treatment Budget fully funded this service.
Contact NR5: The NELM Development Trust terminated its funding contribution to this service in 2008 (funding ceased September 2008). In response, the AJCG made one-off additional funds available to support the service for the remainder of 2008/09, but cannot provide the level of funding required to sustain this service beyond 31 March 2009. The funding previously committed by N-DAP will be reinvested to support service delivery via other available treatment services covering the area.

Hebron House: The AJCG – in light of the national focus on targets around drug users in effective treatment and tightening budgets – identified the need to focus this funding elsewhere within the treatment system. No such resettlement funding is available to other providers of Tier 4 services in the county.

2008 Position

The Matrix Project: This service provides outreach to sex workers in Norwich.

Contact NR5: This service provides a substance misuse service for the NR5 postcode and surrounding areas of Norwich.

Hebron House resettlement service: This service provides a resettlement service to women leaving the Hebron House rehabilitation service.

Final Position	<p>A1 (i) The Matrix Project - N-DAP has committed a sum of £135,000 over three years. The Matrix Project has succeeded in securing nearly all the match funding required to continue the service for a further 3 years. Additional funding has been made available over the same time period from Norfolk County Council and NHS Norfolk. Norfolk Constabulary has committed £20,000 of funding from the Basic Command Unit grant for the 2009/10 financial year. A small shortfall over the three-year period still exists, but the Matrix Project team is actively seeking to secure this.</p> <p>A1 (II) Contact NR5 – funding ceased March 2009. Successful transfer of clients to TADS. No costs savings accrued to N-DAP as the cuts that led to de-commissioning were made by other funding agencies. N-DAP funding transferred to TADS to support on-going work with NR5 clients albeit at reduced service level.</p> <p>A1 (III) Hebron House – funding ceased. Limited costs savings made.</p>		
Benefits	Reinvestment of funding to support the commissioning intentions identified.		
Risks	Financial	None identified.	
	Deliverability	<p>The input to N-DAP that these organisations make could be lost.</p> <p>Plans need to be put in place to ensure service users can safely transition to other appropriate services.</p>	
Costs to N-DAP (annual)			£
	Costs of existing service		238,000
	Estimated costs of redesigned service		92,000
	Anticipated savings		146,000
What service user involvement is planned in developing this commissioning intention for	All commissioning intentions have been consulted on. We received considerable input from service users of the Matrix Project regarding the importance of supporting this financially in the future as part of a range of services designed to meet N-DAPs overall goals.		

implementation?	Service user consultation, involvement and feedback will be incorporated as part of the ongoing monitoring and review work undertaken by the DAAT.
A2: Secure county-wide provision of Models of Care Tier 1, Tier 2 and Tier 3 Interventions (excluding community and specialist prescribing), subject to available funding and identified needs.	
N-DAP outcome(s) this intention addresses	
<p style="text-align: center;">A reduction in drug-related ill health A reduction in drug-related deaths A reduction in drug-related offending</p> <p>A reduction in alcohol-related harms, which contributes to Public Service Agreement target 25, a 'vital sign' target for NHS Norfolk and part of the Local Area Agreement</p>	
How do we know we need this?	
N-DAP is required to commission these services in line with the National Treatment Agency 'Models of Care' guidelines. The 2007 Adult Needs Assessment interim report found that treatment services were successfully targeting more severe drug users, but that a substantial number of 'problem drug users' (tending to be younger and using Class B/C drugs) appeared to have never accessed treatment in Norfolk.	
2008 Position	<p>Tier 1 interventions are described as 'Drug-related information and advice, screening and referral'. Tier 2 interventions are described as 'Open access, non-care planned drug-specific interventions'. Tier 3 interventions are described as 'Structured, care-planned drug treatment'.</p> <p>All commissioned services provide specialist interventions at Tiers 1, 2 and 3. Other non-specialist agencies may provide interventions at Tier 1 level – Non Specialist GPs for example.</p> <p>A 24/7 Helpline – providing substance misuse related advice and information – is commissioned from The Matthew Project and funded from the Adult Pooled Treatment Budget and Drug Interventions Programme Main Grant.</p> <p>Great Yarmouth & Waveney PCT is commissioned to co-ordinate a countywide needle exchange and supervised consumption service – which is delivered by pharmacies and specialist agencies.</p> <p>The Matthew Project is commissioned to provide services in Norwich, North Norfolk and Thetford.</p>

	NORCAS is commissioned to provide services in Norwich, North Norfolk, South Norfolk, Thetford and Great Yarmouth.	
Proposed position by 2012	<p>To use the commissioning process to ensure that there is not duplication in these services and to gain a simplified structure of commissioned services, covering all of Norfolk; currently there is inequity of provision which, given the rurality of the county, must be addressed to allow equal access for everyone needing a service. Tier 2 service provision will receive particular attention in 2009.</p> <p>To retain the 24/7 Helpline which is required for the DIP Programme and provides an 'always open' advice and information service.</p> <p>To retain the needle exchange and supervised consumption co-ordination service which has developed a network of approximately eighty outlets which cover the county.</p>	
Benefits	<p>Opportunity to retain knowledge and experience of existing providers.</p> <p>Service redesign will include a best value review.</p> <p>There may be some cost savings by streamlining delivery and avoiding duplication.</p>	
Risks	Financial	Existing providers may be affected if streamlining resulted in a reduced specification and funding. Impacts may also be felt in terms of the local economy and community particularly if voluntary sector agencies are affected.
	Deliverability	<p>Service continuity would need to be managed if discussions identified any need for streamlining or reducing duplication in existing services.</p> <p>Choice for people using the services may be compromised.</p>
Costs		£
	Costs of existing services	1,070,305
	Estimated costs of redesigned services	Not yet known
	Anticipated savings	Not yet known
What service user involvement is planned in developing this	<p>All commissioning intentions will be consulted on.</p> <p>Service user consultation, involvement and feedback will be incorporated as part of the ongoing monitoring</p>	

commissioning intention for implementation?	and review work undertaken by the DAAT.
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A3:	
i. Secure county-wide provision of Models of Care Tier 3 interventions, including community and specialist prescribing interventions, and provision of the clinical service for the Drug Interventions Programme, subject to available funding and identified needs	
ii. Undertake a consultation on transition to increased shared care arrangements	
N-DAP outcome(s) this intention addresses	
<p>A reduction in drug-related ill health</p> <p>A reduction in drug-related deaths</p> <p>A reduction in drug-related offending</p> <p>A reduction in alcohol-related harms, which contributes to Public Service Agreement target 25, a 'vital sign' target for NHS Norfolk and part of the Local Area Agreement</p>	
How do we know we need this?	
N-DAP is required to commission these services in line with the National Treatment Agency 'Models of Care' guidelines. The 2007 Adult Needs Assessment interim report found that treatment services were successfully targeting more severe drug users, but that a substantial number of 'problem drug users' (tending to be younger and using Class B/C drugs) appeared to have never accessed treatment in Norfolk.	
2008 Position	<p>Tier 3 interventions are described as 'Structured, care-planned drug treatment'.</p> <p>The clinical element of the Drug Interventions Programme involves specialist prescribing and treatment for those 'fast-tracked' via the Programme.</p> <p>Shared care is a term used to describe GPs undertaking community prescribing for a service user, with the support of a specialist agency such as those currently delivering the Tier 3 services described here.</p> <p>There are three 'Tier 3' providers in Norfolk, covering:</p> <ul style="list-style-type: none"> - The West – Community Alcohol & Drugs Service

	<ul style="list-style-type: none"> - Norwich and Central & Great Yarmouth – Trust Alcohol & Drugs Service - NR5+ postcode area of Norwich – Contact NR5. 	
Proposed position for 2012	<p>To decommission the Contact NR5 service (please refer to Commissioning Intention A1(I)).</p> <p>To retain contracts with existing providers, but consult on possible remodelling of Tier 3 community and specialist prescribing interventions to make a transition to increased shared care arrangements.</p>	
Benefits	<p>Opportunity to retain and treat more service users in primary care.</p> <p>Opportunity to retain knowledge and experience of existing providers.</p> <p>Any service redesign would include a best value review.</p>	
Risks	Financial	Increased involvement of primary care in this service has the potential to reduce the pressure and costs on the existing provider agencies.
	Deliverability	The consultation on increasing shared care arrangements for community and specialist prescribing needs to establish the willingness of General Practitioners to deliver such a service; this will also carry additional cost in order to obtain GP sign-up.
Costs		£
	Costs of existing service	2,076,343*
	Estimated costs of redesigned service	Not yet known
	Anticipated Savings	Not yet known
What service user involvement is planned in developing this commissioning intention for implementation?	<p>All commissioning intentions will be consulted on.</p> <p>Service user consultation, involvement and feedback will be incorporated as part of the ongoing monitoring and review work undertaken by the DAAT.</p>	
* Does not include Contact NR5 funding. Does not include certain Health contributions which have not been quantified.		

A4: Ensure county-wide availability of structured day programmes, subject to available funding and identified needs	
N-DAP outcome(s) this intention addresses	
<p>A reduction in drug-related ill health</p> <p>A reduction in drug-related deaths</p> <p>A reduction in drug-related offending</p> <p>A reduction in alcohol-related harms, which contributes to Public Service Agreement target 25, a 'vital sign' target for NHS Norfolk and part of the Local Area Agreement</p>	
How do we know we need this?	
N-DAP is required to have Structured Day Programmes (SDP) in place, both under Models of Care and for Drug Rehabilitation Requirements (DRR). Feedback from social care professionals and service users has indicated a possible need for an option for abstinence/cessation based programmes.	
2008 Position	<p>SDP provide group work and activities for people aged 18 or over that have, or have had, an alcohol and/or drug misuse problem.</p> <p>SDP are run on a county-wide basis:</p> <p>NORCAS provide SDP on a county-wide basis, and DRR SDP in Norwich and Great Yarmouth</p> <p>The Community Alcohol & Drugs Service provide DRR SDP in Kings Lynn</p> <p>The Matthew Project provide DRR SDP in Thetford</p>
Proposed position for 2012	To work with the existing providers to develop SDP in Norfolk, including investigating need for cessation/abstinence based and employment, training and education modules.
Benefits	<p>Opportunity to retain knowledge and experience of existing providers.</p> <p>Potential for increased choice for service users.</p> <p>Any service redesign would include a best value review.</p>

Risks	Financial	None identified.	
	Deliverability	Changes would have to be made through working with existing budgets, which gives limited scope for providing additional services.	
Costs			£
	Costs of existing service		356,738
	Estimated costs of redesigned service		356,738
	Anticipated Savings		0
What service user involvement is planned in developing this commissioning intention for implementation?	<p>All commissioning intentions will be consulted on.</p> <p>Service user consultation, involvement and feedback will be incorporated as part of the ongoing monitoring and review work undertaken by the DAAT.</p>		

A5: To evaluate the county-wide specialist homeless outreach service
N-DAP outcome(s) this intention addresses
<p>A reduction in drug-related ill health</p> <p>A reduction in drug-related deaths</p> <p>A reduction in drug-related offending</p> <p>A reduction in alcohol-related harms, which contributes to Public Service Agreement target 25, a 'vital sign' target for NHS Norfolk and part of the Local Area Agreement</p> <p>Today's young people prevented from becoming tomorrow's problematic substance misusers</p>
How do we know we need this?
<p>The National Treatment Agency 'Models of Care' guidelines suggests that access can be increased through outreach (general detached or street work). Feedback from treatment agencies in Norfolk and DAAT contract review work indicates that the existing homeless outreach service is well used and effective in accessing parts of Norfolk's drug using population who may not otherwise access treatment.</p>

2008 Position	NORCAS provides a countywide service for people who are homeless and who have a substance misuse problem. The service works across relevant agencies, to allow individuals to find and/or retain accommodation and to receive a service that allows them to address their substance use by accessing services that are available locally to all the community.	
Proposed position for 2012	To work to better understand the outcomes achieved from the service and if necessary to review the current provision to identify outcomes that better serve the treatment system, both in terms of national targets and local need and in line with the current housing needs assessment work being undertaken and the proposed housing and substance misuse strategy which will be developed from this.	
Benefits	<p>Opportunity to retain knowledge and experience of existing provider.</p> <p>Opportunity to work with existing provider to develop the service in line with needs assessment and national drivers.</p> <p>Any service redesign would include a best value review.</p>	
Risks	Financial	None identified.
	Deliverability	None identified.
Costs		£
	Costs of existing service	259,541
	Estimated costs of redesigned service	259,541
	Anticipated Savings	None
What service user involvement is planned in developing this commissioning intention for implementation?	<p>All commissioning intentions will be consulted on.</p> <p>Service user consultation, involvement and feedback will be incorporated as part of the ongoing monitoring and review work undertaken by the DAAT.</p>	

A6: To maintain the Drug Interventions Programme (DIP)	
N-DAP outcome(s) this intention addresses	
<p>A reduction in drug-related ill health</p> <p>A reduction in drug-related deaths</p> <p>A reduction in drug-related offending</p> <p>A reduction in alcohol-related harms, which contributes to Public Service Agreement target 25, a 'vital sign' target for NHS Norfolk and part of the Local Area Agreement</p>	
How do we know we need this?	
N-DAP is required to commission these services in line with the National Treatment Agency 'Models of Care' guidelines and national guidance.	
2008 Position	<p>The Drug Interventions Programme works with individuals accessed at all points of the criminal justice system, whose use of illegal drugs is connected to offending.</p> <p>The Drug Interventions Programme is delivered by four providers who separately provide:</p> <ul style="list-style-type: none"> - Criminal Justice Through & Aftercare Team: Norfolk Probation Area - Enhanced Arrest Referral: The Matthew Project - DIP Clinical (West): Community Alcohol & Drugs Service - DIP Clinical (Norwich, Central, Great Yarmouth): Trust Alcohol & Drugs Service
Proposed position for 2012	<p>Subject to guidance from Norfolk County Council:</p> <ol style="list-style-type: none"> i. To contract for DIP Clinical through the Community Alcohol & Drugs Service and the Trust Alcohol & Drugs Service ii. To contract for the Criminal Justice Interventions Team from Norfolk Probation Area and Enhanced Arrest Referral from The Matthew Project – and explore the need for the reconfiguration of these services

	iii. To undertake a whole service cost exercise ahead of the 2010/11 financial year. From this determine the appropriate level of funding required for the whole Drug Intervention Programme in Norfolk. This may require an on-going supplement from the Adult Pooled Treatment Budget.	
Benefits	Opportunity to retain knowledge and experience of existing providers. Any service redesign would include a best value review.	
Risks	Financial	None identified.
	Deliverability	There is considerable expertise and experience held by existing providers, including strong working partnerships with other agencies, which contribute to the success of DIP in Norfolk.
Costs		£
	Costs of existing service	541,443
	Estimated costs of redesigned service	To be determined
	Anticipated Savings	To be determined
What service user involvement is planned in developing this commissioning intention for implementation?	All commissioning intentions will be consulted on. Service user consultation, involvement and feedback will be incorporated as part of the ongoing monitoring and review work undertaken by the DAAT.	

A7: Develop work with families and parents who are substance misusers	
N-DAP outcome(s) this intention addresses	
<p>A reduction in drug-related ill health</p> <p>A reduction in drug-related deaths</p> <p>A reduction in drug-related offending</p> <p>A reduction in alcohol-related harms, which contributes to Public Service Agreement target 25, a 'vital sign' target for NHS Norfolk and part of the Local Area Agreement</p> <p>Today's young people prevented from becoming tomorrow's problematic substance misusers</p>	
How do we know we need this?	
Every Child Matters, Drugs: protecting families and communities: the 2008 drug strategy, The Youth Alcohol Action Plan, N-DAP needs assessment and feedback from local providers all call for N-DAP to enhance its focus on the family.	
2008 Position	<p>Support for families and parents who are substance misusers is not defined or funded within the adult treatment system. Treatment providers meet needs on an ad hoc basis from existing service and funding capacity.</p> <p>See the Young People's Commissioning Intention Y1: Young People's Integrated Substance Misuse Service.</p>
Proposed position for 2012	<ol style="list-style-type: none"> i. To work with Children's Services and Adult Social Services to identify sources of support and funding for families and for parents who are substance misusers. ii. To work as a partnership to identify sources of support and funding for families of adult substance misusers. iii. To provide a contribution of £120,000 per annum to the young people's substance misuse system with clear requirements and outcomes to show that the funding is used to support work with families. Tony I have taken this out as the AJCG can cease any funding if they so wish but we have not highlighted it with the other areas. Will discuss with you.

Benefits	The adult treatment system will be able to access specialist support for family work which will exist within the young people's treatment system.	
Risks	Financial	None identified.
	Deliverability	None identified.
Costs		£
	Costs of existing service	N/A
	Estimated costs of redesigned service	120,000 + not yet known
	Anticipated Savings	N/A
What service user involvement is planned in developing this commissioning intention for implementation?	<p>The DAAT received 16 responses from service users and one carer, which were positive about this proposal.</p> <p>Service user consultation, involvement and feedback will be incorporated as part of the ongoing monitoring and review work undertaken by the DAAT.</p>	

A8: Tier 4 services: inpatient treatment and residential rehabilitation	
N-DAP outcome(s) this intention addresses	
<p>A reduction in drug-related ill health</p> <p>A reduction in drug-related deaths</p> <p>A reduction in drug-related offending</p> <p>A reduction in alcohol-related harms, which contributes to Public Service Agreement target 25, a 'vital sign' target for NHS Norfolk and part of the Local Area Agreement</p>	
How do we know we need this?	
N-DAP is required to commission these services in line with the National Treatment Agency 'Models of Care' guidelines.	
2008 Position	Tier 4 interventions are described as including provision of residential specialised drug treatment, which is

	<p>care planned and care co-ordinated to ensure continuity of care and aftercare.</p> <p>In Norfolk, a panel of commissioners - led by Adult Social Services - commission residential rehabilitation services on behalf of N-DAP. Placements in residential rehabilitation take place across the country and are not confined to Norfolk.</p>	
Proposed position for 2012	To respond to the recommendations from the Healthcare Commission and National Treatment Agency 2007/08 joint service review of Tier 4.	
Benefits	NDAP will evaluate the recommendations suggested by the Healthcare Commission and where possible will ensure that any improvements suggested by the Healthcare Commission and National Treatment Agency joint service review are embedded into the system.	
Risks	Financial	Dependent on recommendations from the Healthcare Commission
	Deliverability	Dependent on recommendations from the Healthcare Commission
Costs		£
	Costs of existing service	Circa 250,000
	Estimated costs of redesigned service	N/A
	Anticipated Savings	N/A
What service user involvement is planned in developing this commissioning intention for implementation?	<p>All commissioning intentions will be consulted on.</p> <p>Service user consultation, involvement and feedback will be incorporated as part of the ongoing monitoring and review work undertaken by the DAAT.</p>	

5. MONITORING ARRANGEMENTS

The Joint Commissioning Groups acknowledge that monitoring arrangements have a cost consequence for both commissioners and providers. The monitoring proposed aims to be as efficient and effective as possible for everyone. In addition, N-DAP will be guided by the results of the proposed National Audit Office study to evaluate the effectiveness and value for money of Drug Action Teams,

which will include determining the costs of performance monitoring and reporting and the robustness and constraints of such reporting mechanisms.⁷

Involvement of service users in both the monitoring of commissioned services and in the evaluation of this strategy (see section 6) is vital. The DAAT Joint Commissioning Officer will consult with N-DAP's Service User Engagement Training & Development Group to gain their views on how we can undertake this effectively.

Current arrangements

Contract monitoring: The DAAT, on behalf of N-DAP, undertakes annual contract review meetings with providers and requests 6-monthly written reports. The meetings and reports ask providers to report on areas of their service (e.g. workforce development, service user involvement and client feedback) and evaluate and discuss this with DAAT officers.

Strategy monitoring: N-DAP has not previously had an agreed commissioning strategy to monitor.

Future arrangements

Contract monitoring: In future, providers will only be asked to produce one annual written report for the review meeting, along with details of income and expenditure. At the 'half-yearly' point, providers will be asked to write to the DAAT updating on any relevant areas and income and expenditure.

Strategy monitoring: Progress against this strategy will be monitored by the AJCG and overseen by COG. Reports on the implementation of the commissioning strategy will be prepared quarterly by the Joint Commissioning Officer for the Adult Joint Commissioning Group and Chief Officers Group. An annual summary will be made available to N-DAP. The quarterly reports and discussions will include how links are being made to other relevant commissioning strategies and arrangements.

Commissioning intentions: the commissioning intentions will be updated, revised and extended through the development of the N-DAP Adult Treatment Plan, which has to be submitted to the NTA each year. The delivery of the commissioning intentions will be achieved through implementation of the Adult Treatment Plan. Progress with delivery against the intentions set out in this strategy will be monitored via the quarterly assessment of progress with implementation of the Adult Treatment Plan.

⁷ The 2008 drug strategy *Drugs: protecting families and communities* page 41

6. EVALUATION AND REVIEW

It is important that the commissioning strategy changes in response to needs, demands and national guidance/direction. For this reason, the strategy as a whole will be evaluated and reviewed on an annual basis by the AJCG. The DAAT will also undertake an evaluation of the development of the commissioning strategies at the beginning of 2009.

The annual evaluation and review of the strategy will include using the quarterly strategy monitoring reports as a means of gaining feedback from service users, providers and commissioners. The Adult Joint Commissioning Group will discuss feedback and any recommendations from commissioners for major changes to the strategy will be discussed with to the Chief Officers Group.

Anyone interested in the commissioning strategies and their progress are encouraged to contact the Joint Commissioning Officers at any time with any queries by calling 01603 677577.

7. GLOSSARY OF THE TERMS WE USE

Adult Social Services and Children's Services. The Children's and Families element of the previous Social Services Department has been restructured under the Every Child Matters agenda and combined with the Education Department to form Children's Services. Adult Social Services have been amalgamated into one department.

AJCG. Adult Joint Commissioning Group.

ATP. Adult Treatment Plan.

COG. The overall role of the Chief Officers Group is to determine the strategic goals and priorities of the Norfolk Drug and Alcohol Partnership and coordinate its work, with the aim of reducing the harm caused by the misuse of drugs and alcohol within the county. This includes ensuring the Partnership responds fully to the requirements of national policies and guidance on drug and alcohol misuse with particular regard to health, crime and disorder impacts. The Group will fulfill the leadership requirements of the Partnership. Members of the Chief Officers Group will be senior officers, at Chief Executive, Director or nearest equivalent level, of those agencies identified as core members of the Partnership.

DAAT. Drug and Alcohol Action Team. The Norfolk DAAT is one of 149 across the country. Drug Action Teams are strategic bodies set up under the UK Government's strategy for England, 'Tackling Drugs Together' (updated in 2008). DAATs coordinate the drug-related elements of the service plans of the main public sector delivery agencies at a local level.

DH. Department of Health.

DIP. Drug Interventions Programme.

Harm Reduction. The prevention of diseases passed on by contaminated blood (particularly HIV and hepatitis infections), and the prevention of overdose and drug-related death.

HO. Home Office.

Housing. N-DAP have developed 'Accommodating substance misusers. The spectrum of possibility: a guide for housing providers' for providers and commissioners of supported housing services as a framework to use when thinking through the delivery of housing for people with drug/alcohol problems. Further research into substance misuse and housing needs will take place in 2008.

LA. Local Authority.

LAA. Local Area Agreement. Introduced across England and Wales in 2006. This is a three-year agreement between national and local government, which has the aim of delivering a series of improved outcomes for Norfolk.

LSP. Local Strategic Partnership.

Modality. A method of treatment, for example, a prescription.

Models of Care for treatment of adult drug misusers. Introduced by the NTA in 2002, and updated in 2006, this set out the national framework for commissioning the treatment of adult drug misusers in England, describing best practice in drug treatment provision. The key aspects are: four-tiered model of commissioning; local screening and assessment systems; care planning and co-ordination of care; and integrated care pathways.

N-DAP. Norfolk Drug and Alcohol Partnership. One of the biggest partnerships in Norfolk, N-DAP brings together a wide range of agencies from the public, voluntary, community and private sectors with specific interests in criminal justice, drug and alcohol treatment, health, community safety, regeneration and the needs of young people in order to achieve one overarching aim - to reduce the harm caused by the misuse of drugs and alcohol in Norfolk.

NTA. National Treatment Agency for Substance Misuse. Created in 2001 as a special health authority to improve the availability, capacity and effectiveness of drug misuse treatment in England.

PCT. Primary Care Trust.

PSA. Public Service Agreement. Statements setting out objectives and performance targets for government departments.

Shared Care. Joint management of an individual's treatment care plan as a partnership between GPs and specialist services.

Substance Misuse. The NTA define 'substance misuse' as, 'use of a substance, or combination of substances, that harms health or social functioning – either dependent use (physical or psychological) or use that is part of a wider spectrum of problematic or harmful behaviour.'

Substance Misuse Treatment Tiers. There are four tiers of substance misuse treatment, as defined in the Models of Care for treatment of adult drug misusers:

Tier 4a Residential substance misuse specific services.

Tier 4b Highly specialist non-substance misuse specific services, for example, specialist liver disease units or specialist psychiatric units.

Tier 3 Structured community-based specialist drug misuse services, for example, community-based detoxification services or community-based prescribing stabilisation and maintenance prescribing.

Tier 2 Open access drug misuse services, for example, motivational interviewing/brief interventions or needle exchange (pharmacy/

service/outreach).

Tier 1 Non-substance misuse specific services, for example, personal/ general medical services (primary care).

Treatment. The NTA define treatment in Models of Care for the treatment of adult drug misusers as: ‘a range of interventions that are intended to remedy an identified drug-related problem or condition relating to a person’s physical, psychological or social (including legal) wellbeing.’

APPENDIX 1

The Adult Joint Commissioning Group and Joint Commissioning Officer have responsibility to ensure this commissioning strategy is taken forward with consideration for – and wherever possible in tandem with – other relevant strategies and commissioning strategies.

The following list is not exhaustive:

- i. Norfolk Drug & Alcohol Partnership strategies, including: Outcome Strategy, Harm Reduction Strategy, Alcohol Harm Reduction Strategy, Training & Workforce Development Strategy, Availability Strategy (N-DAP: various years)
- ii. Norfolk County Strategic Partnership – Norfolk Ambition, The Sustainable Community Strategy for Norfolk 2003 – 2023 (refreshed 2008) (Norfolk County Strategic Partnership: 2008)
- iii. Norfolk County Council Social Services commissioning strategies
- iv. Norfolk Supporting People Strategy 2008-2013 (Norfolk Supporting People Programme: forthcoming)
- v. Norfolk Probation Area Annual Business Plan
- vi. Norwich City Council strategies (as lead district council for substance misuse) and other relevant District Council strategies
- vii. Improving Lives, Saving Lives (NHS East of England: forthcoming).