

**Commissioning for recovery
Drug treatment, reintegration and
recovery in the community and prisons:
a guide for drug partnerships**

Commissioning for recovery

Who is this document for? Drug partnerships and their commissioning staff for adult drug treatment, reintegration and recovery systems in community and prison settings. This is written for commissioning staff based in primary care trusts or local authorities. It aims to give practical advice on how local commissioners may seek to continually develop effective, evidence-based treatment options with a focus on enabling service users to reintegrate into society and recover as soon as is practicable.

This document imposes no new demands or requirements on anyone working in the drug treatment system but is intended to help commissioners, strategic drug partnerships, prisons and service providers to meet existing commitments by providing the latest information and highlighting good practice on commissioning in a recovery-based drug treatment system.

What is this document about? Outcome-based commissioning for the drug treatment, reintegration and recovery system in drug partnership areas for problem drug users. This is based on the four domains measured through the Treatment Outcomes Profile (TOP) with the desired goal of achieving reductions in drug use and ultimately abstinence in those who can achieve this, reduced offending behaviour, an improvement in general health and reintegration with education, training, employment, housing and other services.

This document draws significantly on the 11 competences required of commissioners under the World Class Commissioning approach which is compatible with the commissioning principles that apply to drug partnerships whether administered in a health or a local authority setting. This approach recognises the need for a broad outcomes perspective. This document supports the development of a modern, evidence and recovery-based drug treatment system covering community and prison settings that needs to be delivered in the context of mainstream health reforms which are in keeping with the personalisation agenda and the vision set out in 'High Quality Care for All'.

What is the purpose of this document? To draw together current NTA, Department of Health and local authority documents that support the development of effective commissioning of the drug treatment system in the community and prisons.

To assist drug partnerships and their commissioning staff to clearly specify the required quality and outcomes, facilitate continuous improvement in service design to better meet the needs of the local population, to support this work with transparent and fair commissioning and decommissioning processes (including demonstrable value for money and clear performance management arrangements).

Local outcome based commissioning which is based on comprehensive needs assessment and the use of outcome data (including any suitable data from the analysis of TOP returns), provides an opportunity to develop new ways of distributing money and managing for results, energise delivery across health and social care, and encourage good performance, innovation and learning. Good commissioning will show improved accountability to local communities for results, be able to demonstrate value for money and good outcomes for service users and their families/communities, be able to align and consolidate performance targets and indicators across the health and local authority systems and demonstrate accelerated knowledge based practice and innovation.

When can this document be used? Throughout the commissioning cycle when undertaking needs assessment, developing strategy, planning, agreeing contractual arrangements and managing the market, performance management and evaluation.

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The National Treatment Agency for Substance Misuse (NTA) is a special health authority within the NHS, established by government in 2001 to improve the availability, capacity and effectiveness of treatment for drug misuse in England.

The NTA works in partnership with national, regional and local agencies to:

- | ensure the efficient use of public funding to support effective, appropriate and accessible local services
- | promote evidence-based and coordinated practice, by distilling and disseminating best practice
- | improve performance by developing standards for treatment promoting user and carer involvement, and expanding and developing the drug treatment workforce
- | monitor and develop the effectiveness of treatment.

The NTA has led the successful delivery of Department of Health's targets to:

- | double the number of people in treatment between 1998 and 2008
- | increase the percentage of those successfully completing or appropriately continuing treatment year-on-year.

The NTA is in the frontline of a cross-government drive to reduce the harm caused by drugs. Its task is to improve the quality of treatment in order to maximise the benefit to individuals, families and communities. Going forward, the NTA will be judged against its ability to deliver better treatment and outcomes for a diverse range of drug misusers.

Foreword

The 2008 national drug strategy states that:

“The goal of all treatment is for drug users to achieve abstinence from their drug – or drugs – of dependency”. In order to deliver against all the treatment system actions in the drug strategy, partnerships will recognize the need to have recovery as the bed rock of all commissioning decisions.”

In practice this will mean that partnerships articulate a **vision** for drug treatment in their area that meets the needs of the drug-using population – for those currently in treatment and for those as yet not engaged with treatment and reintegration services.

Partnerships and services will want to articulate the **ambition** of service users and their families and that all systems provide options that meet these ambitions. This will mean that services stay abreast of service-user aspiration – regularly checked at individual care plan review stages – and seek to maximise opportunities as they present in a client’s journey, building on the benefits of being in treatment, with a view to recovery steps being foremost at all times.

Reintegration options – in both employment and housing terms – as outlined by the drug strategy, will be an integral part of care planning, with partnership efforts focused on harnessing local job and housing options as key building blocks to maximise recovery.

The drug strategy highlights that partnerships will want to build in opportunities in local drug treatment systems for families and carers to positively impact on the service-user experience of treatment and to assist with getting their lives back on track.

In order to deliver this challenging agenda, partnerships will be aware of the need to pay significant attention to how service users **exit** treatment either through community-based structured day services, tailored community-based abstinence services or via **residential rehabilitation** services. Building on annual needs assessments and service-user views, planned exits and recovery opportunities are likely to be key building blocks in an **effective treatment** system.

As part of their vision, partnerships may wish to consider building links to **mutual aid** groups into all local systems, ensuring that all individual services have pathways to mutual aid groups.

Commissioners and joint commissioning groups may well wish to consider whether the identification of **recovery champions** at both a system and service level would assist in retaining the focus of all parties on the recovery agenda. Recovery champions could play an important role in articulating ambition, championing routes to recovery and challenging partnerships and services to retain a recovery focus at all stages of a service user’s journey.

“Reintegration options will be an integral part of care planning”

Context

Achieving sustained recovery

While the treatment system in England is well established and among the best in the world in terms of penetration, prompt access, retention and successful discharges, continuing attention is required to ensure that the system is balanced and offers a range of interventions, including harm reduction, abstinence-orientated treatment and substitute prescribing for those who need it.

Further improvements to the foundation of good quality care-planned treatment will enable personalised treatment to develop and meet the needs of the diverse range of drug misusers. Improved provision of local systems of support and reintegration for misusers and their families that prevent risks and enable sustainable lifestyle change and wellbeing are also critical to progress.

The 2008 national drug strategy recognises the improvements required, sets out the Government's vision for the future of drug treatment and focuses on the clear tasks ahead:

“The goal of all treatment is for drug users to achieve abstinence from their drug – or drugs – of dependency. For some, this can be achieved immediately, but many others will need a period of drug-assisted treatment with prescribed medication first. Drug users receiving drug-assisted treatment should experience a rapid improvement in their overall health and their ability to work, participate in training or support their families. They will then be supported in trying to achieve abstinence as soon as they can. While large numbers are entering drug treatment, with most deriving significant benefit from it, too many drug users relapse, do not complete treatment programmes, or stay in treatment for too long before re-establishing their lives. The challenge for the new strategy is to maximise the impact of treatment for those who receive it, seizing the opportunity treatment provides to reduce the harms caused to communities, families and individuals.

“We will therefore work to develop more personalised approaches to treatment services, which have the flexibility to respond to individual circumstances. We will examine how we can best support those leaving and planning to leave treatment with packages of support to access housing, education, training and employment.”

Drug misusers, especially those with severe dependency, may have many other problems, including involvement with the criminal justice system, poor educational and employment histories, mental health issues, family problems, and housing need. Many have poor social and personal resources upon which to build a new life.

Enabling drug misusers to build a lifestyle that promotes health and wellbeing, social and personal capital, as well as tackling drug dependence, requires local partnerships to develop comprehensive and multidisciplinary systems. Integrating robust pathways with employment services is a priority.

Solid partnership arrangements to support the families of drug misusers are also required. Developing mutual aid networks may help to establish self-help arrangements among recovering drug misusers. Local communities and ►►

“Improved local systems of support are critical to progress”

“Most users want to become free of their drug dependency”

wider society also have a responsibility to help drug misusers reintegrate into the community: for example, by removing any barriers to employment. Drug treatment has been proven to reduce drug misuse, reduce crime, improve health, and protect against blood-borne viruses and overdose.

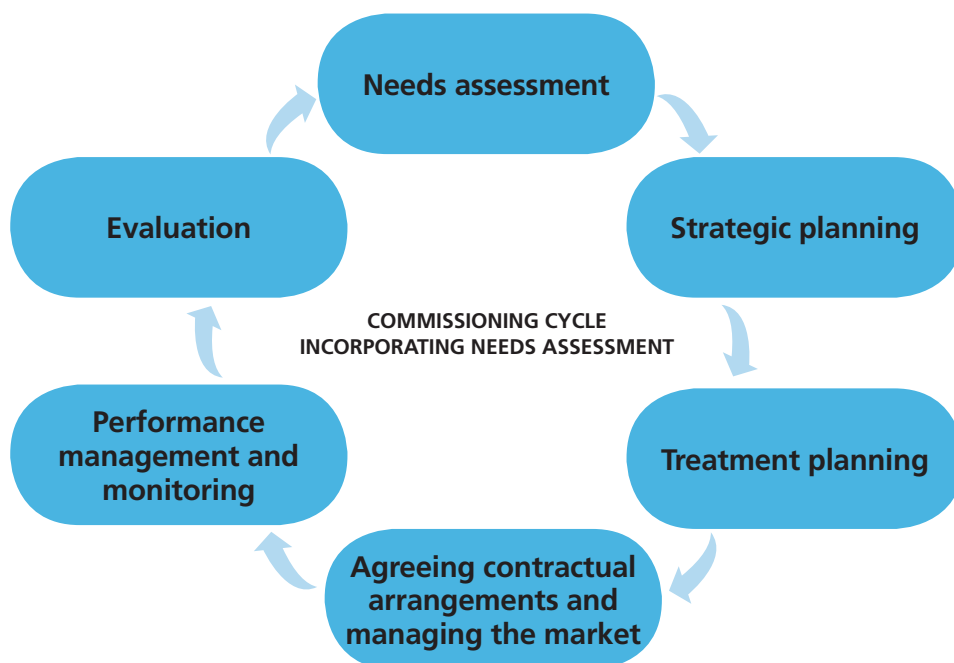
To achieve recovery-focused outcomes, the treatment system needs to become more responsive to individual needs. Personalised packages of care constructed around individuals’ aspirations and capabilities need to be developed, drawing on good professional care planning, and treatment systems need to be responsive to what service users want from treatment.

Most individuals come into treatment wanting to become free of their drug of dependency. The treatment system needs to achieve an appropriate balance, equally comfortable with positively routing those who are capable of benefiting quickly through abstinence-based treatment, and retaining those who are not yet able to leave treatment supported in services.

There has been much debate about how recovery may best be defined as part of this next step in the drugs policy. This guide seeks to frame recovery in terms of the achievement of the individual client’s goals for making positive changes in their lives; commonly encompassing whether they have gainful employment, appropriate housing and functional family relationships.

The commissioning cycle

Quality commissioning is based upon effective needs-assessment processes and is followed up by performance-assurance arrangements which monitor and evaluate the developments planned and commissioned in line with evidenced need. ▶▶



There is no single approach to the commissioning or joint-commissioning process, and organisations involved will wish to develop strategies that best fit their local circumstances. In all instances a commissioning cycle framework will be required alongside a quality assurance or performance management process. These two frameworks or processes will mirror each other as well as being interdependent on the needs assessment annual cycle. All will identify important factors to take into account. Monitoring and evaluation are an integral component of the process of needs assessment and evidence gathered as part of performance monitoring and management can then be used as the basis for further needs assessment.

Additional support for drug partnerships

In order to assist in delivering effective recovery-based drug treatment, the NTA works with drug partnerships to ensure that:

- | local treatment systems seek to maximise the number of people who overcome addictions and sustain long-term recovery
- | drug misusers have access to employment, education and housing, and that they become contributing members of society
- | families and communities also receive tangible benefits while drug misusers are in treatment, and that these benefits are sustained following successful treatment
- | the increased risk of significant harm and neglect among children of drug misusing parents receives heightened awareness and appropriate action from all those working with drug misusers
- | the system ensures that safeguarding children becomes a central feature of practice
- | local partnerships commission services that meet the needs of drug misusers and their communities
- | those services offer optimal, appropriate and accessible evidence-based treatment in community, residential and prison settings
- | local partnerships promote access to relevant mutual aid networks
- | management information measures the effectiveness of the treatment system
- | drug misusers and their carers take part in shaping local treatment systems
- | drug treatment systems have competent staff, good systems of clinical governance, and provide good value for money.

Associated guidance

The Department of Health and National Offender Management Service are considering publication in 2010 of joint guidance on commissioning for offenders with drug and/or alcohol problems.

Extensive guidance and support on the commissioning of alcohol treatment services is provided through the Department of Health's Alcohol Improvement Programme and the associated Alcohol Learning Centre at www.alcohollearningcentre.org.uk ■

“Local treatment systems seek to maximise the numbers who overcome addictions and sustain long-term recovery”

The full version of this document is available on the NTA website. Go to:
www.nta.nhs.uk/publications/documents/nta_commissioning_for_recovery_january_2010.pdf

National Treatment Agency for Substance Misuse
6th Floor, Skipton House, 80 London Road, London SE1 6LH
T: 020 7972 1999 F: 020 7972 1997 E: nta.enquiries@nta-nhs.org.uk
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