



*National Treatment Agency  
for Substance Misuse*

# RESIDENTIAL DRUG TREATMENT SERVICES: A SUMMARY OF GOOD PRACTICE

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# Residential drug treatment services: a summary of good practice

**Title:** Residential drug treatment services: a summary of good practice

**Purpose:** Good practice guide

**Publisher and date:** NTA, May 2009

**Target audience:** Joint commissioning managers and all other partners in 149 DATs. Tier 4 treatment providers in the NHS and voluntary sector

**Action required:** Note examples of good practice and take local action if appropriate

**Business reason:** Meeting PSA 25 target; complying with Operating Framework or local authority equivalent; enabling achievement of vital signs

**Cross reference:** This document complements: 2007-08 service reviews on diversity, and inpatient and residential rehabilitation services carried out by the NTA and the Healthcare Commission; previous NTA guidance on commissioning and providing Tier 4 treatment

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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 achieved the 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.

# Residential drug treatment services: a summary of good practice

## Good practice: the key points

Elements for commissioning effective Tier 4 treatment:

- Good partnership working, with close collaboration between drugs partnerships, drugs services, and local social services community care departments at a strategic and operational level
- Established routes into and out of treatment, with clear arrangements for preparing people for treatment, and for aftercare and reintegration
- Regular contract reviews with providers
- Good use of relevant data and other feedback to inform decisions on commissioning services.

Elements for providing effective Tier 4 treatment:

- Clearly established and effective exit strategies for clients when they leave treatment, including links with housing, education, training and other ongoing support
- Ongoing risk assessment and clear policies to keep clients safe following unplanned discharge and to reduce the risk of overdose
- Good structures for managing staff and helping them to deliver treatment, including clear supervision arrangements and meeting their training needs.

## 1. Introduction

Mention residential drug treatment services and many people will think burned-out celebrities and exclusive rehab clinics. The reality is more complex. Drug treatment comes in a variety of forms and settings, and the most important thing is that the help and support an individual receives is appropriate for their clinical needs and personal circumstances.

Local commissioners, working on behalf of local drug partnerships comprising the NHS, local authority care services, and criminal justice stakeholders, can choose from a broad spectrum of treatment options for their clients. Residential rehabilitation in a specialist centre is one of these. It is not the only answer for every problem drug-user, but it is suitable for some people at certain times in their lives.

There are about 200 voluntary sector or independent providers of residential treatment in England, but they are in turn only one element in a broad spectrum of treatment that is delivered in residential or inpatient settings. These include NHS services and are collectively known in the trade as Tier 4 interventions.

During 2007-08 the former independent health watchdog, the Healthcare Commission, inspected Tier 4 provision in England in conjunction with the NTA. The joint review, published earlier this year, showed the vast majority of these services provided treatment in safe environments, staffed by competent practitioners, with 59% scoring "good" and 34% "excellent."

Nevertheless the review also demonstrated scope for improvement in key areas. For example, it suggested that many of the 149 partnerships were not commissioning residential treatment in line with national guidance. It also found that a significant proportion of providers were not reporting data to the National Drug Treatment Monitoring System, so it was difficult to assess nationally whether existing provision was adequate.

In agreement with the Healthcare Commission and its successor, the Care Quality Commission, the NTA followed up the review with a programme of intensive help for the poorest-performing partnerships and providers, to bring them up to standard. It also conducted detailed interviews with those local drug partnerships and providers that scored highly. This report describes their best practice, and the key themes which emerged, and is being widely distributed so that all in the residential treatment sector can learn from their success.

We estimate that about 16,000 adults access Tier 4 services every year, about 10% of the target treatment audience, those dependent on heroin and crack. Most problem drug users – even those who need intensive treatment – can make positive changes to their lives while being treated in community settings and do not need to go into hospital or residential services. For a minority with severe problems, who struggle to make sufficient behavioural change in the community, inpatient detoxification and residential rehabilitation may be required.

As the NTA made clear in commissioning guidance issued last year, we expect partnerships to make active use of residential rehabilitation as part of the broad mix of recovery options that are available to help individuals recover from their addiction and reintegrate into society.

This report is based on interviews with the local drug partnerships and services that scored highly in the Tier 4 commissioning and provision theme of the 2007-08 Healthcare Commission and NTA service review. These partnerships and services described their practices, from which a number of key themes emerged. This report describes these themes, for commissioning and providing Tier 4 treatment.

The term 'Tier 4 treatment' covers inpatient treatment and residential rehabilitation. It is defined in *Models of Care for Treatment of Adult Drug Misusers: Update 2006*.

## **2. National context**

The NTA promotes a balanced drug treatment system, in which the treatment matches individuals' clinical needs and circumstances, and reflects their personal choices. This can include medication-assisted and abstinence-oriented treatment, and the opportunity for inpatient detoxification and residential rehabilitation.

### **Tier 4 within the treatment journey**

Tier 4 interventions exist within a balanced local treatment system (even when clients access out-of-area tier 4 services) and are part of the range of treatment options available to all clients. To ensure Tier 4 interventions remain an option throughout a client's treatment journey, keyworkers and clients often discuss them during the care plan review, when client progress and planning interventions are being considered – ideally once every three months.

Tier 4 inpatient and residential interventions may be introduced at a number of key points during a client's treatment journey:

- Presentation – when clients seek abstinence and are assessed as appropriate, they are referred to inpatient detoxification, or residential rehabilitation (with or without detoxification)
- Care plan review – when clients are making progress but want to change the approach or pace of treatment; or when they are not making progress and require more intense and optimised treatment
- Treatment exit – when clients have made progress and need to take the final steps towards recovery and reintegration, perhaps via medication detoxification or residential rehabilitation.

#### **Levels of need for Tier 4**

Having ensured treatment systems have the capacity to offer clients stability and harm reduction, the NTA and drug partnerships are now concentrating on improving rates of recovery and successful exits from drug treatment – a move that may increase demand for a range of Tier 4 interventions.

Drugs partnerships will find they have to consider carefully the level of services they may need to supply to satisfy demand, and to ensure the type and quality of interventions meet the full range of client needs.

The appropriate place to do this is within the partnership needs-assessment process, which in turn feeds into the joint strategic needs assessment.

#### **Performance management**

Tier 4 inpatient and residential interventions require proper planning and monitoring if they are to meet the needs of commissioners and clients and provide successful outcomes. By working closely with local authority community care teams, drugs partnerships can oversee and manage placements with the same level of rigour they apply to community drug treatment contracts – notably via adequate service level agreements and regular contract and performance reviews.

Client placements into Tier 4 services can be funded in two ways. Firstly, through block contract arrangements with preferred providers, where local assessments conclude this is appropriate. Secondly, via spot-purchase, which can help maximise the range of services offered and so increase client choice. In either case, commissioners can monitor progress via performance-management requirements.

All Tier 4 placements are best integrated with the local treatment system, offering the same end-to-end service, from providing adequate assessment and preparation to ensuring appropriate aftercare or treatment continuation.

#### **Developments in Tier 4 delivery**

New models of residential treatment are emerging across the country. They include supported housing linked to structured treatment, and services tailored to local communities. New providers are also bringing with them innovative ideas and new ways to deliver interventions.

Among the services interviewed for this report, a small but growing trend was noticed in residential services whose clients live locally. These services, which include Burton Addiction Centre in Burton-on-Trent and the CRI St Thomas Fund in Brighton, have this focus for a number of reasons including meeting specific local needs, enabling family contact and having better resettlement and aftercare links.

In addition to these, there are other locally-focused residential services which are being established in various parts of the country. These are interesting developments in a fast-moving field and the NTA will monitor them closely.

Some current providers are at full capacity because they are seen to be effective, and responsive to the needs of clients and commissioners. The NTA supports new and innovative ways of providing structured treatment, especially when they meet identified needs and prove to be effective at improving outcomes for clients.

The purpose of this report is to share the good practice found during the Healthcare Commission and NTA joint-service review, and to encourage more effective service delivery in the Tier 4 sector in line with local need and demand.

### 3. Commissioning Tier 4 treatment

Providing access to Tier 4 treatment is an important part of commissioning a local drug treatment system and its treatment pathways. Local commissioners (including substance misuse commissioners and social services care managers) are responsible for ensuring that people who need Tier 4 treatment can access a range of services according to their needs. Interviews with high-performing partnerships provided the following:

#### Eligibility criteria for Tier 4 treatment

- Commissioners and service providers take a collaborative approach to developing Tier 4 eligibility criteria
- Eligibility criteria are usually based on existing local health or social care criteria. Developing them often happens alongside reviews and redevelopment of treatment pathways in partnerships
- Criteria are communicated through a written document. Some partnerships go further, running training sessions to familiarise local partners with the criteria
- Criteria are communicated to service users via keyworking, and local user groups and forums.

*“ We’ve established a clear Tier 4 treatment pathway this year. One of the reasons for this was there were providers suggesting people with no clear criteria to inform whether they were ready for rehab.”* South Gloucestershire

#### Developing and reviewing contracts

- In practice, there are a variety of different approaches to contracting Tier 4 providers. A mixture of spot and block contracting is most common, but some partnerships only use spot contracts

*“ We want to ensure patient choice, so we place people outside block-contracted services depending on needs and desires.”* Bristol

- Most spot contracts are for residential rehabilitation placements funded by local authority adult community care money, for which partnerships tend to use a standard contract
- Most partnerships use preferred provider lists for residential rehabilitation placements. These lists are reviewed, often annually, against data, feedback from service users and others, and service visits
- All partnerships express the importance of client choice in Tier 4 treatment.
- Reviews happened routinely for contracts with inpatient units and residential rehabilitation services, usually annually
- Most partnerships require Tier 4 services they commission to comply with NDTMS reporting and this is usually written into contracts. Many also insist on user involvement, making it a contract requirement and surveying discharged clients about their experience
- Some partnerships have collaborative commissioning arrangements in their region, where a number of neighbouring partnerships joint fund a Tier 4 service. This is particularly relevant for hospital inpatient services

*“ The detoxification unit at Prestwich Hospital is a collaborative commissioning contract, across all the partnerships in Greater Manchester. We commission a set number of bed nights each year, which has usually been enough to satisfy the local demand in each area.”* Stockport

- The pattern is to spend pooled treatment budget (PTB) money or mainstream NHS funding on inpatient treatment, and community care funding on residential rehabilitation. Some partnerships also use the PTB for rehabilitation placements.

#### Using data to inform Tier 4 commissioning decisions

- Partnerships use NDTMS data in contract reviews and related meetings, and in reports to joint commissioning and performance monitoring groups
- Commissioners also use a range of other data to get information on the treatment they commissioned. The main type is service-user feedback, and sometimes feedback from other stakeholders.

*“Using data is a key element in monitoring and revising treatment systems.”*  
South Gloucestershire

#### Enabling post-Tier 4 treatment integration

- All the partnerships emphasise the importance of clear Tier 4 pathways, with aftercare as a vital element following treatment
- Most pathways require a clear care plan, with aftercare agreed before the client accesses either inpatient treatment or residential rehabilitation

*“No clients go to detox or rehab without having a clear plan for what happens next. We have a number of aftercare options. There’s a day programme in the community and an open access aftercare unit. If people are struggling, staff are available almost round the clock and at weekends.”* Birmingham

- The partnerships put a strong emphasis on local keyworkers and care managers staying in touch with clients throughout their stay in Tier 4 treatment. Keyworkers work with Tier 4 services and local agencies (housing support, aftercare providers, mutual aid groups, etc) to manage clients’ transition back into the community.

#### Funding for residential rehabilitation

- The key issue related to pooling budgets is whether partnerships have access to, and some control over, the community care budget for residential rehabilitation. Areas that have some control attribute this to good working relationships across the local authority, the drugs partnership and treatment services
- Partnerships believe the most important factor in funding rehabilitation and client placements is good partnership working, at strategic and operational levels:
  - At a strategic level, substance misuse commissioners work closely with partners in the local authority community care department on commissioning and purchasing residential rehabilitation services
  - At an operational level, the drug treatment commissioner or service manager has responsibility for rehabilitation budgets and placements

*“Both at a strategic level and at an operational level, the drug partnership and services work very closely with the adult social care drug and alcohol team.”* Hammersmith

- Another key factor is integration between community care teams and community drug treatment services, so that care managers work closely with drug treatment keyworkers on assessing and referring clients to Tier 4 treatment
- Most partnerships use funding panels, but some have stopped in the belief that they are bureaucratic. Other partnerships believe flexibility is the key factor, and ensure that panels operate efficiently and do not hold up treatment placements.

## 4. Providing Tier 4 treatment

Tier 4 provision covers a wide range of different treatment services. Inpatient treatment includes detoxification and stabilisation, and there are a number of different models of residential rehabilitation, ranging from large, traditional, out-of-area residential rehabilitation services to emerging, community-based, recovery-oriented houses. However, a number of common themes emerged from the interviews with high-performing providers:

### Service information packs

- All the services have information packs, which fall into three main categories – packs for commissioners and referrers, client pre-admission, and clients on admission. It's believed these packs help clients to make informed choices about attending services, give them details on all aspects of the treatment programme, and reduce the risk of drop-out
  - “ *The pack lets the clients know what to expect in the residential programme, including the physical surroundings, the groups and sessions they will be attending, arrangements for regular support, care planning and review. It contains a copy of their selection criteria and admission information and charging policy.*” ARA Bristol
- All the services regularly review their information packs, mostly using service user feedback
- All the residential rehabilitation services want clients to visit the service for assessment before entering treatment. For inpatient services, some encourage pre-treatment visits, but this is not always possible due to speed of referral and admission.

### Keeping waiting times low

- The waiting times for Tier 4 services depend largely on capacity. For many services, waiting times are a weak point because they are often full and have clients waiting to access treatment
  - “ *For prospective clients on the waiting list, we liaise with their care manager and the client is free to look at other options. However, if they want to, they can come for day visits to the service, until a bed is available.*” Littledale Hall
- Those that are often full also have methods for keeping clients engaged while they wait, such as regular phone contact or visits to the service
- Most services manage to ensure regular and consistent NDTMS returns because they have a named person who is responsible for submitting data.

### Developing eligibility criteria for admission

- All the services have a set of simple, and largely common, eligibility criteria. They report few inappropriate referrals, and feel their clear criteria help with this
  - “ *We held a series of stakeholder meetings to review and agree our eligibility, admission and discharge criteria.*” Flaghead Unit, Dorset
- Most services, including all the residential rehabilitation units, require clients to visit the service for an assessment before they will consider a treatment place.

### Making exit strategies work

- Most services do not accept clients unless they have a clear care plan in place, which specifies what will happen following Tier 4 treatment
  - “ We do an exit plan for all clients on admission, with a treatment completion date in mind.” Burton Addiction Centre
- The care plan is regularly reviewed by staff, in collaboration with the community keyworker who usually visits clients throughout their stay. Progress noted in the care plan helps to develop the aftercare plan
- Many services work with a range of local partners to help clients who want to move into second stage accommodation or stay in the same area.

### Developing unplanned discharge policies

- Clients usually make an unplanned departure from Tier 4 treatment for two main reasons: either they are dissatisfied with the programme or they commit a serious breach of house rules
- Various policies are in place to manage unplanned discharges. These include making re-engagement attempts, giving harm reduction advice, and arranging transport back home, all underpinned by a risk assessment
  - “ If the client wants to stay in the area but end their treatment, we will arrange safe move-on accommodation and help them get resettled. We are continually looking at risk management.” ARA Bristol
- When a departure is unplanned, the services always notify the referring agency. The risk assessment is shared, along with any details of the client's intentions.

### Developing and using evidence-based treatment manuals

- Some services have developed evidence-based treatment manuals, setting out their treatment programmes and interventions, along with policies and procedures for delivering the programme
  - “ Our treatment manual is a comprehensive document describing the whole of our treatment programme. It means our staff can be clear about the objectives, materials and outcomes for all the elements of the programme and how then they can facilitate them.” ANA Portsmouth
- Most services provide harm reduction interventions – mainly access to blood-borne virus testing and vaccination.

### Reviewing and adapting treatment programmes

- Most services routinely review their programmes, usually every six to 12 months
  - “ Staff are responsible for different parts of the treatment programme. They continually look for ways to improve their parts of the programme.” ANA Portsmouth
- They use a variety of different sources of information, including service user feedback, the evidence base, incident reports, clinical audit and peer reviews.

### Managing and supporting staff in delivering treatment

- Key themes raised on this issue include a good induction programme, a strong commitment to staff training, regular supervision (individually and in groups) and regular audits of staff training needs.

“ We have training and development plans for the team and individuals. Our staff have monthly supervision and annual appraisals. These are task-focused, look at practical casework, and offer opportunities for critical reflection.” Littledale Hall

### Ensuring ongoing risk assessment

- A client’s risk assessment is continually reviewed throughout their treatment, alongside the care plan

“ The risk assessment is an important part of this process – we need to pay particular attention to dual diagnosis and related medication issues, as well as histories of violence. Sometime we might need a bit more information, which we will ask for before proceeding with the placement.” Trelawn House

- If leaving is planned, the risk assessment is completed and passed back to the client’s community care manager or keyworker. If leaving is unplanned, a risk assessment is carried out to help the community services keep the client safe and to encourage treatment re-engagement.

## 5. Additional themes

### Preparing for Tier 4 treatment

- A theme that emerged from a number of partnerships is the importance of clients being prepared for entering Tier 4 treatment, particularly residential rehabilitation

“ There’s a lot of preparation to let people know what they’re signing up for. We developed what we call a ‘focus on rehab’ group. Before we started the group, we were getting people turning up at the unit and leaving almost right away, saying “it’s not for me.” Birmingham

- Many partnerships have added specific elements to local treatment pathways to help prepare clients. They believe it has had a positive effect on their clients, who were better prepared and in many cases had better outcomes.

### Locally-focused residential rehabilitation

- Although residential rehabilitation services usually take clients from across the country, a few services are more locally focused, taking all or most of their clients from their local authority. Nationally, this type of service is growing in numbers.

“ A locally-focused rehabilitation service has many advantages. For a start, it makes it easier for clients to maintain family relationships. Many have children and being in treatment locally it makes it easier for them.” CRI St Thomas Fund, Brighton

- Services have this focus for a number of reasons, such as meeting specific local needs, improving family contact, and having better resettlement and aftercare links.

**The full version of this report, *Residential drug treatment services: good practice in the field*, is available to download from the NTA website**