



*National Treatment Agency  
for Substance Misuse*

# BUSINESS PLAN

# 2009-10

EFFECTIVE TREATMENT  
CHANGING LIVES

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## Glossary

ACMD	Advisory Council on Misuse of Drugs
CQC	Care Quality Commission
CBT	Cognitive behavioural therapy
CAA	Comprehensive Area Assessment
CARAT	Counselling, Assessment, Referral, Advice and Throughcare Teams
CJIT	Criminal Justice Interventions Team
CLG	Communities and Local Government
DCSF	Department for Children, Schools and Families
DH	Department for Health
DWP	Department for Work and Pensions
DIP	Drug Interventions Programme
IDTS	Integrated Drug Treatment System
IOM	Integrated Offender Management
JCP	Jobcentre Plus
MOJ	Ministry of Justice
MRC	Medical Research Council
NDTMS	National Drug Treatment Monitoring System
NICE	National Institute for Health and Clinical Excellence
NIHR	National Institute for Health Research
NOMS	National Offender Management Service
NTA	National Treatment Agency for Substance Misuse
PSA	Public Service Agreement
TOP	Treatment Outcome Profiles

# The role of the NTA

## What is the NTA?

The National Treatment Agency for Substance Misuse (NTA) is a special health authority within the NHS. The role of the NTA is to improve and expand the drug treatment system in England, with the goal of getting more drug misusers into treatment, helping them recover from dependency, and reintegrating them into society.

The NTA reports to the Department of Health (DH), and is also accountable to the Home Office, the Department for Children, Schools and Families (DCSF), and the Ministry of Justice (MoJ). The NTA works in partnership with a range of services and agencies on a national, regional and local level.

The success of the NTA depends on the performance of local drug treatment systems. They, in turn, are judged on the range, quality and effectiveness of the treatment they provide to individual drug misusers, and the benefit this brings to society as a whole.

In working to deliver effective drug treatment, the NTA will 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
- local partnerships commission services that meet the needs of drug misusers and their communities
- those services offer appropriate and accessible evidence-based treatment
- 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.

## Outcomes, achievements and successes

Under the NTA's stewardship, drug treatment services have expanded, and the numbers accessing them more than doubled to a record 202,666 in 2007-08. Four out of five misusers either successfully complete a treatment programme, or stay long enough to benefit.

Families and communities benefit too, because drug misusers in treatment commit less crime, pose less of a health risk, and are more likely to hold down jobs, be responsible parents, and engage with society.

The treatment system continues to meet the demands made of it, with provisional figures showing 163,566 heroin and crack users have been in effective treatment in the last 12 months – a 4.6% increase, which exceeds the target set for the NTA by DH.

## Contributing to Public Service Agreements (PSAs)

PSAs detail the aims and objectives of government departments for a three-year period. Each PSA is underpinned by a single delivery agreement, shared across all contributing departments, and developed in consultation with delivery partners and frontline workers. They also describe a small number of national outcome-focused performance indicators that measure progress towards each PSA. Most national indicators are expected to improve against baseline trends over the course of the comprehensive spending review period (2008-09 to 2010-11).

PSA 25 is the core agreement for the NTA: to reduce the harm caused by alcohol and drugs. Indicator 1 of PSA 25 relates to the number of drug users recorded in effective treatment. This indicator recognises that "drug treatment is the intervention with the most developed evidence of effectiveness and it is the key intervention to reduce drug-related crime". This indicator also contributes to the "reduction of harms caused to health and wellbeing by frequent use of illegal drugs" and so contributes to PSA 18: to promote better health

and wellbeing for all. Indicator 3 of PSA 25 relates to the rate of drug-related offending, recognising that drug use, particularly of Class A drugs, is a key driver for crime and offending.

The NTA also makes a significant contribution to PSA 23: making communities safer in terms of Priority Action 2, which aims to “continue to make progress on serious acquisitive crime through a focus on the issues of greatest priority in each locality and the most harmful offenders – particularly drug-misusing offenders” by delivering effective treatment interventions for those identified with drug misuse problems at each stage of the criminal justice process.

PSA 14 (to increase the number of children and young people on the path to success) provides the backdrop to the NTA’s approach to problematic substance use by young people. Drug and alcohol misuse among young people is linked with crime, disorder, truancy, school failure, physical and mental health problems and other poor outcomes, in addition to the risk of becoming a problem drug user in the future.

Indicator 3 is linked closely to wider government priority outcomes on reducing the harm from drugs and alcohol. It aims to reduce the proportion of young people frequently using illicit drugs, alcohol or volatile substances, and supports safer

### **The NTA will work to ensure early and appropriate specialist intervention for young people and adult misusers who are parents**

communities, cutting crime, narrowing the attainment gap, community cohesion, and improving children’s health.

The 2008 Drug Strategy and Youth Alcohol Action Plan address these issues by outlining the key actions that areas need to take to have a long term impact on young people’s substance misuse. The NTA will work with partnerships to ensure the system has sufficient capacity to provide early and appropriate specialist intervention for young people and adult drug misusers who are parents.

In addition, effective drug treatment makes a significant contribution to PSA 16, which aims to increase the proportion of socially excluded adults in settled accommodation, employment, education or training. These are issues highlighted in the 2008 Drug Strategy, and the NTA is working with the Department of Work and Pensions, and the Department for Communities and Local Government to develop a range of social integration initiatives that will contribute to improvements for drug misusers as they progress through the drug treatment system.

### **Expectations, ambitions and challenges**

Building on achievements since 2001, the 2008 Drug Strategy signalled a shift, putting as much emphasis on quality of treatment as on quantity, and as much focus on tackling the impact of drugs on families as on individuals and communities.

The aim of treatment is to help drug misusers overcome dependency, and to reduce the harm drugs cause to them, their families and communities. Treatment care planning favours personal solutions over a one-size-fits-all approach. Those drug misusers who respond well to treatment will get the support they need to complete their care plans swiftly and to reintegrate with their families and communities. Those who need more time in treatment services will get it. This includes substitute medication where appropriate, which provides safety and stability for those whose dependency is entrenched and who are not yet ready to be discharged.

While in treatment, drug misusers benefit from a significant improvement in their health and social functioning, and communities benefit from a rapid reduction in offending. However, though these improvements are valuable and necessary, the majority of misusers come into treatment wishing to overcome dependency. The focus of treatment should therefore always be to encourage as many drug misusers as possible to regain control of their lives, free of dependency and free of medication.

This approach also acknowledges that sustainable change is much more likely when other aspects of a drug misuser’s life, such as accommodation and employment, are addressed. Drug misusers themselves must play their part, too, as new

welfare reforms insist that whenever possible they accept their responsibilities as citizens and contribute to society through work.

Moving forward, the NTA needs to ensure that local drug treatment systems remain responsive to changing patterns of drug misuse. In the past, economic uncertainty and rising unemployment

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have been associated with increases in drug dependency and acquisitive crime. Although this experience needs to inform future plans, the greater availability of treatment and improved integration between drug treatment and the criminal justice system provides opportunities to respond more promptly and appropriately to emerging trends.

The increased risk of significant harm and neglect among children of drug misusing parents requires heightened awareness and appropriate action from all those working with drug misusers. The system needs to ensure that safeguarding children becomes a central feature of practice. Alongside this, substantial improvements in the accessibility and effectiveness of treatment services for young people are required, within a framework that integrates with wider children's services.

Similarly, the drug treatment system must respond to the rising numbers of people who access treatment for cannabis and cocaine use, while not losing sight of the fact that heroin and crack remain the most destructive drugs. Finally, the NTA needs to continue to ensure that drug treatment services are fully available to every demographic and ethnic group throughout England.

#### **Achieving sustained recovery**

Drug treatment has undergone significant transformation and improvement in the past eight years. The sector successfully managed a period of rapidly expanding access and then achieved a focus on improving treatment effectiveness, exemplified by the increase in initial retention. The treatment

system in England is now 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.

Drug misuse is "a multi-factorial health disorder that often follows the course of a relapsing and remitting chronic disorder" (UN & WHO)<sup>1</sup>. The treatment of any such condition requires local health systems to provide solutions geared towards the individual, but effective treatment is also characterised by systems of support that encourage misusers and their families to manage their condition and build lives that support wellbeing and recovery.

Drug treatment providers, commissioners and misusers themselves have overlapping roles and responsibilities in ensuring local systems achieve good outcomes. Although the quality of treatment is crucially significant to outcomes, it is increasingly clear that drug treatment alone can only go so far. Unless drug misusers are challenged and supported in making and sustaining radical lifestyle changes, many are likely to continue their drug misuse and to relapse after treatment.

The 2008 Drug Strategy introduced an additional focus on the family and communities affected by drug misuse, and especially on the support needed by many children of drug misusing parents. This requires a collective effort to see drug misusers as members of families and community groups, not as isolated individuals, and to plan and deliver treatment and reintegration systems accordingly. Safeguarding children will become a central feature of the delivery of all services.

<sup>1</sup>Discussion paper: Principles of Drug Dependence Treatment. (UNODC & WHO, 2008).

Drug misusers, especially those with severe dependency, may also 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. So 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 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. Clinical guidance published in 2007 set out the range of evidence-based drug treatment interventions, which local partnerships should commission<sup>2</sup>.

## **Drug treatment has been proven to reduce drug misuse, reduce crime, improve health, and protect against blood-borne viruses and overdose**

These guidelines present challenges for those delivering treatment across the system. Some interventions are well-established but need to be improved and modernised in line with evidence. Other interventions are new to drug treatment in England and require systematic implementation, including developing the skills staff and services need to deliver them. The focus will be to improve the abilities of individual practitioners and the management capability of services, so they can respond to individual client needs and deliver modern technologies in drug treatment.

A modern, evidence-based drug treatment system covering community and custodial settings needs to be delivered in the context of mainstream health reforms. The vision set out in 'High Quality Care for All'<sup>3</sup> is for the NHS to achieve consistently high patient safety and good outcomes. In keeping with the 'personalisation' agenda, local drug partnerships should seek to ensure that all services are able to tailor what they do to meet the individual needs and preferences of drug misusers and their families.

This is supported by the World Class Commissioning approach, which applies to all primary care trusts, and local drug partnerships and aims to secure the best outcomes for drug misusers, with an ever-improving return on investment. While working together in the best interests of drug misusers and their families, partnerships also need to develop a more business-like approach to selecting and contracting providers, ensuring significant improvements to productivity and efficiency, so that the drug treatment sector will be able to sustain outcomes for misusers and their families despite tough financial times ahead.

<sup>2</sup> Drug Misuse and Dependence: UK Guidelines on Clinical Management (DH & devolved administrations, 2007). The 2007 suite of NICE clinical guidance

<sup>3</sup> 'High Quality Care for All': NHS Next Stage Review final report (DH, 2008)

# Action for 2009-10

## Priorities

The NTA's priorities during 2009-10 will be to:

- reorientate the treatment system to focus on helping service users achieve and sustain recovery
- improve the treatment system's capacity to predict, measure and report beneficial outcomes
- challenge local partnerships to integrate their treatment systems with mainstream structures of social support – employment, housing, etc
- enhance the skills of practitioners to equip them to deliver evidence-based, recovery-focused interventions
- ensure the adult treatment system rises to the challenge of playing its full part in safeguarding the children of drug misusing parents
- promote the value and reputation of drug treatment to the public.

## Practice for recovery in the community

Overcoming drug dependency involves tackling the addiction *and* embarking on and maintaining major lifestyle changes for individuals and families. The 2008 Drug Strategy calls for an increased focus on monitoring and improving outcomes for individuals across substance misuse, health, crime and social functioning. Local systems need to be balanced to provide interventions that reduce harm (including overdose prevention, and preventing the transmission of blood borne viruses) and interventions that tackle drug dependency – including maintenance prescribing and abstinence treatment pathways. Drug treatment services and systems will be focused on bringing provision in line with recent clinical guidance to provide high quality, evidence-based clinical treatment supported by good systems of clinical governance.

The NTA will lead this improvement and provide a range of resources to enable the delivery of new technologies advocated by NICE. A key strand of work will promote and improve the coverage of mutual aid networks, which can significantly improve client outcomes during and after treatment. To maximise outcomes, local partnerships will need to develop multidisciplinary

systems of treatment and reintegration, with a particular focus on improving the interface between criminal justice and community settings and on access to employment schemes.

## Outputs

- publish 'Commissioning for recovery: guidance on commissioning treatment and reintegration services for adult drug misusers' (working title) as core guidance for partnerships to further develop and implement the evidence base for effective treatment
- develop processes with partnerships to ensure local delivery of wider and more challenging measures of effectiveness and outcomes contained in the 2008 Drug Strategy
- systematically use Treatment Outcomes Profile data with clients, services and commissioners to track and improve outcomes
- identify and promote improvements in keyworking
- develop evidence-based manuals for a range of formal psychosocial interventions, including contingency management, family/couples therapy and cognitive behavioural therapy (CBT) to address anxiety/depression
- develop programmes with providers and commissioners in each partnership to improve clinical treatment and clinical governance mechanisms
- support the development of local systems of clinical governance via treatment planning and workforce initiatives
- implement NICE guidance on needle exchange and increase efforts to reduce overdose, including regional naloxone pilots by further promotion of the DH/NTA 'Reducing harm' action plan
- work with the Royal Colleges and major providers to develop an increased focus from treatment services on the family needs of the presenting adult, particularly in cases where they may have parenting responsibilities

- work with commissioners to ensure each partnership has sufficient tier 4 provision, integrated with commissioning plans
- encourage drug misusers to take greater responsibility for their own health and wellbeing, and that of their families
- promote local and national coverage of mutual aid networks including national and regional events.
- continue to support the work of the Randomised Injectable Opioid Treatment Trial (RIOTT), including coordination of the national expert group.

### Practice for recovery in criminal justice settings

The principles that underpin service delivery in the community also apply in prisons and to work with offenders in the community. Many dependent drug users who enter prison are at a low point, and often have a wide range of associated problems. Prison can provide respite from a chaotic lifestyle and the opportunity for reflection. This can lead to increased motivation to change, the essential first step towards recovery. When this happens, every opportunity needs to be taken to provide a wide range of evidence-based treatment options, including those that support abstinence where appropriate.

The NTA has a key role in the Drug Interventions Programme (DIP) in the community. The NTA will work closely with the Home Office and the National Offender Management Service (NOMS) in reviewing DIP and introducing the NOMS Drug Strategy. This will continue the commitment to ensure that treatment is readily available for all offenders at any point in their journey through the criminal justice system. The NTA is committed to the Integrated Drug Treatment System (IDTS), providing prison drug treatment which is as accessible and effective as that in the community. This commitment to ongoing and timely treatment, wider reintegration support, and robust throughcare arrangements is essential if drug misusers are to sustain progress when they leave prison or complete a community sentence. Engagement in effective treatment contributes

significantly to the delivery of PSA 23 in terms of reducing reoffending and to PSA 25 in reducing drug-related offending.

### Outputs

#### Implement evidence based drug treatment across the prison estate in England:

- ensure IDTS is effectively implemented in all 134 English prisons
- support for IDTS implementation and ongoing delivery assurance will be promoted as an NTA regional priority
- support the System Change Pilots and Prison Drug Treatment Strategy Review Group to establish an integrated commissioning model for delivering drug treatment based on NICE guidance and 2007 Clinical Guidelines, which ensures continuity of care between prison and community and between criminal justice and non criminal justice settings
- implement a new system for collecting structured treatment data in prison and establish a baseline for accurately reporting prison-based treatment activity to NDTMS
- improve continuity of care arrangements between the prisons and the community in partnership with the Home Office and Ministry of Justice at a regional level with Criminal Justice Intervention Teams (CJIT) and Counselling, Assessment, Referral, Advice and Throughcare Teams (CARAT).

#### Drug Interventions Programme:

- support partnerships at a regional level to develop DIP treatment engagement to increase the proportion of offenders who are referred to structured treatment by CJITs and who successfully engage
- strengthen the key working/case management aspect of DIP by encouraging CJITs to adopt learning offered by pilot schemes in Birmingham and Manchester
- strengthen the evidence base for criminal justice based drug interventions by working with the Home Office to develop a model for

matching DIP/NDTMS and Police National Computer (PNC) data to establish criminal justice outcomes for offenders in treatment

- help develop Integrated Offender Management (IOM) pilots and ensure the emerging model enhances continuity of care into and out of custody, and supports the work of community-based interventions (DIP, prolific and priority offender schemes, drug rehabilitation requirements, etc).

### Treatment Outcomes Profile (TOP)

TOP was launched in May 2007. It is the first attempt anywhere in the world to introduce a routine outcome monitoring system at a national level for drug treatment.

TOP was designed with a multiple purpose in mind:

- as a clinical tool to aid discussion at reviews with the client as the four TOP domains match the four key areas of care planning
- as a tool to allow local commissioners and services to assess their performance on the basis of real outcomes for clients rather than relying solely on process and output measures
- as a central source of data to assure value for money and delivery on the significant investment central government continues to put into drug treatment

Overall, the response to TOP from workers in the field has been positive. Over 400,000 TOP forms have been submitted through NDTMS. This makes TOP data an extremely valuable and rich source of information on drug treatment outcomes.

Throughout 2009-10 the NTA intends to work with partners in the research community to publish a series of peer-reviewed papers on treatment outcomes gleaned from TOP data.

Although largely welcomed by practitioners, quarterly completion of TOP has been experienced by some as unnecessarily burdensome. This has contributed to the slow progress towards achieving the 80% completion threshold required to make the tool statistically valid at a local level.

The NTA will review TOP reporting to ascertain if the benefits of TOP to individuals and the treatment system can be retained with less frequent reporting.

It is anticipated that reducing the burden of completion, allied to targeted intervention from NTA regional teams in poorly performing partnerships, will enable compliance to improve to the 80% threshold this year. Real outcomes can then be used to set local ambition and benchmark performance for the first time, potentially as a precursor to TOP data informing a national outcome-focused treatment indicator after 2011.

### Working with families

The 2008 Drug Strategy has significant implications for delivering treatment and support for families, emphasising the need for prompt access for parents to drug treatment. The Drug Strategy also requires a focus on responding to those children and vulnerable adults who have close contact with dependent drug misusers and may be at risk of harm, or who experience a physically, emotionally or economically impoverished environment that inhibits their ability to develop. Family support and family-based interventions make a significant contribution to effective adult drug treatment as shown by NICE and the 2007 Clinical Guidelines<sup>4</sup>.

Families need to be closely involved wherever possible in the delivery of interventions for substance misusers under 18 years old – and the NTA strategy in this context is developed in the young peoples' section.

### Outputs

- continue to work with DCSF to ensure all drug misusers engaged with Family Intervention Projects have prompt access to services
- ensure that treatment services assess the wider needs of vulnerable adults, including offenders, their children and families, and appropriately link with other services, such as mental health and those addressing the needs of sex workers or people experiencing domestic violence
- work with DCSF to promote joint commissioning of support and treatment for families affected by drug dependency

<sup>4</sup> Drug Misuse and Dependence: UK Guidelines on Clinical Management (DH & devolved administrations, 2007). The 2007 suite of NICE clinical guidance

- work with DCSF to start a programme of improved practice, led by the NTA and Families at Risk Division Delivery team, alongside the 'Think Family' roll out and DCSF-funded targeted parent and family interventions.

### Safeguarding children

Key priorities of the 2008 Drug Strategy are to reduce the negative impact of parental drug misuse on families and to safeguard children. This reflects the conclusions of the ACMD 'Hidden harm' report<sup>5</sup>, which recognises the potential for parental drug misuse to damage the life opportunities of children.

The NTA will expect each local drug partnership to develop close working relationships with children's services to ensure that the role of adult drug treatment services in identifying children at risk of harm, and in contributing appropriately to safeguarding their welfare, is understood and prioritised. Local partnerships will also be expected to work with each local authority's parenting commissioners to identify and prioritise those families with children whose life chances may be compromised by parental drug misuse.

### Outputs

- ensure referral pathways into treatment are in place for all parents with a treatment need, and that safeguarding leads in children's services are trained to respond appropriately
- ensure the adult drug treatment system delivers an integrated approach between drug treatment and children services, underpinned by commissioning and service delivery protocols in line with safeguarding children requirements.

### Skills development

A major strand of work this year will be an initiative with employers, providers and other stakeholders, including commissioners, to improve the ability of drug treatment services and staff to deliver evidence-based interventions recommended by NICE and the 2007 Clinical Guidelines. Drug treatment services and systems have done very well to increase the capacity of drug treatment, but the 2007 Clinical Guidelines include new technologies not yet commonly available in England.

The thrust of this work during 2009-10 will be to improve psychosocial interventions, especially standard keyworking practice and supervision. This process will also focus on implementing the formal NICE-recommended psychosocial interventions that are not yet embedded in drug treatment, such as contingency management (or 'treatment incentives'), family and couples work for addiction, and CBT programmes for anxiety and depression. An NTA audit of drug treatment services will inform work on organisational functioning.

The NTA will work in partnership with key stakeholders to establish a national skills consortium to reach agreement on a national programme that builds on existing good practice and improves competence and workforce clinical governance in the provision of drug services. The consortium will include key provider-stakeholders, including the Royal Colleges of General Practitioners, Psychiatrists and Nursing; the British Psychological Society; voluntary sector representatives; and NHS Trusts. The NTA will also seek to engage training and education stakeholders, commissioners and government departments.

With stakeholders, the NTA will undertake a number of tasks, including: review whether current competency frameworks for drugs workers and doctors require updating in light of recent clinical guidance; develop guidance on client placement methods; and work with a range of demonstration sites to improve core treatments such as key working and specific psychosocial interventions based on implementation of evidence-based protocols, manuals and toolkits. Working with the consortium the NTA will develop dissemination strategies and regional implementation programmes through which the field can learn from 'early adopters' and share best practice. Regional implementation programmes aimed at improving clinical governance, supervision and management will also be informed by data from the NTA audit of organisational functioning (see Research section).

### Outputs

- work with key providers and other stakeholders to establish a national skills consortium

<sup>5</sup>Advisory Council on the Misuse of Drugs (2003) Hidden harm: responding to the needs of children of problem drug users

- agree a workforce strategy and priorities in a national 'improving competency' programme with the national skills consortium
- identify opportunities from mainstream workforce initiatives that might benefit drug treatment services, including:
  - joint investment framework between strategic health authorities, Skills for Health and the Learning and Skills Council to support skills delivery
  - NHS Next Stage review report 'A high quality workforce'
  - Audit Commission proposals ('Tomorrow's people') for building a local government workforce for the future
  - Local government workforce strategy
- work with stakeholders to review and update (if appropriate) competency frameworks for drug workers, doctors and clinical supervisors
- develop and distribute competency frameworks for psychosocial interventions
- scope the potential to develop a consensus-based client placement protocol based upon US experience
- introduce regional programmes of 'early adopters' with regional and national mechanisms to share best practice
- continue to support professional networks, including the Specialist Clinical Addiction Network (SCAN) and Substance Misuse Management in General Practice (SMMGP).

### Consolidating recovery and reintegration

The 2008 Drug Strategy gives new impetus to the wider support needed to assist and encourage drug misusers to sort out their lives and to reintegrate into society. The NTA is keen to ensure that this agenda is a core priority within local care planning processes and that its activity at the centre supports this focus, unlocking the doors to departmental engagement at a strategic level.

During 2008-09 the NTA worked with the Department of Work and Pensions (DWP) and Jobcentre Plus (JCP) to set the ground for getting more drug misusers on benefit into treatment, and more of those in treatment into work, supported by DH investment.

The Memorandum of Understanding between JCP, DH and the NTA outlines the expectations of the DH investment, with a network of drug coordinators operating at a local level to support pathways between JCP and treatment for those drug misusers claiming benefits but not in treatment, and to support JCP in helping prepare drug misusers for potential employment.

This year the NTA will seek to engage CLG in a similar process to enable strategic support to the accommodation agenda for drug misusers. Without this interdepartmental impetus, the NTA will limit its activity to supporting local initiatives, guidance and best practice dissemination.

### Outputs

#### Employment:

- continue to develop and strengthen local treatment-to-employment pathways and to monitor employment outcomes
- strengthen Local Employment Partnerships (LEP) and Drug Partnership links, and identify advice that may be useful for employers on taking on former drug users
- provide training and support to JCP
- deliver specialist training on employment (and accommodation) for regional NTA teams (subject to DH funding)
- ensure practitioners, service users and their carers understand the significance of employment to long-term recovery.

#### Accommodation:

- work with CLG to agree a one-off national effectiveness audit of local accommodation provision for drug misusers
- conduct a national audit of effectiveness

- use the audit results to develop joint guidance with CLG and improve the 2010-11 treatment planning guidance on accommodation
- support joint working at regional and local levels to increase the proportion of socially excluded adults in suitable and settled accommodation under PSA 16, including, as part of DIP, treatment engagement with offenders.

#### Treatment delivery:

- working through the national skills consortium, expand the care planning process to incorporate a recovery and reintegration plan (including housing/employment needs, etc) and an implementation plan to embed it into practice.

#### Outcome:

- submit TOP outcome academic papers.

### System change pilots

The 2008 Drug Strategy made a commitment to test out new approaches to delivering services, which ensure that the drug treatment system and broader social reintegration services work more closely together and become more focused on improved outcomes.

The key principle underpinning the system change pilots is that all partners should integrate their efforts to maximise outcomes for drug misusers, their families and communities, and to provide end-to-end management through the treatment, criminal justice and social reintegration systems.

The programme will test the premise that regional and local partnerships can achieve better outcomes if they are allowed flexibility in using a range of funding streams, which gives them the freedom to innovate, to tailor services in response to regional/local needs and to allow partners to align their efforts between shared priorities and targets.

The NTA is well placed at a national and regional level to support the cross-government approach to this programme in a practical and timely fashion, using existing structures to support implementation in the pilot sites. While independent national evaluation is being

developed, the NTA will provide day-to-day input to the national project arrangements and to local pilot sites. This will include developing a quarterly seminar programme for pilot site representatives, together with regional and national stakeholders. This programme will provide a forum for sharing and developing innovative practice, and solving barriers to change and managing risk.

### Outputs

- provide national support for project management, including the process for quarterly progress reports to the management board
- trouble-shoot/problem-solve in pilot site areas as required, using relevant government department representatives when necessary
- provide regional team support for the system change as part of the current performance assurance arrangements
- provide input to the national evaluation study as required, including facilitating access to relevant national data sources
- manage the quarterly seminar programme
- manage the System Change funding on behalf of the Home Office and DH.

### Commissioning for recovery

Commissioning outcome-focused services is key to delivering recovery-focused services. Three areas will inform the NTA approach to effective commissioning during the next 12 months.

First, broad changes in NHS commissioning arising from the World Class Commissioning programme and the final report of the NHS Next Stage review, 'High quality care for all' (DH, 2008), specify the competences, processes and aims of an effective healthcare commissioning system.

While local drug treatment commissioners have developed their capacity and capability in recent years, the World Class Commissioning competences represent an increased emphasis on the ability to demonstrate core commissioning skills at an organisational level. This is

accompanied by the need for strategic vision, leadership and improved service outcomes.

Second, commissioning consistent evidence-based treatment, available to all, is needed. This is to meet the requirements of the recent NICE clinical guidance, which set out a range of evidence-based treatment interventions. Some of these are well-established and effectively commissioned, others are relatively or entirely new, and require carefully planned and resourced commissioning based on competent and strategic needs assessments.

Third, in line with the 2008 Drug Strategy, commissioning now requires an additional emphasis on reintegration. This includes enabling drug misusers to gain education and employment, and focusing on the family and communities affected by the drug misuser, with a call for more recognition of the support that children of drug misusing parents need.

The NTA will develop programmes to ensure that, when designing and commissioning local drug treatment systems in the future, consideration is given to enabling systems and communities to encourage and include drug misusers (and their families) to achieve and maintain recovery. This may involve developing initiatives such as mutual aid family and community support networks, which can help sustain people trying to overcome drug dependence. This approach requires commissioning multidisciplinary integrated pathways of drug treatment and reintegration.

A further priority for the coming year is developing an effective commissioning interface with the criminal justice system. Particularly important is ensuring that IDTS is integrated into local treatment systems and that there is continuity of care between prison and community.

Offenders are vulnerable to drug dependence and multiple other problems that require a joined up response from criminal justice, health and social care. This needs to be part of wider offender health pathways and a commissioning framework that aims to support and improve health and social care provision, for offenders and their families.

PSA 25 (reduce the harm caused by alcohol and drugs) describes the government vision of a long-term and sustainable reduction in harm associated with alcohol and drugs. Indicator 1 measures the growth in the number of drug misusers recorded in effective treatment. Successful delivery of this is defined as achieving a sustained 1% per annum increase on the 2007-08 baseline during 2008-11.

The Prime Minister's Delivery Unit and the cross-government PSA Delivery Board have agreed that once the PSA indicator threshold of 3% has been achieved, the NTA should focus local partnerships' attention on delivering the wide aims for drug treatment outlined in the 2008 Drug Strategy, while ensuring that the increase in numbers in effective treatment is sustained through to 2011.

Current performance in 2008-09 is 4.6%. The NTA will therefore work with partnerships, each of which will have different priorities and gaps identified through the local needs assessment process, to agree and set local priorities to deliver commitments from the Drug Strategy. This will include improved planned completions, improved numbers in employment, better access for traditionally under-served groups, including parents and crack users, improved levels of effective engagement, and improved housing status during or after treatment.

### Outputs

- introduce comprehensive guidance and improvement mechanisms for commissioners to support the delivery of an effective, integrated evidence-based local drug treatment system (including unit costs and value for money models)
- work with DH to ensure the World Class Commissioning process is embedded into drug commissioning arrangements
- launch tools that will further equip commissioners to improve needs assessment, integrated with Joint Strategic Needs Assessments and effective resource allocation, against the evidence base and key priorities
- review and improve performance assurance arrangements that take into account the

requirements of the Comprehensive Area Assessment and Vital Signs performance management as these develop

- provide additional quarterly information reports to all partnerships to monitor progress against 2008 Drug Strategy commitments
- further develop robust baselines for progress against Drug Strategy commitments in future years (via further improved NDTMS returns and high quality return rates for TOP).

### Delivery assurance

NTA regional teams operate delivery assurance arrangements with drugs partnerships to ensure the delivery of timely, effective treatment in each area, based on a sound understanding of need. They use available data and information to determine treatment penetration, knowledge of treatment flow and the overall effectiveness of drug treatment delivery.

Defining this process requires work with a range of stakeholders at a regional and local level, including commissioners, service providers, users and carers. This is underpinned by a process of annual agreement and quarterly review with regional and local partners. While monitoring national indicators is important, it is only part of a more complex performance assurance process between the NTA and drugs partnerships, which examines information relating to a range of diagnostic indicators across the spectrum of health, social care and criminal justice performance.

Following completion of the three-year programme of joint service reviews with the Healthcare Commission, the NTA Standards and Inspection team will reorganise in the context of the evolving national regulation and inspection landscape. The NTA will form partnerships with inspectorate and regulatory bodies, and participate in mainstream Comprehensive Area Assessment work (CAA). It will also help to develop regulatory mechanisms for drug treatment services with the Care Quality Commission (CQC) and build partnerships to prepare national thematic inspections of the sector. This work will involve using NDTMS data and liaising with NTA regional teams.

### Outputs

- continue to deliver robust and comprehensive planning and performance assurance arrangements in conjunction with regional and local bodies
- work with inspectorate bodies to integrate drug misuse indicators into CAA developing processes, where appropriate
- support CQC initiatives to regulate drug treatment in the context of wider regulation of health and social care
- consider providing targeted reviews of drug services or local drug partnerships in response to specific concerns
- work with inspectorate bodies to develop partnerships for thematic inspections of adult and young people's substance misuse services in the community and custody.

### Research

A cross-government research strategy was announced in 2008-09. During 2009-10 the NTA will work in partnership with the Medical Research Council (MRC), the National Institute for Health Research (NIHR) and government departments to support the development of more coherent structures and processes to enable growth in the evidence base for drug treatment and new technologies. This will include supporting multidisciplinary 'research clusters', and disseminating opportunities for new grants or awards schemes for MRC and NIHR.

The key focus of the research strategy will be to obtain better evidence on treatment effectiveness. The NTA will work in partnership with others to maximise the use of data (including NDTMS) across government to provide knowledge and insight into drug misuse and treatment. The NTA will lead on research into drug treatment outcomes in a programme of work that uses TOP and NDTMS data. This will include segmenting the treatment population by drugs used, socio-demographic data, and patterns of service use. This will provide an insight into what treatment works for who and when. This work will be matched with a national audit of organisational functioning of drug

treatment services that will look at the influence of service factors on user outcomes. The research team will also undertake a follow-up study of outcomes of those who have left drug treatment.

### Outputs

- work with government departments and others to develop new research infrastructures and funding opportunities
- work in partnership to maximise the opportunities to learn from public data sets, including NDTMS
- lead on work on outcomes for users in treatment by using TOP data to segment the treatment population and provide lessons for service delivery
- scope a treatment outcome follow-up study
- audit the organisational functioning of drug treatment services
- track those leaving treatment through various data sets to gauge the long-term impact of treatment.

### Young people

The NTA took responsibility for young people's specialist substance misuse treatment in 2007 and is still at an early stage in establishing the close oversight that has driven improvement in the adult drug treatment system since 2001. Support for the young people's system is now part of the mainstream activity of NTA regional teams.

This should help to improve the NTA's understanding of the quality and provision of young people's treatment within the context of children and families systems. It will also involve developing the NTA oversight of planning, implementation and performance assurance of the young people's system. Additionally, it will support increased integration of commissioning within the wider children's agenda at a partnership level. A new core data set for young people's services from April 2009 will support this process and provide improved information to NTA regional teams, commissioners and providers about the functioning of the young people's system.

### Outputs

- develop a quality improvement work stream at a national level that NTA regional teams can use to support improvement plans with individual providers, including distributing appropriate clinical governance materials
- review joint initiatives and existing memoranda of understanding with Offender Health and the Youth Justice Board to identify and take forward findings to improve the interface between criminal justice and substance misuse pathways in the community and secure estate
- continue development with DCSF and Children's Workforce Development Council to include substance misuse competences within the relevant children's workforce standards
- regional NDTMS teams to work with service providers to improve compliance and consistency of reporting to NDTMS, using audit and data improvement techniques as appropriate
- systematically use TOP data on compliance with clients, services and commissioners to track and improve outcomes
- develop a new allocation framework for the young people's element of the pooled treatment budget
- review and improve needs assessment, planning and performance assurance arrangements to take further into account the requirements of local strategic planning and children's planning arrangements
- work with inspectorate bodies to integrate substance misuse indicators into CAA developing processes, where appropriate
- work with inspectorate bodies to consider the potential for thematic inspections of young people's substance misuse services in the community and secure estate.

## Communications

The 2008 Drug Strategy highlights the importance of communications in building public confidence in the action being taken to reduce the harm caused by drugs.

In an increasingly sceptical climate, the NTA recognises that explaining what the drug treatment system does and the benefits it brings to society is almost as important as delivering the front-line services themselves. The communications strategy aims to build the reputation of drug treatment and position the organisation as leading public debate about its availability, capacity and effectiveness. This represents a clear shift towards a more proactive, positive and public-facing style of communications that engages with staff, stakeholders and the media to promote the benefits of a balanced drug treatment system. The NTA will work closely with partners across Whitehall to implement these principles within the context of a coordinated approach to cross-government communications.

A major focus of the coming year will be integrating these communications principles into all aspects of the NTA's work, so that explanation becomes integral to delivery at all levels. Changes to the capacity and capability of the communications team mean the organisation is already better placed to respond to unexpected developments and seize opportunities to promote its corporate objectives.

The NTA will promote a narrative emphasising how drug misusers are actively moved through treatment into recovery, to by-pass the polarised debate between abstinence-only and mainly-maintenance. The outputs throughout the Business Plan will be used as the framework for a concerted programme of communications that promotes the effectiveness of drug treatment and its value for money. Each prospective publication or project is a peg on which we can hang a package of communications, targeting the right messages to appropriate audiences via a range of channels.

### Outputs

- agree a strategic communications schedule that prioritises publications and other activity according to corporate objectives
- redesign and develop the NTA website as the organisation's main external communications interface
- further develop the revamped Intranet as the primary organisational tool for internal communications
- build on the success of 'Getting to grips with substance misuse among young people' to introduce regular themed reports, based on quarterly statistical bulletins from NDTMS and TOP
- monitor the media to respond to inaccurate and misleading reports with rapid and robust rebuttal
- complete a stakeholder audit to inform policy-making, identify champions and influence opinion formers
- measure public perceptions to evaluate the effectiveness of communications
- initiate a series of seminars and/or conferences to lead and shape debate
- undertake a formal six-month review of the impact of the NTA's communication strategy.

## Corporate services

Corporate services enables the NTA to make best use of staff through effective provision of human resource (HR) support, efficient use of finance and resources as well as effective IT and information systems. The NTA has continued to make good progress on developing and embedding sound systems and processes and this is reflected in the internal and external audits.

2008-09 was a period of consolidation. Further development of NTA systems took place with the aim of improving business performance across corporate services. A number of reviews took place, including restructuring the NTA information team and some functional changes to the human resources and finance teams. The communications function moved to a new directorate and, with the appointment of a Director of Communications, the NTA reprioritised and invested greater resources in

that function to meet increased media interest and the changing profile of drug treatment.

Throughout 2009-10 corporate services will continue to meet the challenges placed on it. The need to maximise resources and get best value for money will be key. The NTA core budget will broadly remain at the same level as 2008-09 and this will present the organisation with the challenge of maximising its resources in a year when some core costs such as pay and accommodation will increase. Additionally corporate services will take on new responsibilities. These include changing finance and reporting standards, and tighter deadlines in meeting auditing outputs. Within HR there will be a launch of a new NTA appraisal scheme. The NTA structural review will look at the HR functions and processes to ensure that they meet the challenges ahead and that HR can provide a good quality service across the NTA. Within the NDTMS information development and IT functions there will be a further review of the present structure and a comprehensive review of the NDTMS development activities. This will ensure that NDTMS can develop and sustain the output of high-quality data on drug treatment as well as meet the challenges that lie ahead as new requirements are placed on it.

The NTA relocated to Skipton House in south east London in March 2009. Skipton House is good quality accommodation and is occupied predominantly by DH. The move involved considerable work across all of the functions within corporate services over the past year and has been challenging and time consuming. Inevitably there will be residual work falling into 2009-10 as a result of the move and corporate services have factored this into the work plan in the early part of the year.

### Human resources

There are a number of challenges for HR in 2009-10. The function needs to be responsive to operational requirements and provide a good level of service. There are inevitably considerable demands made on the relatively small HR team and a review of the function will be carried out in the early part of the new financial year, as part of the wider NTA structural review. On 1 April 2009 there will be a launch of a revised appraisal system for

NTA staff. All staff have attended training workshops on the scheme. During the year HR will be reviewing and updating policies as well as providing support and advice on recruitment, will carry out monitoring and provide performance management information on sickness absences, recruitment including equal opportunity and diversity monitoring.

### Outputs

- review the HR function
- introduce a revised appraisal scheme
- review and update HR policies and procedures
- introduce a revised Criminal Record Bureau process as part of the NTA recruitment system
- develop performance service level agreements (SLAs) with NTA operational departments.

### IT and NDTMS development

A new information management and technology team was formed in April 2008. The role of the team includes supporting and developing NDTMS systems to produce good quality data, as well as providing and supporting IT services for NTA staff. Within the NDTMS development function there will continue to be the need to develop and improve the NDTMS software platforms. Considerable changes have been made to NDTMS software in the past two years but further development is required to ensure it can meet increasing demands. Within the team there will be some structural changes to enable system improvements with an emphasis on documentation and guidance, system enhancement, information governance, and communication with key stakeholders. There will be a review of the NTA IT strategy during 2009.

### Outputs

- enhance the Data Entry Tool (DET) to enable better branding and organisation of content to align with clinical boundaries (e.g. alcohol and young people specific versions of DET). This will include work to integrate a TOP management reporting suite into DET as well as improved key worker caseload management functions

- enhance the Drug and Alcohol Monitoring System (DAMS), review the system architecture, and make changes as required. Additionally, improve facilities for external software suppliers to test and validate submission files
- ensure the smooth integration of new developments with NDTMS routine operations, and ensure continued integration of NDTMS with Connecting for Health programme
- implement findings after a consultation into changes to modality coding
- ensure compliance with the new UK Statistical Agency Code of Practice within NDTMS programme
- ensure delivery of necessary compliance with Cabinet Office and Connecting for Health information governance requirements.

#### Accommodation, estate and facilities

The move to new premises at Skipton House took place in mid March 2009. As a result, the NTA will review the guidelines on accommodation benchmarks. At present the NTA is well within these benchmarks and the move to Skipton House should not have a significant impact. NTA accommodation requirements were reviewed as part of the business case prepared for the new premises, and the building meets Arm's Length Bodies (ALB) and DH standards. However, the NTA will be reviewing SLAs it has with regional Government Offices for the accommodation occupied by NTA regional teams.

#### Outputs

- review standards guidelines on accommodation benchmarks as required by ALB
- review the SLA with regional government offices with a view to reducing costs

#### Finance, administration, business processes

In 2009-10 the NTA resource allocation will be £11,587,000. This is made up of a core revenue resource allocation of £11,195,000, which represents a reduction against 2008-09 of approximately £35,000 as all ALB budgets were reduced by 3% against the original indicative

budgets issued last year. This is in line with NHS efficiencies expected to be made by ALBs. However, a small uplift was offered to ALBs at 2.75% (referred to as a GDP deflator) to offset some of this reduction and as a consequence the actual cash reduction for the NTA was 0.25%.

In addition to the grant in aid (GIA) funding the NTA is anticipating a further £7.7m operating income to cover costs of DIP, Non Intensive DIP, IDTS, System Change Pilots (this project also includes carry forward of £500,000 from 2008-09) there will also be other general income such as secondments. The total budget for 2009-10 (GIA, depreciation, operating income and secondments) is therefore estimated at £19.3m.

The NTA will also receive a capital resource allocation of £200,000 from DH in 2009-10.

#### Outputs

- construct a programme that reflects the organisation's needs for internal audit
- review high-level budget for monitoring purposes and for production of the 2010-11 budget
- review progress on the sustainability plan as a result of the relocation, focussing on IT and use of floor space
- review the information flow through HR & finance – how information is stored and retrieved
- record and implement audit recommendations
- update the Health & Safety Action Plan to account for the NTA relocation and implement any outstanding actions.

# Risk management

The key strategic risks the NTA faces, their impact, and the action the NTA is taking in mitigation are outlined below, together with reference to the section of the Business Plan that describes the relevant NTA actions:

## Reduction in priority given to drug treatment

### Causes:

- competing priorities within government
- drug treatment is not a natural priority for DH.

### Effects:

- failure to invest
- disengagement from other government departments
- limited political support to drive local delivery.

**Inherent risk priority:** high.

### Existing controls:

- cross-Whitehall accountability structures function to keep other government departments engaged (p4/5)
- maintain close relationship with officials at No.10 and Prime Minister's Delivery Unit (p4/8)
- the Drug Strategy identifies treatment as key to delivering other agendas, i.e. crime, families, social exclusion (p4/5).

**Residual risk priority:** high.

**Additional action required:** none.

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## Drug treatment in prisons and communities is insufficiently integrated.

### Cause:

- the commissioning arrangements for drug treatment in prisons and the community remain separate inhibiting the development of an integrated treatment system.

### Effects:

- continuity of care into and out of custody cannot be guaranteed
- delivering separate treatment streams in prison limits quality of services and is wasteful
- prison continues to be a gap in local treatment, rather than an opportunity to intervene
- fail to obtain best value from investment.

**Inherent risk priority:** high.

### Existing controls:

- additional DH investment committed
- the NTA has assumed lead responsibility for IDTS roll out (p9)
- prison review provides opportunity to focus on non-aligned commissioning (p9)

- system change pilots (SCP) provide opportunity to achieve better integration between prison and community treatment (p9).

**Residual risk priority:** high.

### Additional action required:

- ensure SCP are supported by NTA nationally and regionally (p9)
- consolidate relationships with senior NOMS personnel (p9)
- ensure IDTS roll out is delivered as efficiently and speedily as possible (p9).

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## Reputation of drug treatment is undermined

### Cause:

- exclusive espousal of particular models of treatment by some in the sector leads to a debate in which the effectiveness of treatment is challenged.

### Effect:

- political support for treatment is undermined
- potential disinvestment
- weakening of NTA's credibility
- less effective treatment regime replace evidence-based interventions.

**Inherent risk priority:** high.

### Existing controls:

- deliver a comprehensive communications strategy (p17)
- develop and promote a plain English narrative explaining the nature of drug addiction and the role of treatment (p17)
- develop with DH a media handling strategy (p17)
- strengthen NTA press function and undertake planned restructure of the NTA communications team (p17).

**Residual risk priority:** high.

### Additional action required:

- proactive engagement with critics and opposition spokespeople (p17)
  - development of Communications Strategy to provide Whitehall assurance (p17)
  - SMT to keep under review how they can proactively manage the drug treatment brand and ensure ongoing effectiveness through formal review at mid year point (p17).
-

### Failure to consistently prioritise reintegration in local areas

#### Cause:

- competing priorities locally
- unpopular client groups
- lack of prioritisation within local area agreements (LAAs).

#### Effects:

- individuals inappropriately retained in treatment unable to achieve long-term recovery
- avoidable relapse
- benefits accruing from treatment not sustained for individuals, families and communities
- local systems fail to yield best value from treatment investment.

**Inherent risk priority:** high.

#### Existing controls:

- welfare reform provides the context in which addressing worklessness can become integral to treatment delivery (p12/13)
- LAA framework can identify local commitments which are dependent on integration (p12/13).

**Residual risk priority:** high.

#### Additional action required:

- highlight risk to overall delivery of drug strategy this represents within Whitehall (p12/13)
- through regional teams seek to maximise areas prioritising the agenda (p12/13).

competence to deliver (p11/12).

**Residual risk priority:** high.

#### Additional action required:

- work with providers to establish a consortium to develop skills (p11/12).
- 

### Skills deficit

#### Cause:

- the drug treatment sector has responded well to the demands made of it since 2001. However, delivering the dynamic, outcome-focused systems needed to promote recovery demands that staff acquire new skills to deliver different sorts of intervention and that systems re-orientate themselves to focus on recovery and reintegration.

#### Effect:

- without improving the skills and changing the orientation of providers, treatment systems will fail to enable service users to progress in treatment, resulting in static, silted up treatment services, increasing waiting times and no improvement in long-term outcomes.

**Inherent risk priority:** high.

#### Existing controls:

- work with providers and other stakeholders to identify the skills required to deliver recovery-focused treatment and ensure staff

# NTA resources

## Corporate service efficiencies

The NTA has continued to work with the ALB Business Support Unit to ensure that corporate service runs efficiently and effectively.

## IT capacity and efficiency

The NTA IT function has always compared favourably with the ALB target of an annual cost per internal user of less than £5,000. In 2008-09 this was estimated to be under £2,000. As a result of the move to new premises at Skipton House the NTA will be reviewing benchmark costs once there is a clearer picture on costs and floor space use.

## Shared business services – finance and payroll

The NTA has used NHS/Xansa Shared Business Services (SBS) since 2004. Both financial and payroll services are provided by SBS.

## Human resources

The costs of the NTA HR function per whole time equivalent staff was approximately £860 in 2008-09. This is higher than the Saratoga public sector best practice figure and is higher than the ALB average figure of £745. Increased workloads within HR as a result of organisational restructuring and recruitment have put considerable pressure on the functions, as have new initiatives and the roll out of projects such as electronic staff records and residual impact of Agenda for Change. The increased work is unlikely to reduce and as a consequence the NTA will be reviewing the HR function in 2009-10.

## Governance, risk and controls

The NTA continues to maintain high levels of corporate governance and internal controls. Work has continued throughout 2008-09 with the board, internal audit and external audit to improve governance and risk assurance processes. Business performance is measured through a variety of corporate monitoring processes including a balanced scorecard, regular monthly performance management tools, and budget reports to the senior management team, the NTA board, and a number of key stakeholders

External and internal audit reports indicate that the NTA has improved its performance, and most reports have indicated that the NTA has either

substantial or adequate assurances across a range of audited functions, including core financial controls, risk assurance and risk maturity audits, and across a number of operational functions. The NTA continues to operate software developed by internal audit to monitor risk, and strategic high level risks are reviewed regularly by the SMT, audit and risk committee and board. Work was carried out in 2008-09 to further integrate risk management processes across all teams and this will continue in 2009-10.

## Information governance

The NTA is in the process of implementing the requirements and recommendations of the Information Governance Assurance Programmes (IGAP). The Arm's Length Bodies Business Support Unit is overseeing the NTA's progress towards full compliance with IGAP requirements. Regular returns are provided to the unit for the monitoring process. As part of the overall compliance the NTA will develop an updated and more comprehensive Information Risk Policy in the early part of 2009-10. Although a number of policies are in place, covering information governance and security, the NTA is currently working towards a wider security policy for the organisation. This will be available by September 2009.

## Sustainability development

During 2008-09 work started on the NTA sustainability policy. Unfortunately a number of elements of the roll out were put on hold as a consequence of the search for head office premises. With the move to Skipton House there will be the opportunity to revisit and revise the strategy and action plan.

## Gateway

The NTA has agreed with DH that it will apply to the DH External Gateway team for approval to issue all national communications, publications and requests for information to an NHS audience or adult social care audience. The purpose of the Gateway is to ensure that DH and its arms-length bodies spread consistent and deliverable policy, which does not impose excessive burdens on frontline services. As such, the criteria covers – among other things – processes that ensure policies and guidance are impact assessed (both for equality and economic cost impacts), affordable,

outcome-focused, consistent with wider government policy (for example, the current priorities and the performance frameworks), clear in terms of purpose, and that they are communicated in a targeted and succinct manner.

### **NTA structural review**

Although the NTA has expanded considerably over the past eight years in response to the tasks set by government, the basic structure of the organisation has remained unchanged. To ensure that the NTA is able to deliver the challenging and changing agenda set out in the Business Plan we have to be confident that the organisation's structure continues to suit its business, in view of a static Grant in Aid budget across the spending review period.

The structural review started in December 2008 and will be introduced during 2009-10. The review will be cost neutral and focused on improving the NTA's capacity to improve the effectiveness and outcomes of treatment. This will happen via more direct engagement with providers and practitioners, and by communicating the success of treatment more effectively and systematically to stakeholders.

# NTA budget

<b>1. Sources of income</b>	<b>£'000</b>
<b>Grant in aid parliamentary funding</b>	
Department of Health Core Funding (including £392,000 for 'non cash')	11,587
Sub total grant in aid parliamentary funding	11,587
<b>Operating income (estimated)</b>	
Drug Interventions Programme (DIP)	2,132
Non Intensive DIP	186
Integrated Drug Treatment System (IDTS) (including NDTMS in prisons)	1,965
System Change Pilots project (inc.£500,000 carry forward)	2,500
Reducing Harm	500
Secondments	181
Other Income (including £118,000 SCAN training income)	251
<b>Sub total operating income</b>	<b>7,715</b>
<b>Total</b>	<b>19,302</b>
<b>2. Expenditure</b>	
<b>Staff costs</b>	
NTA salaries	9,807
<b>Total staff costs</b>	<b>9,807</b>
<b>Operating expenses</b>	
Establishment expenses	2,025
Premises costs	2,146
External contracts	5,251
Other	73
<b>Total operating expenses</b>	<b>9,495</b>
<b>Total</b>	<b>19,302</b>
<b>3. Capital allocation 2008-09</b>	<b>£'000</b>
<b>Income</b>	
Baseline allocation	200
<b>Expenditure</b>	
IT Programme	150
Internet development, minor works, furniture and equipment	50
Skipton House residual works	40
<b>Total</b>	<b>200</b>

**The NTA is planning to spend its 2008-09 parliamentary funding and operating income against the following programmes and departmental heads:**

<b>Regional management</b>	<b>£'000</b>
Director's office and treatment delivery	616
Criminal Justice (including Integrated Drug Treatment System)	896
Young People	226
Regional Teams	4,690
NDTMS	932
System Change Pilots	2,500
<b>Sub-total</b>	<b>9,860</b>
<b>Quality management</b>	
Director's office	281
Policy and Research	1,317
Standards and Inspection	359
Clinical	139
SCAN	242
<b>Sub-total</b>	<b>2,338</b>
<b>Corporate services &amp; Communication</b>	
NDTMS and IT	3,070
Communications	692
Other central services	342
<b>Sub-total</b>	<b>7,104</b>
<b>Total</b>	<b>19,302</b>

**The NTA proposed staffing and organisational structure:**

<b>Location</b>	<b>WTE</b>
East Midlands regional office – Nottingham	10
East of England regional office – Cambridge	6
Head Office – London	91.20
London regional office	14.28
North East regional office – Newcastle	7.67
North West regional office – Manchester	11
South East regional office – Guildford	6.52
South West regional office - Bristol	7
West Midlands regional office – Birmingham	7.19
Yorkshire and Humber regional office – Leeds	11.36
<b>Total</b>	<b>172.22</b>