NHS

National Treatment Agency
for Substance Misuse

Business plan 2007/08

National Treatment Agency for Substance Misuse

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Our purpose

The NTA's purpose is to work with local partnerships to deliver high-quality, effective treatment that improves individuals' health and social functioning, minimises public health risks, and reduces drug-related crime.

To deliver this challenging agenda, local partnerships will be required to work with partner organisations, service providers, service users and carers to deliver treatment systems that:

- Understand the volume and nature of the demand for treatment in their area
- Plan expansion to ensure that treatment capacity matches need and underprovision is identified and addressed
- Are structured to deliver the full range of services detailed in Models of Care: Update 2006 (NTA, 2006a)
- Work together with prisons located within their boundaries to meet the needs of their serving prisoners and with other partners to respond to the needs of prisoners released to their area
- Deliver value for money to ensure that the significant resources now deployed to support drug treatment are used to the best effect, focusing particularly on reducing unjustifiably high costs per person treated
- Enable rapid access to treatment
- Are able to account for the improvement treatment makes to individuals' lives
- Respond appropriately to the treatment needs of children and young people under 18, as an integral part of the wider system of support commissioned by the local children's partnership
- Are valued by local stakeholders as making a significant and cost-effective contribution to the health, safety and wellbeing of their communities
- Prioritise the engagement of service users to ensure that as many as possible are retained in treatment for a sufficient period for them to experience long-term benefit
- Seek to progress service users' journeys through the treatment system, to enable them to make real improvements in their lives – reducing drug dependency, lowering the incidence of behaviour which constitutes a risk to their own or public health, and reducing their offending
- Promote access to employment, housing, education, and other opportunities that will improve service users' social functioning and enable them to progress out of treatment at a pace and in a manner appropriate to their needs.

Key themes

The period 2007/08 is the final year of the current Drugs Strategy and will function as a bridge into the different challenges to be faced by partnerships and providers from 2008 onwards.

The agenda for 2007/08 has in many ways already been set. Challenging targets for partnerships, including numbers in treatment and retention, were agreed during the 2006/07 planning round and the focus of 2007/08 will therefore substantially be about delivering existing commitments rather than launching new initiatives.

Outcomes

The major exception to this will be the national roll-out of the Treatment Outcomes Profile during 2007/08. This will, for the first time, give service users, providers and partnerships including wider stakeholders insights into the real impact of treatment on service users' lives. This will have profound implications for practice, commissioning, resourcing, and policy. This, together with two earlier initiatives, on unit costs and needs assessment, provides an opportunity for the treatment field for the first time to understand the demand for treatment, its cost and the benefits delivered from a range of interventions. This will mean the treatment field enters the next Drugs Strategy with a dramatically enhanced capacity to deliver evidence-based practice, finally leaving behind the belief-driven drug treatment system described by the report Changing Habits (Audit Commission, 2002).

Resources

In total, approximately £850m will be committed to drug treatment during 2007/08. Although increases to the pooled treatment budget have been less than those indicated in the comprehensive spending review, central government support for the drug treatment system has increased threefold since 2001. The much smaller increase experienced this year and the very modest redistribution towards less well-funded areas have highlighted the need for future expansion to be resourced largely from more efficient use of current resources or increased local investment. The provision of reliable comparative unit cost information will underpin local partnerships' efforts to deliver best value from the resources available to them.

Aspiration

The current Drugs Strategy has been characterised by local implementation of centrally determined targets, such as doubling the numbers in treatment. The next strategy is much more likely to reflect locally determined priorities. Each area will increasingly be expected to form a view as to what shape it believes its drug treatment system should take. Partnerships will need to draw on their local needs assessment data, NDTMS returns about current performance and the emerging TOP data to ask themselves questions such as: "What proportion of our drug misusing population do we want to be in treatment? Which of our current providers and modalities of treatment are delivering best value? How much of our resources do we want to invest in achieving these outcomes? Where do we need to make changes to our wider system of social support to maximise the return on our treatment investment?"
The answers to these questions will determine the scale of ambition of each partnership, the way they structure their systems and how they choose to resource delivery.

Prioritisation

The increasingly devolved pattern of policy delivery indicated by the government has the potential to free local areas from the constraints of centrally driven targets to enable them to identify locally relevant and innovative solutions, which deliver better outcomes for the population. However, it also potentially enables those who would not ascribe the same priority, of meeting the needs of drug misusers as the government does, to disinvest resources and focus, jeopardising the improvements that have occurred over the past six years. NTA regional teams will be working closely with regional and local partners to maximise the benefit that can flow from localism, while seeking to minimise the potential pitfalls.

Sustainability

One of the key benefits of locating decision taking as closely as possible to the point of use is that integrating systems together becomes easier. For some years the treatment field has regretted that access to wider systems of social support, housing, employment and education, for example, has not grown as rapidly as the treatment system itself. This discrepancy is rightly seen as a significant drag on the treatment system, trapping people in treatment who could exit the system if they had access to a job and a home, and undermining the success achieved by those who are unable to maintain stability because of homelessness or unemployment.
As local decision takers are increasingly responsible for setting as well as delivering their local aspirations, it should become easier for areas to identify how their local systems are inhibiting long-term success and make the appropriate adaptations.
Although the NTA will continue to work with Whitehall departments to improve access to services such as housing and employment, it is increasingly likely that the real change will accrue from local initiatives.

Change

Our 2006/07 business plan, Towards Treatment Effectiveness (NTA, 2005), identified a rapidly changing landscape that presents major challenges to delivery. Although the general direction of travel towards localism is clear and the most recent changes to NHS structures have now been implemented, the environment in which the NTA and its partners operate is far from stable. The new NHS bodies are yet to bed in and the National Offender Management Service (NOMS) has not yet identified how it will integrate its commissioning role with other commissioning frameworks. The reorganisation of the Home Office and creation of a new Ministry of Justice department will have significant implications for the NTA's business. There is as yet little clarity about how national policy will be given effect through the new locally driven agenda, and what the relationship between Whitehall and local government will be. It is likely there will continue to be a significant degree of uncertainty until a clear sense of direction and purpose is established following cross government agreement on the comprehensive spending review and the forthcoming drug strategy in which the NTA will be fully involved.

Objectives and performance indicators for 2007/08

Priority A: Treatment capacity

Context

The "in treatment" PSA target to double numbers in treatment by 2008 was met in 2005/06. The local targets set by partnerships for 2006/07 were aggregated to an aspirational national stretch target of 200,000. Current projections from partnerships suggest that this will not be met and that a likely end of year figure is around 190,000–194,000. The sum of local stretch targets for 2007/08 is 215,000.

Objective

To ensure each partnership makes best use of available resources to match treatment availability to assessed need.

Performance indicator

During 2007/08, the number of individuals recorded as being in treatment by NDTMS will be 215,000.

Performance in the early months of 2006/07 was affected by the late announcement of the PTB. Although numbers in treatment have grown more strongly in the second half of the year, current projections are suggesting a national small figure of between 193,000 and 195,000.

This year's PTB announcement was made in a more timely fashion enabling better planning of spend across the year. Partnerships revisited their plans for 2007/08 in the light of 2006/07 performance and their understanding of assessed need and the aggregate of local stretch targets for this year is 215,000.

Priority B: Penetration

Context

Since 2001, the expansion of the treatment system has been driven by an undifferentiated global target to maximise the numbers of people in treatment which took no account of local prevalence or different levels of need. As our understanding of prevalence and demand for treatment grows – via the National Drug Treatment Drug System (NDTMS), the NTA led-partnership needs assessment process and the availability of Home Office commissioned research into the prevalence of problematic drug users, conducted by the University of Glasgow – it becomes increasingly apparent how many problematic drug users (PDUs) remain outside the treatment system despite its expansion since 1998, and that penetration is variable across different groups.

Drawing on the University of Glasgow estimates of problematic drug users, it would appear that in 2006/07, 54 per cent of heroin using PDUs were in contact with the treatment system, while the corresponding figure for crack was 29 per cent and for injecting drug users was 73 per cent.

The significant under-representation of crack users in the treatment system has been a concern for some time. As the treatment system expands, partnerships need to ensure that the range of treatment provision available is appropriately matched to the needs of stimulant users and the increasing proportion of the potential treatment population who misuse both stimulants and opiates.

Objective

To enable each partnership to understand the scale and nature of the demand for drug treatment in its area and develop treatment systems able to meet that demand.

Performance indicator

During 2007/08, the proportion of individuals identified by the Home Office as problematic drug users recorded by NDTMS in the following categories will be as follows:

- Heroin users: 60%
- Crack users: 40%
- Injectors: 80%

Priority C: Retention

Context
Retention for a minimum of 12 weeks has been used as the best available proxy measure for the effectiveness of local adult drug treatment systems and services.

As the ability to measure local outcomes using the Treatment Outcomes Profile develops the reliance on retention alone will diminish. However, the ability of providers and systems to retain individuals will continue to be a valuable indicator of their ability to engage and motivate service users.

Local targets set for retention for 2006/07 aggregated to a national target of 77 per cent retention for three months or longer. Performance during 2006/07 was 74 per cent, three per cent short of target. The target already set by partnerships for 2007/08 is 83 per cent. This will be a significant challenge to partnerships. The NTA is undertaking a review of retention to identify the factors that have inhibited improvement in performance in some areas and to learn from those areas that perform well. This will be used to assist partnerships improve performance during 2007/08.

Objective
To develop treatment systems able to retain individuals for at least 12 weeks.

Performance indicator
Eighty-three per cent of individuals to be retained in treatment for at least 12 weeks.

Priority D: Access

Context
In 2001, the treatment system was characterised by lengthy waits for all modalities of treatment in most parts of the country. The average wait for treatment was over nine weeks and many individuals routinely waited several months. Partnerships now routinely report average waiting times below three weeks and across the treatment system nine out of ten individuals commence treatment in less than three weeks. The key challenge during 2007/08 will be to maintain this overall improvement while identifying the few isolated incidents of continued poor performance and working with partnerships to address them. Thus far during 2006/07, 90 per cent of individuals have accessed treatment in three weeks or less.

Objective
To establish a norm that individuals will commence their first episode of treatment within three weeks, and that those already in treatment will wait no longer than three weeks between treatment modalities.

Performance indicator
Eighty-three per cent of individuals accessing their first treatment episode to wait three weeks or less.

Eighty-three per cent of individuals already in treatment transferring between modules to wait three weeks or less.

Priority E: Treatment delivery

Context
The appropriate planning of treatment interventions and the involvement of service users in the process is fundamental to effective delivery. The development of the Treatment Outcomes Profile, linked to regular care plans and reviews, re-emphasises this.

After some initial resistance, the field has responded very well to the expectation that all intervention should be planned and that service users need to be fully engaged in the process.

An initial target of 91 per cent of individuals having a written care plan was agreed by partnerships for 2006/07. Performance is currently running at 87 per cent – within sight of the more challenging 95 per cent target to be set for 2007/08.

Objective
To ensure that all individuals are involved in their own treatment and are able to seek treatment goals that they own and which they are then able to track.

Performance indicator
Ninety-five per cent of individuals who are new to treatment in 2007/08 having an identifiable written care plan. Eighty of individuals reporting involvement in drawing up their care plans.

Priority F: Offenders into treatment

Context
The Drug Interventions Programme continues to deliver benefit to communities and individuals. The channelling of individuals into treatment via the criminal justice system can significantly reduce re-offending and enables the treatment system to engage with a hard-to-reach population of drug misusers with high levels of health need. During 2006/07, the NTA committed to ensure that the treatment system would be able to absorb 750 offenders per week into treatment by the end of the year. The current indication is that performance will reach 900 per week by the end of 2006/07.

Objective
To ensure that offenders can access treatment at every stage of their passage through the criminal justice system.

Performance indicator
Local treatment systems are able to absorb 1,000 criminal justice referrals per week.

Actions

Improving outcomes

The Treatment Outcomes Profile

During 2006/07, the NTA developed and began national validation of a new treatment outcome monitoring tool and dataset, the Treatment Outcomes Profile (TOP). The implementation of TOP represents a significant change in the way drug treatment will be assessed and monitored in the future – from measurement of process, to drug treatment assessed by its impact on client outcome.

The purpose of TOP is two-fold. Firstly, it is a clinically useful tool to be used with service users at intake, and subsequently quarterly in care plan reviews, to help the service users and practitioner assess progress together. Secondly, it will be used to collect standardised outcome data on every individual in structured treatment in England via NDTMS. In the future, outcome data will be fed back to local commissioners and providers to inform their management of local treatment systems.

During 2007/08, the formal testing and validation of the initial TOP will be completed. It will be launched in May 2007, together with a range of resources that will enable it to be implemented in practice. From 1 October 2007, NDTMS will begin to collect the TOP dataset, and the data will be fed back to local treatment systems from April 2008. Work will continue during the year to refine and expand the dataset.

The implementation of TOP will demand significant changes in practice. Ensuring that this is embedded in future practice in all providers will be a greater challenge than creating a statistically valid monitoring tool.

Milestones	
April 2007	Tool validated
May 2007	National launch
June 2007	TOP form available, training pack, manager's guide and user guide published. NDTMS practice guide available on NTA website.
September 2007	Revised care planning guidance published, training DVD available
October 2007	NDTMS collects TOP data, guidance available to data managers
From April 2008	TOP data available for local partnerships and services

Risks and mitigation

- **Risks:** TOP not validated for all modalities and groups
  Mitigation: Sequential implementation for fields not able to be validated during the first round
- **Risks:** Resistance to implementation of TOP into practice
  Mitigation: Guidance, training materials and events planned. From October 2007, partnerships will be held to account for implementation of TOP clinically, and TOP data collection. They therefore need to ensure that all their providers are TOP compliant
- **Risks:** Variable provision of data to NDTMS
  Mitigation: Partnerships will be required to collect TOP data via NDTMS from October 2007.

Improving clinical practice – development of guidance and implementation

The National Institute for Health and Clinical Excellence (NICE) will produce two sets of guidelines and two technology appraisals on specific aspects of drug misuse treatment by July 2007 (appraisals on methadone and buprenorphine maintenance, naltrexone, and guidelines on detoxification and psychosocial interventions). The NTA is working closely with NICE to advise on the guidance and develop a joint implementation strategy for the drug treatment field.

The NTA is also providing the secretariat for the development of the update of Drug Misuse and Dependence: Guidelines on Clinical Management, last published in 1999, supporting the Department of Health and devolved administrations. The updated guidelines will incorporate the NICE guidelines and will advise clinicians on how to incorporate evidence-based treatment into drug treatment. The guidelines will be drafted by June 2007, after which consultation will take place prior to publication in September 2007.

The NTA, in partnership with NICE, is developing a programme of implementation of the new sets of national guidance that will aim to improve clinical practice in drug treatment and implement practice based on the latest evidence base. This programme of implementation will include a series of events, and guidance for commissioners, providers and service users.

The NTA will also work with key umbrella bodies, including the Royal Colleges of General Practitioners and Psychiatrists, the British Psychological Society, the Specialist Clinical Addictions Network (SCAN) and the European Association for the Treatment of Addiction (EATA) to enable them to update their members on the new guidelines and support them in updating key resources.

The NTA will also continue to contract manage clinical networks and treatment research projects on behalf of government, namely Substance Misuse Management in General practice (SMMGP), SCAN and the Randomised Injectable Opiate Treatment Trial (RIOTT). The NTA will also collaborate on emerging evidence-based demonstration projects arising from the work of NICE.

Milestones

June – August 2007	Collaborative work with NICE, NTA and the Department of Health to ensure consistency between NICE guidelines and the updated Drug Misuse and Dependence: Guidelines on Clinical Management Publication and consultation on draft updated Drug Misuse and Dependence: Guidelines on Clinical Management
September 2007	Publication of updated Drug Misuse and Dependence: Guidelines on Clinical Management
October – December 2007	Implementation resources available for commissioners, providers and service users (in partnership with NICE)
November – March 2008	Series of clinical implementation events to promote the suite of new guidelines and evidence-based practice
January – March 2008	RCGP CPD events for GPs who have Part 2 certificate to update knowledge in line with new guidelines
March 2008	RCGP Part 1 and Part 2 certificate courses amended in line with new clinical guidelines and evidence-based practice
March 2008	RCGP and SMMGP guidance documents updated in line with new clinical guidelines and evidence-based practice
March 2008	British Psychological Society publish a toolkit on psychosocial treatment in line with new clinical guidelines and evidence-based practice
March 2008	NTA work with a range of professional bodies in initiatives to implement the suite of new clinical guidelines and evidence-based practice
March 2008	Publication of range of evidence-based papers commissioned to support the development of the new clinical guidelines
Ongoing	Contract management of SMMGP on behalf of the Department of Health
Ongoing	Contract management of SCAN with Department of Health and Royal College of Psychiatrists
Ongoing	Contract management of the RIOTT trail on behalf of government
July-March 2008	Collaboration on contingency management demonstration projects emerging from NICE guidelines

Risks and mitigation

- **Risks:** Risk of overloading commissioners and providers with volume of guidance and implementation requirements
  Mitigation: Close working between NTA and NICE on a joint programme of implementation as advised by national and regional stakeholders
- **Risks:** Professional bodies do not deliver updated key material to timetable
  Mitigation: Tight contract management and allowance for slippage to ensure quality of product
- **Risks:** Delays in publication of NICE guidance could delay publication of draft Drug Misuse and Dependence: Guidelines on Clinical Management update and consultation
  Mitigation: Close collaboration between both sets of guidance, some slippage time built into time between publishing draft clinical guidelines and final publication date.

Improving treatment delivery

The International Treatment Effectiveness Project draws on experience from the US and Italy to propose changes to practice which have been demonstrated to improve outcomes in those countries. ITEP began in 2005 with a partnership between NTA and the Institute for Behavioural Research (Texas Christian University). It has involved adapting evaluated and evidence-based US psychosocial interventions or tools for the UK and piloting them in some cities, using a structured framework of evaluation which assesses impact on services and service users. ITEP was piloted extensively in the Manchester area in 2005/06 and early results are promising.

During 2006, ITEP was extended to the Birmingham area with adaptation to develop and pilot specific interventions for drug misusing offenders. This ambitious project aims to have all new clients receiving ITEP interventions from spring 2007. Initial results of the Birmingham ITEP will be available late 2007.

In 2007/08 the NTA will promote ITEP treatment intervention tools, the evaluation tools, and provide training opportunities for those local areas or services that choose to opt into the programme.

Milestones

By June 2007	Publication of final report on Manchester ITEP. Revision and publication of Manchester ITEP tools, training and implementation manual
From July 2007	Roll-out of ITEP to other interested areas
By December 2007	Publication of results from Birmingham ITEP Revision and publication of Birmingham ITEP tools, training and implementation manual

Risks and mitigation

- **Risks:** Potential confusion over variety of psychosocial guidelines provided by NTA
  Mitigation: NTA to provide clear guidance concerning use of psychosocial interventions
- **Risks:** ITEP Birmingham not implemented according to plan
  Mitigation: ITEP Birmingham has strong strategic leadership, investment and management
- **Risks:** ITEP programme not implemented in other areas
  Mitigation: Revise and promote ITEP materials and models in light of pilot findings.

Promoting treatment completion and exit

Although treatment retention will continue to be a key indicator of success, satisfactory completion and the avoidance of unplanned dropout are equally important. The rate of planned discharge for those starting treatment during 2005/06 was 31 per cent nationally and far lower in many areas and services, as there is great variability across the country and between service providers. This level of unplanned discharge requires improvement and during 2007/08, the NTA will examine unplanned discharge, compare services with low and high unplanned discharge and begin to reduce unplanned discharge by addressing the issue in updated clinical guidance and other briefings.

Milestones

Ongoing	Data on levels of planned and unplanned discharge to be fed back to local partnerships to enable them to minimise unplanned discharge.
September 2007	Updated guidelines on clinical management provide guidance to maximise treatment outcome and prevent unplanned discharge and treatment failure
March 2008	Implementation and roll-out of the new suite of guidance explicitly addresses prevention of unplanned discharge and treatment failure
March 2008	Good practice guidance on preventing unplanned discharges.

Risks and mitigation

- **Risks:** Failure to achieve consensus on key messages
  Mitigation: Professional umbrella groups and NICE will be fully included in process.

Sustaining treatment benefit

Wraparound services (such as housing, employment, training and education) form a key part of the NTA's strategy to facilitate exits from the treatment system, where appropriate and as part of an agreed care plan. At a national level the NTA will be working in close partnership with other government departments during 2007/08 to look at incorporating the drugs agenda with mainstream initiatives on wraparound services. A key plank of this will be a move to align the drugs agenda within an initiative the National Offender Management Service (NOMS) is leading on, to provide similar services for offenders. The challenge for the NTA will be to dovetail with this workstream, while ensuring that the specific needs of problematic drug users are catered for.

However, there is only a limited amount that can be achieved via national initiatives in this area. Increasingly, the focus for facilitating drug misusers' access to local systems of support will be located within the local partnerships that directly control access to resources. The development of effective local treatment systems will continue to be the key to successful delivery.

Milestones

April 2007	Interim report to ministers on progress in combining the NOMS and NTA agenda on wraparound service development
July 2007	Fully worked proposals to ministers on progress in combining the NOMS and NTA agenda on wraparound service development
October 2007	Revised guidance within the 2008/09 treatment plan guidance.

Risks and mitigation

- **Risks:** The offender focus of the NOMS initiated workstream will not be able to be adapted to encompass the needs of non-offending drug misusers
  Mitigation: Although there is significant overlap between the two groups, the NTA is clear that the needs of problematic drug users are distinct and need to be built into the framework of the reducing reoffending strategy. This will require close working with the many stakeholders across central and regional government in order to secure the interests of drug users accessing and exiting treatment within this wider programme of work.

Residential services

Residential treatment services (as defined by Models of Care: Update 2006) form an integral part of locally commissioned drug treatment systems. However, residential treatment services have not uniformly benefited from the improvement in capacity and quality experienced by community-based treatments since the launch of the Drugs Strategy in 1998. The lack of effective residential treatment services commissioning processes and structures in some areas has resulted in restricted growth and a failure to guarantee income streams.

Improving residential treatment services provision is a key part of the NTA's Treatment Effectiveness strategy. Well-delivered Tier 4 services are among our most effective responses to drug misuse. Although they are particularly effective in treating those whose drug use has been protracted and those with complex needs, they can also enable less-entrenched drug users to move towards long-term abstinence and exit from the treatment system when and where appropriate.

During 2006/07, regional Tier 4 forums were set up in all nine NTA regions. Comprised of senior staff from the NTA, Government Office, SHAs, the Regional Directorate of Public Health and NOMS, these groups were influential in the allocation of £54.3m of capital development within the sector. Now that this capital resource has been allocated, these forums will lead on the project implementation for their locally successful bids and, more importantly, facilitate improvements in commissioning of residential services in the region to promote their long-term viability.

To facilitate this process, the NTA nationally will publish guidance after wide consultation with the relevant stakeholders on how the commissioning (and therefore ultimately provision) of residential services can be improved. This process will be underpinned by the results of the 2007/08 improvement review to be undertaken by the NTA and Healthcare Commission, which will benchmark quality outcomes in the residential sector.

Milestones

April 2007 onwards	Regional forums oversee the implementation of the capital grant programme as well as supporting the improvement of Tier 4 commissioning within their region
June 2007	Publication (initially for a one month consultation period) of guidance on improving Tier 4 commissioning and delivery.

Risks and mitigation

- **Risks:** Timetable for individual capital projects slip
  Mitigation: Regional forums have the responsibility to reallocate underused resources
- **Risks:** Partnerships fail to respond to the challenge to improve commissioning
  Mitigation: Without appropriate use of residential services and the prioritising of treatment completion and abstinence, partnerships are unlikely to be able to continue to allow access to their treatment system within acceptably short waiting times.

Research and Policy team

The work of the Research and Policy team cuts across the NTA and often features in other NTA work plans. The key deliverable is the annual service user survey, which also contributes to the annual NTA and Healthcare Commission Improvement Reviews.

Annual user survey

Milestones

April 2007	Finalise methodology for national user survey 2007
May 2007	Finalise 2007 questionnaire data capture and collection
September 2007	Data collection period
December 2007	Data analysis completed: HCC data provided to Standards and Inspection team
February 2008	Publication and dissemination of findings from 2007 survey
March 2008	Publication for service users on findings

Risks and mitigation

- **Risks:** Potential risk from revised methodology in administration of 2007 survey and staff capacity
  Mitigation: Further consultation with regional team and exploration of external contracting of aspects of data capture and data-entry contractors.

Good practice guidance and research briefings

The policy and research team also work across the NTA to produce research briefings and identify evidence-based good practice from the wealth of information now available about the drug treatment system in England. A key project during 2007/08 will be work to identify the optimum size of the treatment population. The Tipping Point project will seek to determine the level of penetration and effectiveness required before society can expect to see more people leaving treatment than those seeking to enter. Other key work during 2007/08 will include the activities listed in the milestones.

Milestones

Ongoing	Provide responses to policy queries and parliamentary questions
June 2007	Initial research on drug treatment systems capacity to reduce overall numbers of problematic drug users Tipping Point project
July 2007	Finalise and publish outstanding research briefings from 2006/07
December 2007	Good practice guidance on commissioning following the results of the NTA and HCC 2006/07 Improvement Review
December 2007	Good practice guidance on harm reduction following the results of the 2006/07 Improvement Reviews
December 2007	Research briefing of survey of ex-users' journeys to becoming drug free
March 2008	Six research briefings on the needs of diverse groups in collaboration with the University of Central Lancashire (see section 5.4, Equality and Diversity)
March 2008	Annual diversity screening report of NDTMS data 2006/07 (see section 5.4, Equality and Diversity)
March 2008	Develop and disseminate research briefing on the Department of Health treatment research programme.

Risks and mitigation

- **Risks:** Research publications are dependent on commissioned research and peer reviews running to time, which has proven difficult to manage in previous years
  Mitigation: Continuity of NTA research staff, extended publication deadlines, and closer working with NTA communications team should ensure timely production of briefings once material has been received.

Improving commissioning

Equitable funding

For the financial year 2007/08, the Department of Health has allocated £398m of its central budget to support drug misuse treatment. As in previous years this was allocated between partnerships according to a formula. However, unlike previous years, the allocation formula reflected the demand for treatment in each area during 2007/08 in combination with a population-based formula. This differential allocation enables the allocation of significant increases to those partnerships that would be unable to expand and improve their treatment systems without additional investment by redistributing resources from partnerships where the current level of activity does not justify the size of investment being made through the pooled treatment budget.

It is unlikely that the next comprehensive spending review period will see significant increases in the resources made available for drug treatment by central government. Continued expansion and improvement of the system will therefore be dependent on growth in local funding, and in particular on more effective use of existing resources. The very modest redistribution of resources that has taken place this year will continue to be a feature of resource allocation over the next few years and partnerships will need to become smarter at the use of the resources made available to them if they are to continue to meet the legitimate aspirations of their communities and treatment populations. From 2007/08, new tools will begin to be available to assist local areas maximise the impact of their interventions and deliver the best possible value from the investment made in drug treatment in their area.

The NTA therefore believes that few, if any, partnerships will be prevented from delivering their planned improvements in provision because of reduced investment.

Unit costs

To maximise the value that service users and communities gain from the investment in treatment, the NTA has also been working to understand what the appropriate costs of delivering effective drug treatment should be. Identifying unit costs enables partnerships and providers to work together to ensure that treatment is being provided in the most cost effective way possible, and is therefore able to meet the needs of as many people as possible.

In 2006/07, the NTA and Audit Commission have worked together to collect and analyse data reflecting the unit costs of treatment in 2005/06 from as many providers as possible. Returns were received from 91 per cent of potential respondents. These figures will form the basis of a new database that will generate reports to all providers and commissioners on the costs of services compared to equivalent national and regional providers.

From early 2007, regional teams have been able to assist providers and commissioners to aggregate and compare the costs of every aspect of activity undertaken by Tier 3 and 4 providers. NTA regional teams are able to use these figures to work with providers and commissioners, analysing difference and exploring the potential for savings.

During 2007/08, the NTA will continue to develop an understanding of the cost of delivering shared care and residential rehabilitation services across the varied models of service provision. Furthermore, the data collection tool will be refined, with the creation of a web-based, self-correcting data collection tool aligned to the NDTMS file upload portal. Together, these developments will enable a move towards the collection, analysis, and comparison of unit costs data as part of the planning and delivery of substance misuse treatment systems.

The annual unit costing exercise will also be refined in order to allow the unobtrusive collection of national workforce data to inform planning and performance management at a national, regional and local level. This will dispense with the need for a separate, standalone workforce data collection exercise.

Milestones

June 2007	Refine the key headings for unit costing and set out the key requirements for data collection
June 2007	Train regional teams in the analysis and use of unit costs data
July 2007	Recruit and manage contract for software developer for web-based data collection tool
July 2007	Confirm with providers and commissioners the nature and means for data collection
August 2007	Agree and initiate collection of unit costs data for primary care based treatment
September 2007	Meeting with Tier 4 providers to discuss funding and future data collection
September 2007	Build database
October 2007	Database goes live
October 2007	Launch web-based data collection (including enhanced workforce information)
January 2008	Publish unit costs reports relating to 2006/07 activity
January-February 2008	Local partnerships and providers access reports in time for submission of draft treatment plans

Risks and mitigation

- **Risks:** Providers fail to supply data for 2006/07
  Mitigation: Will be built into treatment planning process as a good practice requirement for commissioning of services
- **Risks:** Data collection process hampered by inaccuracies in submitted data
  Mitigation: Amend data collection tool to web-based system to identify errors at point of submission
- **Risks:** Difficulties in providing range of costs for primary care based treatment models
  Mitigation: Work with NTA Clinical Team, SMMGP and SCAN to agree the most common models and cost accordingly.

Needs assessment

The needs assessment methodology used by NTA regional teams and local partnerships will be refined, enabling partnerships to better understand the demand for treatment in their areas. The 2007/08 needs assessment guidance signalled a step-change in the depth and uniformity of approach across the country, and in the evidence base on which decisions are made for treatment planning. The 2008/09 guidance will consolidate progress made last year, bring a greater sophistication to elements of the existing needs assessment, and introduce new areas into the scope of the process including a clearer focus on how building a robust and competent treatment system workforce impacts upon delivery against unmet need. The needs assessment model will also be refined for use in prison populations. A framework of prison treatment data will be collected from early 2007, and a companion needs assessment manual for prison populations will be developed in conjunction with Offender Prison Health colleagues. This will be suited to the particular systems and information available in prisons, and will be developed in parallel with the community needs assessment manual.

Milestones

May 2007	Re-convening of the needs assessment working group and consultation on new proposals, including prison population guidance
July 2007	Production of revised needs assessment manual
September 2007	NTA-supplied needs assessment data published. Regional teams to use new guidance and data to assist local partnerships to develop improved needs assessments
December 2007	Publication of briefings on population groups and drug treatment
Quarterly	Regional teams to provide ongoing regular feedback to local partnerships and providers on local needs assessment and treatment plans to consider differential impact on diverse groups, reflecting ethnicity, gender, age and primary drug of choice

Risks and mitigation

- **Risks:** The range of issues to be included in revised needs assessment could lead to slippage in timescales
  Mitigation: Working groups will ensure clarity of timescales and milestones from start of planning activities.

Equality and diversity

In 2006, the NTA implemented its Equality and Diversity strategy (incorporating the NTA Race Equality Scheme). This will be the key focus for all our external work on diversity in 2007/08. In addition, the NTA will continue to ensure through its regional teams that partnerships commission treatment for the whole population. At the same time, the Quality Directorate will conduct its annual diversity screening work on key data sets including NDTMS to look for differential impact of the treatment system on particular groups – and take action if negative differential impact is found. Finally, a series of six briefings on drug treatment and different population groups will be published, drawing on literature reviews and community engagement work.

Milestones

June 2007–June 2008	NTA and HCC Improvement Review on diversity
September 2007	Publication of three briefings on the needs of diverse groups and drug treatment in collaboration with the University of Central Lancashire
September 2007 –March 2008	Analysis of 2006/07 data set to identify differential negative impact, presentation to NTA Board, consultation on results and publish annual review of equality and diversity strategy including race equality scheme
December 2007	Publication of three briefings on the needs of diverse groups and drug treatment in collaboration with the University of Central Lancashire
Ongoing	Regional teams ongoing work with local partnerships on local needs assessment and treatment plans to consider differential impact on diverse groups, reflecting ethnicity, gender, age and primary drug of choice

Risks and mitigation

- **Risks:** The major risks are associated with the delivery of the improvement review and are dealt with in section 7.1.

Drug-related deaths

In May 2007, the Department of Health launched the joint Department of Health and NTA action plan, Reducing Drug-Related Harm: An Action Plan, to reduce drug-related deaths and blood-borne virus infections. The action plan has three strands of work – surveillance and improving needs assessment; improving delivery of harm reduction interventions; and campaigns. The action plan will build on the considerable work already undertaken in this area, and will provide extra impetus to enable local providers and commissioners and other partner organisations, such as HM Prison Service, to play their part in reducing drug-related deaths resulting from overdose and blood-borne viruses.

At the heart of the new Reducing Harm action plan is the joint NTA and Healthcare Commission Improvement Review 2006/07 on harm reduction, which will benchmark all areas in the country, target the bottom ten per cent for active plan improvement work and require all areas to address poor performance around reducing drug-related deaths. The work of the NTA regional teams is also crucial to this work. They will work with partnerships to improve needs assessment around injecting, blood-borne viruses and overdoses, and incorporate responses into the treatment planning process. The implementation of TOP, which includes regular monitoring of injecting and risk behaviour, will help keep this agenda as a high priority for practitioners and the suite of guidelines, including National Institute for Health and Clinical Excellence (NICE) publications, will provide key messages for the field.

Milestones

Ongoing	NTA and HCC Improvement Review on harm reduction (see section seven)
Ongoing	Regional teams improved performance management around harm reduction including results of Improvement Reviews
Ongoing	TOP data on injecting and risk behaviour in care plan reviews and NDTMS
Ongoing	Improvement in harm reduction interventions in IDTS and other prison service health promotion and harm minimisation initiatives
July 2007	National monitoring scheme for needle exchange implemented
September 2007	Suite of clinical and NICE guidelines provide evidence-based practice advice around harm reduction
September 2007 – January 2008	Development of a competency-based training module on harm reduction for those working with drug users in the community setting and IDTS
November 2007 – March 2008	Campaign to reduce BBVs and overdose among targeted groups of users including injectors, heroin and crack users and homeless injectors
November 2007	Pilot peer education initiatives with drug misusers at risk drawing on current evidence
December 2007	Development of minimum standards for needle exchange and harm reduction work for inclusion in contracts
By March 2008	Increased Hepatitis B vaccination
March 2008	Improved guidance on local enquiries into drug-related deaths

Risks and mitigation

- **Risks:** The resources for this programme of work are currently being agreed with the Department of Health. The scale of activity around new initiatives will be dependent upon resources available.
  Mitigation: Significant progress can be made on many of the milestone above using the levers of the Improvement Review 2006/07, the NTA regional teams and the suite of forthcoming guidance.

Drug-using parents

Hidden Harm: Responding to the Needs of Children of Problem Drug Users (ACMD, 2003) identified the profound, negative consequences of parents' drug and alcohol misuse on children. Improving adults' access to effective treatment was seen by the ACMD as one of the cornerstone actions to reduce the risk of long term and immediate harm to children.

The NTA is seeking to contribute to the cross-government effort to respond positively to the problems identified in Hidden Harm through:

- Improving access to treatment for parents as part of core business.
- Highlighting the need for services providing treatment to adults to have a robust system to identify and respond appropriately to the needs of children of service users (Models of Care: Update 2006).
- Developing better links between children's services and the commissioning of adult drug treatment to ensure that the needs of vulnerable young people living with adults in receipt of treatment are recognised and responded to (NTA, 2006b).

To deliver this agenda, all adult services should have child protection protocols with local safeguarding boards. These should be supported by multidisciplinary training on the assessment of risk for children whose parents are drug users. These will be monitored at mid-term reviews.

The NTA will continue to monitor numbers of children of parental drug users in treatment and also monitor each local partnership's treatment spend on Hidden Harm initiatives to ensure that parental drug users and their families have adequate support around drug related issues. The NTA will also continue to integrate Hidden Harm issues into policy or guidance documents where the parenting abilities of adults in treatment may be affected.

Milestones

From April 2007	To continue to respond to government requests about the implementation of Hidden Harm recommendations, following reports such as the Hidden Harm update (2007) and UNICEF children's report (2007)
From April 2007	To continue to collect data on the children of drug users in treatment
September 2007	To ensure that clinical management guidelines refer to the parenting capacities of adults where appropriate
September 2007	Produce a position statement on appropriate funding streams for Hidden Harm initiatives
September 2007	At mid-term review consider with local partnerships, safeguarding protocols and multidisciplinary training available to support them. This will require dialogue between children's services and local partnerships.
Feb 2008	To continue to monitor through the regional teams expenditure on Hidden Harm initiatives identified in treatment plans

Risks and mitigation

- **Risks:** Many local partnerships engage with adult social care services. The Hidden Harm agenda requires a dialogue between partnerships and children and families services. this may not be happening at a strategic level
  Mitigation: The work undertaken jointly between NTA and DfES to better define expectations of local systems with regard to the needs of children affected by substance misuse – their own or that of parents and carers during 2007/08, should clarify roles and responsibilities of local partnerships, adult social care and children and families services. This should ensure dialogue at a strategic level between all three agencies.

Developing commissioning capability

The unprecedented rise in funding over the past few years within the drug field, combined with the release of a wide range of guidance documents and new performance management systems, has meant that the roles of commissioners and commissioning groups have changed significantly in a short space of time. The NTA is keen to support the ongoing development of senior commissioners in the field.

The NTA recognises that effective commissioning is crucial to the delivery of strong and responsive local treatment services, and the NTA will continue to work closely with commissioners to ensure that they are equipped with the knowledge and skills required to build effective treatment systems. This commitment to commissioning, has led to the NTA developing the Certificate in Commissioning and Purchasing course, run by Oxford Brookes University. Due to its success and popularity, negotiations are in progress to ensure the course will be repeated for a new cohort of commissioners and those interested in furthering their skills. A widening of the available modules and the target audience will be explored, such as courses for joint commissioning officers and young people's commissioners.

In addition, during 2007/08, the NTA plans to hold a series of regional events aimed at individual members of joint commissioning groups. The events will aim to offer development opportunities and share best practice among peers as they will be facilitated and run by joint commissioning members and staff.

Milestones

July 2007	Negotiation, planning and development of further Oxford Brookes University commissioner training
Nov 2007	Working group set up to plan events in all nine regions, with a target audience of joint commissioning group chairs, members and staff. The events will consist of a combination of workshops, presentations and discussions on emerging best practice in commissioning
January – March 2008	A series .of nine regional events to be run, aimed at senior decision-makers within local partnership areas

Risks and mitigation

- **Risks:** That commissioner courses will be undersubscribed
  Mitigation: The courses during 2006/07 were oversubscribed. In addition, the proposed widening of the target audiences should stimulate demand even further.
- **Risks:** Events do not prove to be useful for their target audience
  Mitigation: The events will be carefully planned by a core group of experts who have a proven track record in commissioning effective drug treatment systems. There will also be wide consultation with the commissioning community as the events are being planned and put together and care will be taken to ensure that this work dovetails with mainstream programmes to develop commissioning capacity.

Young people

The current wide variation in the provision and quality of young people's substance misuse treatment needs to be addressed. A review led by the Department for Education and Skills (DfES) and NTA, with support from other departments, has concluded that to enable a consistent, fair and effective young people's system to be created, changes needed to be made to the current arrangements. To facilitate change, a memorandum of understanding has been developed and agreed between the DfES and the NTA, which sets out the following expectations of the NTA:

- To develop a suite of authoritative guidance on types of treatment likely to be most effective with this age group, including a clear definition of treatment based on harm arising from current use
- Develop a framework for the performance management of the young people's treatment system including:
- Involvement in the challenge process to the children and young people's plans developed through children's trusts and strategic partnerships by leading the challenge in relation to specialist treatment plans and resourcing
- Reviewing the adequacy of annual plans and resources based on local assessment of needs, and review progress quarterly
- Providing NDTMS reports on young people's treatment to partners on a monthly basis.

Milestones

May 2007	Agree a memorandum of understanding with DfES
May 2007 onwards	Develop guidance, including a clear definition of treatment
May 2007	Ensure young people's (16-18) section of TOP project is validated
May 2007 onwards	Involvement in the challenge process and develop the framework for performance management to incorporate ongoing reviews of progress
July 2007 onwards	Provide monthly NDTMS data to partnerships, DfES and other government departments
October 2007	Review local area plans and needs assessments in readiness for 2008/09

Risks and mitigation

- **Risks:** NTA performance management role not embedded within existing children's system structures
  Mitigation: Ensure that treatment is clearly defined within the young people's system, supported by the memorandum of understanding and clearly communicated in conjunction with DfES.

Delivery assurance

Improvement reviews

Working jointly with the Healthcare Commission (HCC), the NTA's Standards and Inspection team will lead the third in a series of improvement reviews during 2007/08, as well as publishing the results of the second review from 2006/07.

The 2007/08 review will focus on:
- Tier 4 services
- Diversity

The 2006/07 review focused on:
- Commissioning
- Provision of harm reduction services

The reviews involve surveys and data collection on the quality of service provision across England, with each of the 149 local partnerships receiving a report benchmarking their performance against national criteria. The poorest performing areas and providers will be visited by NTA and HCC assessors to identify the reasons for their poor performance and assist with developing an action plan to address deficits. All areas will be expected to review their performance in the light of the findings and those failing national benchmarks will be required to produce an action plan to improve, which will be incorporated into local NTA and NHS performance management regimes.

Improvement Review II – commissioning and harm reduction

Milestones

June 2007	Anonymised reports to each partnership
July 2007	Ratification of results
July – October 2007	NTA and HCC assessors visit selection of poorest performing targeted areas
September 2007	Action plans received from non-visited poorest performing targeted areas
September 2007	Full results published
November 2007	Action plans received from visited areas
Jan 2008	All areas scoring less than two on any criteria to develop action plan to improve in annual treatment plans

Improvement Review III – Tier 4 and diversity

Milestones

June 2007	Draft assessment framework ready for pilot
August 2007	Pilot assessment framework and criteria
September 2007	Finalise review questions
September 2007	Final and ROCR sign off
September 2007	National annual service user survey undertaken
October 2007	Data collection for review
June 2008	Anonymised reports to each partnership

During 2007/08, the NTA will begin development of the Standards and Inspection team work programme for 2008/09. As part of this, the NTA will explore the possibility of a joint inspection with the Prison Inspectorate on drug treatment in custodial settings.

Risks and mitigation

- **Risks:** Challenging timetables and competing priorities within NTA, HCC and Commission for Social Care Inspection (CSCI) may delay implementation of improvement reviews
  Mitigation: The NTA and HCC partnership to deliver improvement reviews enables potential difficulties to be identified early and gives access to key decision-makers in both organisations to facilitate resolution
- **Risks:** 2007/08 improvement review governance framework to be agreed with CSCI
  Mitigation: Discussions ongoing
- **Risks:** Staff changes jeopardise workplan
  Mitigation: Handover and use of contractors to ensure staffing fully meets needs
- **Risks:** 2007/08 improvement review implementation may be delayed if governance framework is not agreed between CSCI and NTA
  Mitigation: Framework will be signed off early in financial year.

NTA regional team delivery

The nine NTA regional teams are located within Government Offices for the regions, working closely with regional partners, while remaining accountable to the NTA director for regional management. During 2007/08, regional teams will consolidate their relationship with key regional partners, including Government Offices, strategic health authorities and NOMS to ensure that the NTA continues to be influential in the increasingly devolved government and NHS environment. Memorandums of understanding will be agreed with regional partners, which will delineate the NTA's role in each region. This will potentially lead to different governance arrangements across the country. The NTA Board will be responsible for assuring ministers that the arrangements in each area are fit for purpose.

During 2007/08 the regional teams work will focus on the following:

- Models of Care: Update 2006 – with particular reference to the standards in section nine (and most particularly in relation to those that are aimed at commissioners)
- Care plan quality improvement
- Focus on key targets, including numbers in treatment, retention, waiting times and outcomes
- Criminal justice workstreams, including numbers entering treatment (1,000 per week), waiting times segmentation, DIP and PPO alignment; "grip" of offenders entering treatment via DIP; Integrated Drug Treatment System (IDTS) implementation
- Tier 4 delivery – regional commissioning and improved access
- Diversity
- Development of harm reduction services.

Taken together with the achievement of wider partnership delivery aspirations through local area agreements, these key areas above will be embodied into regional performance management arrangements and regional improvement plans with partnerships, delivered via routine arrangements, including meetings with local partnerships, joint commissioning managers, service providers, and user and carer forums.

The focus of user and carer involvement for the NTA is now placed at a regional, as opposed to a national level. It is clear that involvement of users and carers is meaningless unless it can influence delivery on the ground of better treatment systems. The regional teams are therefore best placed to ensure that local partnerships and treatment providers work hard to ensure that users and carers are meaningfully consulted and involved throughout their commissioning and delivery cycles.

The NTA's role demands that the focus of its work with users and carers relates to their direct experience of the treatment system. However, local user and carer groups may wish to influence wider policy issues and participate in legitimate public debate about drugs policy simply as citizens. During the first six months of 2007/08, the NTA will undertake a focused piece of work to identify how to balance the wider family and community perspective with the narrower range of the NTA's remit.

Treatment plans

The treatment plan will continue to form the basis of effective local drug treatment planning, used by local partnerships to address local need in line with national NTA priorities. During 2007/08, treatment plans will identify objectives for the coming year, together with the resource allocation to deliver.

Milestones

Quarterly	Regional teams carry out quarterly reviews of progress against 2007/08 treatment plans, drawing on NDTMS data, service user and carer feedback, Improvement Review results and other information, and addressing, among other things: ■ Areas of under-performance identified in 2006/07 ■ The provision of adequate treatment resources to meet criminal justice demands, including the needs of prisoners returning to the community ■ Implementation of the Integrated Drug Treatment System (IDTS) in prisons and arrangements for continuity of care for prisoners returning to the community ■ Action plans for recovery agreed if necessary.
September 2007	Review of treatment plan process and documents to ensure treatment plans are fit for purpose in 2008/09, including integration with the provision of treatment in prison.
January 2008	Draft treatment plans for 2008/09 submitted drawing on: ■ Third quarter performance reviews and national and local estimates of treatment need. ■ Delivery plans set for underperforming partnerships ■ Resource available ■ Targets required as part of the new Drugs Strategy from April 2008
March 2008	Treatment plans for 2008/09 signed off by NTA and local partners.

Performance monitoring

Regional teams will continue the performance oversight of local partnerships and services through established reporting mechanisms, utilising data from NDTMS and drawing in Government Office and strategic health authority support as needed. Particular focus will be on key targets around numbers in treatment, retention, waiting times, criminal justice and, importantly, outcomes.

In 2006/07, regional teams worked with partnerships to review local stretch targets using methodology that took into account performance against numbers in treatment targets and penetration rates in relation to local prevalence estimates. In 2007/08, it is expected that local partnerships will focus on outcomes and increasing penetration levels across problematic drug user populations in their areas, using up-to-date prevalence estimates.

Regional teams will support local partnerships to build on findings of the 2006/07 joint Healthcare Commission and NTA improvement reviews of commissioning and systems management and harm reduction services, as well as work with local areas on the 2007/08 reviews of Tier 4 services and diversity.

Milestones

April 2007	All partnerships have agreed a local capacity target with the NTA regional team
April 2007 onwards	Monthly performance data available to partnerships from NDTMS
April 2007 onwards	All partnerships continue to implement plans to meet 2007/08 retention targets set in March 2006. Monthly reporting of retention in the treatment system available
Quarterly	Reviews of local partnership performance by NTA regional teams. Action plans agreed to address underperformance if necessary.

Target setting

The NTA is confident that sufficient resources will be available to all partnerships to enable them to continue to develop their treatment systems.

The updated needs assessment methodology will enable local areas to ensure that locally set targets will appropriately reflect demand for treatment in their areas and the ability of their treatment system workforce to meet these challenges.

Milestones

July–August 2007	Updated needs assessment guidance published

NDTMS

The National Drug Treatment Monitoring System (NDTMS) will continue to produce high-quality, accurate and timely information to service providers, local partnerships, NTA regional teams and key stakeholders. In 2007/08 there will be an emphasis on improving NDTMS software and improving the quality and accuracy of National Statistics published from NDTMS data. Key areas of activity will also include revisions to core data set in respect of outcomes monitoring, alcohol treatment monitoring and supporting young people monitoring strategies. In addition, the NTA will continue to build on the existing information currently produced and investigate the extension of performance reporting of Tier 2 provision. The NTA will work closely with Connecting with Health to assimilate the NDTMS core data set into the NHS data dictionary as an inherited standard.

The development of the File Upload Programmes and Data Entry Tool has improved the speed and accuracy of data into NDTMS, and in 2007/08 the NTA will continue to increase the number of providers that use these systems. The National Statistics reporting will also be developed to include a greater range of reports to support commissioning and needs assessment planning. The programme will need to liaise with Connecting for Health, Prison Health and the Department of Health during the implementation of IT systems in prison to ensure compatibility for data entry.

Milestones

April 2007	Revise core data set and central support systems to support alcohol treatment monitoring
April 2007	Revise core data set and central support systems to support young peoples monitoring strategy
May 2007	Revise core data set and central support systems to support outcomes monitoring
September 2007	Implement changes required to the core data set and central support systems that are required as part of the assimilation of NDTMS into Connecting for Health
January 2008	Investigate extension of the NDTMS programme into Tier 2 provision (including needle exchange), and implement changes to data set and central support systems if required
January 2008	Develop revised quarterly management reporting from NDTMS and automate report production
January 2008	Redevelop data warehousing application used within NDTMS and automate report production
Ongoing	Improve quality and accuracy of national statistics published from NDTMS data
March 2008	Ensure that external contracts and service level agreements with NHS bodies due to expire on 31 Marcy 2008 are revised, reviewed and re-tendered if required.

Risks and mitigation

- **Risks:** Incorporation of NDTMS data set into NHS data-dictionary by Connecting for Health and compatibility with the prison IT system.
  Mitigation: Discussion ongoing
- **Risks:** Cost over-run of software development
  Mitigation: Effective project control structures to avoid over-expenditure.

Reducing offending

The NTA is committed to improving community safety and reducing drug-related crime by ensuring that offenders can access drug treatment at any point in the criminal justice system. More than 3,000 offenders per month are now entering treatment via the Drug Interventions Programme (DIP) and the ambition to engage 1,000 offenders per week in treatment by March 2008 is on track. Home Office figures confirm that acquisitive crime – to which drug related crime makes a substantial contribution – has fallen by 20 per cent since the introduction of DIP.

Prisons

The introduction of the Integrated Drug Treatment System (IDTS) represents an opportunity to improve the quality and effectiveness of prison-based drug treatment with a particular emphasis on ensuring that clinical interventions are aligned with the existing evidence base. Working alongside key partners including Offender Health, Care Services Improvement Partnership (CSIP) and National Offender Management Service (NOMS), the NTA is at the forefront of policy development and implementation for this new programme at both national and local level. To support this work, a national programme manager has been recruited to lead the work centrally supported by nine programme development managers based in each region to co-ordinate implementation and performance management with local partners via the treatment planning process.

Funding constraints will restrict the implementation of IDTS to a limited number of prisons in 2007/08, but the NTA will be involved in a joint Department of Health, Home Office and Prison Service initiative to review current funding arrangements for prison-based drug treatment to examine if more efficient use of current resources may enable wider implementation of IDTS. The aspiration will be to ensure that good-quality, appropriate needs-based treatment is available to all drug users across the prison estate throughout their time in custody and that effective arrangements are in place to manage and support their continued care following release into the community. As part of this process work will be commenced to enable NDTMS to be implemented within prisons to remove unnecessary barriers to the deployment of pooled treatment budget resources in support of existing prison spend when partnerships believe this to be appropriate.

Milestones

April 2007	IDTS sections in partnership treatment plans completed and signed off, with a clear focus on delivery of the programme in identified prisons, and continuity of care arrangements
August 2007	Produce an agreed action plan for the implementation of NDTMS in prison
Quarterly	Quarterly review of local partnership areas performance against IDTS section in treatment plan. Recovery plans agreed with NTA regional teams to address under performance
December 2007	Department of Health, Home Office, HM Prison Service and NOMS review of drug treatment funding completed and outcome available to local partnerships to allow for planning of further roll-out of IDTS as part of the 2007/08 treatment planning cycle.

Risks and mitigation

- **Risks:** That reduced levels of funding from Home Office and Department of Health will limit the impact of IDTS by reducing the scope of the project to approximately one-third of the prison estate
  Mitigation: NTA will contribute to a Home Office and Department of Health review of prison drug treatment funding to look at how existing funding streams can be brought together, allowing prison-based services to be commissioned and delivered more efficiently and effectively and in greater harmony with community based services.

Alignment of Drug Interventions Programme, Drug Rehabilitation Requirement and Prolific and Priority Offender

Contributing to community safety through the delivery of timely, effective treatment for drug-misusing offenders remains a high priority. The NTA will continue to work in close partnership with the Home Office to support the ongoing delivery of the Drugs Intervention Programme (DIP) and ensure that offenders can access treatment at every stage of their journeys through the criminal justice system. In 2006/07, DIP continued to flourish with the successful implementation of the Tough Choices programme, which introduced testing on arrest, required assessment and restriction on bail to all 68 DIP intensive areas.

The NTA regional teams play a central role, alongside Government Office colleagues, in supporting and performance managing the delivery of DIP at a local level and their effectiveness is reflected by the ability of local treatment systems to manage the increased demand generated by Tough Choices and the early achievement of the 750 offenders per week into treatment milestone in 2006/07. Next year will bring new challenges with the implementation of follow-up assessments and the achievement of the national target of 1,000 offenders per week into treatment by the end of March 2008.

Another challenge for 2007/08 is to support the closer alignment of DIP and the Prolific and Priority Offender (PPO) schemes, which presents an opportunity to ensure that the prolific drug-misusing offenders are effectively targeted to reduce both their drug misuse and drug-related offending.

The NTA continues to work closely with local partnerships and probation areas to ensure that drug rehabilitation requirements are adequately resourced and effectively delivered. We will be further developing our relationship with National Offender Management Service (NOMS) nationally and regional offender managers (ROMs) locally to review the implications for offender based drug treatment in the light of the pending offender management legislation and to explore the opportunities for greater integration and closer links between DRR and DIP.

Milestones

From April 2007	Support the successful implementation of the new Drug Interventions Record (DIR) and the introduction of follow up assessment provision.
Quarterly	Quarterly review of local partnership areas performance against plan on all criminal justice related outcomes and workstreams. Recovery plans agreed with NTA regional teams to address under performance.
January 2008	Treatment plans for 2007/08 agreed with NTA regional teams addressing: ■ Areas of underperformance identified in 2006/07 ■ Provision of adequate treatment resources to meet criminal justice demands ■ The establishment of robust commissioning structures capable of planning and delivering joined up services for both community and prison-based drug treatment
March 2008	In partnership with Home Office and NOMS, produce models of good practice to encourage greater integration of criminal justice integrated teams (CJITs) and with offenders subject to DRRs and drug-related licence conditions.

Risks and mitigation

- **Risks:** In an increasingly constrained funding environment, there will be greater pressure to clearly demonstrate the value of criminal justice workstreams in terms of improved outcomes
  Mitigation: A number of workstreams are already in place to assess the impact of DIP and drug treatment in general by interrogating and comparing the DIP, NDTMS and Police National Computer databases. The closer alignment of DIP and PPO will also ensure that high crime causing users are more effectively targeted.

Matching datasets

Crime reduction is one of the key outcomes from drug treatment and it is therefore desirable to be able to quantify the reduction in criminal activity that results from it. The Treatment Outcomes Profile (TOP) will measure this through changes in self-reported criminal activity and this will provide useful information at an individual and local level.

To more accurately assess the level of crime reduction resulting from drug misuse at a national level the NTA have been working with the University of Manchester and Home Office colleagues to develop a routine system to match data from the Police National Computer together with information from NDTMS. This has already been done to inform a one-off audit in 2006, which demonstrated significant reductions in the subsequent offending of those in treatment.

During 2007/08, the NTA, in partnership with the Home Office will seek to develop this audit into routine practice.

Milestones

September 2007	Agreement with Home Office on data management protocols for data matching between NDTMS and Police National Computer
March 2008	Routine reporting produced.

Alcohol

The NTA continues to undertake discrete pieces of work on alcohol as commissioned and agreed with the Department of Health. During 2007/08, this work will include the development of the guidance Commissioning for Health and Wellbeing: Alcohol. This project will deliver accompanying and subsidiary guidance to the substantive Department of Health Commissioning Framework for health and wellbeing, which was published for consultation in March 2007.

Milestones

April 2007	NTA consultants identify good practice in commissioning
October 2007	Draft guidance produced for statutory consultation period 12 weeks
March 2008	Publication.

Risks and mitigation

- **Risks:** Small team of independent contractors commissioned without identified backup if unforseen circumstances impact on the delivery of the document
  Mitigation: NTA monitor situation and have active dialogue and contingency plans with contractors.

During 2006/07 the NTA was asked to scope what use could be made of existing alcohol data in current NDTMS (including TOP) and a national system for the monitoring of structured alcohol treatment use, mirroring NDTMS. The Department of Health will decide whether to commission a National Alcohol Treatment Monitoring System (NATMS) early in 2007/08 and NTA will take subsequent action.

Managing the NTA – corporate services

Good progress has been made in improving the NTA's corporate services. This is reflected in improved audit reports from internal and external audits, particularly in Human Resources and Finance. Throughout 2007/08, the NTA will continue to build on this progress by continuing to develop robust systems and internal procedures which improve NTA's corporate and business process.

Within Human Resources a key activity will be the roll-out of a new appraisal and evaluation process which will encompasses the NHS Key Skills Framework and improved staff training and development. There will continue to be improved training and development opportunities for NTA staff and this will be reflected in a considerable increase in budget for 2007/08. The roll-out of an electronic staff record system will take place in the early part of 2007/08 and this should ensure greater flexibility of use.

Within the NTA's Communications team there will be an examination of feedback received and implementation of outcomes as a result of a stakeholder audit expected to take place in February 2007. In addition, the NTA will continue to improve and review the new NTA website which was launched in March 2007.

The NTA is committed to ensure that it achieves financial balance of its budgets. The NTA has and will continue to improve its monitoring systems to ensure accurate budget forecasts and controls.

2007/08 will see some changes to the way the NDTMS software platform operates. This should ensure that high quality performance information can be provided and should ensure a more robust operating system.

Progress will continue towards the achievement of the targets set for the NTA within the arm's length bodies review. The financial savings required have been budgeted for and the NTA is well placed to meet the headcount reductions required.

Communications

The NTA's Communications team manages media relations, publishing (online and print), warehousing and distribution, event management, internal communications and all other communications. The Communications team will continue in 2007/08 to support NTA teams. In addition, there will be an in-house review of the team's activities, undertaken in conjunction with internal auditors, to examine internal and external stakeholder relations and working practices.

There were significant changes in staff throughout 2006/07 and there will be further changes during 2007/08. Handing over to new team members and bringing them up to speed quickly will be key to achieving the team's objectives. The team will continue to provide support to senior staff and NTA teams on media relations, PR, events and conferences publications, as well as updating the NTA website and producing regular communication updates.

Milestones

April 2007	Work with Quality Directorate to deliver effective and efficient procedures for publications production and sign-off
May 2007	Review NTA website including improved searchability, usability, timeliness and IT protocols
May 2007	Improve monthly reporting of communications activities to SMT specifically within the areas of volume of media calls, web intranet activities
June 2007	Provide corporate communications strategy and action plan to support the business plan in 2007/08
June 2007	Increase and improve proactive media activity, including press releases on new publications and projects and facilitating media training for senior and key staff
July 2007	Examine and implement outcomes arising from the NTA's stakeholder review carried out in 2006/07
July 2007	Produce timely internal briefings as key messages for each major publication and project
July 2007	Review communications team activities and structures as necessary to ensure that the team meets organisational needs.

Risks and mitigation

- **Risks:** Lack of knowledge and experience following departure of senior staff and staff on long leave
  Mitigation: New members of staff to work closely with their manager on arrival at the NTA and follow programme of meetings with key people
- **Risks:** Lack of involvement of communications team at early stage of projects or initiatives
  Mitigation: Communications team to build process for all major projects and initiatives into communications strategy
- **Risks:** Mismatch between internal clients' expectations and what can be delivered with limited communications resource.
  Mitigation: Closer working with regions and programme leads in early stages of new projects
- **Risks:** Lack of high specialist knowledge of IT aspects of intranet and website
  Mitigation: Closer working with IT team to identify roles and possible training for senior communications team members

Finance, administration and resources

In 2007/08, the NTA's revenue resource limit will be £10,687,000. This represents an increase of approximately 2.3 per cent against the 2006/07 budget. In addition, the NTA is carrying forward £1,017,000 into 2007/08 as a consequence of 2006/07 end-of-year flexibility approved by the Department of Health.

Funding is also expected to be made available through the Home Office to resource the NTA's Drug Interventions Programme (DIP) work. Additional funding is also being provided from the Department of Health for NTA-incurred costs in relation to the multi-agency Integrated Drug Treatment System for over-18s in prison.

Throughout 2007/08, the NTA will continue to build on the achievements made in relation to improved administrative and financial systems, ensure that value for money continues to be secured for services and, where agreed, auditors' recommendations are implemented.

In addition to accounting for the effective use of financial resources the NTA is aware of its responsibility to use its energy and physical resources as efficiently as possible. During 2007/08 a review of the NTA's environmental sustainability will be undertaken, which will report to the Board.

IT

In 2007/08, the NTA will continue to provide IT services in a cost-effective and efficient way, supplementing in-house staffing with the assistance of an external provider. In December 2006, the NTA Board approved an IT strategy, which was designed to guide the development of a robust information environment that would deliver convenient access to information, improve communication, collaboration and learning and ensure a flexible, responsive and, above all, reliable IT system.

During 2007/08, the NTA will commence implementation of that IT strategy, including implementing the preferred solution to out-of-office working for relevant regional staff and others, introducing wireless technology into the Hercules House Head Office, and continuing to roll out PCs and laptop computers to replace obsolete equipment in Hercules House and the regional offices.

Milestones

Ongoing	To implement agreed recommendations from the National Audit Office management letter 2006/07
Ongoing	To implement agreed recommendations from the NTA's internal auditors during 2007/08
Ongoing	To ensure an appropriate contribution from the Finance team with regard to implementation of Agenda for Change
Ongoing	To contribute to the implementation of electronic staff records
Ongoing	To implement the NTA's IT strategy
June 2007	Development of a business continuity plan for the NTA
June 2007	To develop and implement an NTA health and safety policy
July 2007	To implement an NTA business continuity plan
December 2007	To plan and implement a strategy with regard to NTA Head Office accommodation from April 2008.

Risks and mitigation

- **Risks:** The NTA Finance team operates with a low level of resourcing (less than three full-time equivalents). Volume of work within the section, sickness absence
  Mitigation: Key business tasks will be identified, and day to day operational activities given priority over developmental ones.
- **Risks:** The NTA's memorandum of terms of occupation at Hercules House runs out in March 2008. There is a possibility that the Central Office of Information (COI) will seek alternative accommodation for its Hercules House based staff.
  Mitigation: The development of a business continuity plan will provide a process to safeguard the NTA's position with regard to its head office accommodation, and mitigate the consequential risks.

Human Resources

The NTA Human Resources team will continue to ensure that systems and processes relating to payroll, terms and conditions, and support to managers and staff are delivered effectively and efficiently. There will continue to be an emphasis in 2007/08 on the production of good quality HR data to support managers and the Board. A revised staff appraisal and evaluation process will be operational from mid-2007/08 and this will be supplemented by an increase in budget to support staff training and development. The NTA will introduce an electronic staff record system from June 2007.

Milestones

July 2007	To have completely implemented an electronic staff record (ESR) system within the NTA
July 2007	To have introduced a revised staff appraisal process within the NTA
August 2007	To have completed the review process for Agenda for Change (AfC)
September 2007	To have reviewed and implemented as necessary new process relating to the Criminal Records Bureau (CRB)
Ongoing	To continue to build upon the training programme for NTA staff
Ongoing	Updates and review as necessary HR systems and processes as part of ongoing reviews.

Risks and mitigation

- **Risks:** Turnover of staff in HR team
  Mitigation: Extension of agency temp into early 2007/08 to relieve team pressures
- **Risks:** High volume of work on other projects, in particular electronic staff records (ESRs) and Agenda for Change, appraisal scheme, CRB and training needs
  Mitigation: Effective planning and resourcing of the processes around AfC and ESR

Accommodation

The NTA presently operates its Head Office functions from Hercules House in North Lambeth. The basis of the occupation is a memorandum of terms of occupancy (MOTO) agreement with the Central Office of Information (COI). The existing MOTO comes to an end in March 2008. The intention is to enter into a new agreement with the COI and discussions are taking place. The present space allocation per person based at Hercules House is 9m2 per person. This represents 60 per cent of the arms' length body benchmark standard of 15m2 per person. The NTA regional functions operate from the government regional offices in each of the nine English regions. A standard fixed agreement with the regional co-ordination unit based on numbers of staff in each Government Office is in operation.

NTA resources

Staffing

The review of arms' length bodies (DH, 2004) placed a requirement on the NTA to achieve a reduction of 22 in their headcount staff by the end of financial year 2008/09.
The proposed staffing profile for the NTA in 2007/08 is as follows;

Location	WTE
East Midlands regional office – Nottingham	10.00
East of England regional office – Cambridge	5.00
Head Office – London	75.00
London regional office	12.00
North East regional office – Newcastle	6.00
North West regional office – Manchester	9.00
South East regional office – Guildford	7.00
South West regional office – Bristol	8.00
West Midlands regional office – Birmingham	6.00
Yorkshire and Humber regional office – Leeds	12.00
Total	150.00

Corporate service efficiencies

Work undertaken by the NTA as part of the ALB reviews has identified that the NTA in exceeds the target ranges outlined by the ALB Business Support Unit. Within IT, the annual cost per internal user at the NTA is just over £2,000. This compares favourably with the ALB target of less than £5,000.

The NTA has specific arrangements for accommodation costs for regional teams based in the Government Office buildings within regions. Within the NTA head office the allocation per person is approximately 9m2 per person. The ALB benchmark standard is 15m2.

The cost of the NTA's HR functions per whole time equivalent is £580. This compares with the Saratoga public sector best practice figure of £420. This is higher than the benchmark figure but based on the NTA's size and workloads, particularly on recruitment, ESR roll out and Agenda for Change implementation, this is considered reasonable. It compares favourably with the ALB average of £745.

The NTA presently uses NHS Shared Business Services for its finance and payroll services.

Budget allocations

Sources of income	£'000
Grant-in-aid parliamentary funding	
Department of Health core funding	10,687
Department of Health approved end of year flexibility from 2006/07	1,017
Sub-total grant-in-aid parliamentary funding	**11,704**
Operating income (estimated)	
Drug Interventions Programme (DIP)	2,247
Non-intensive DIP	186
IDTS	525
Secondments	204
Other	22
Sub-total operating income	**3,184**
Total	**14,888**

Expenditure

Staff costs	
NTA salaries	8,028
Total staff costs	8,028
Operating expenses	
Establishment expenses	1,654
Premises costs	1,095
External contracts	4,020
Other	91
Total operating expenses	**6,860**
Total	**14,888**

Capital allocation 2007/08	£,000
Income	
Baseline allocation	100
Expenditure	
Programmed IT replacement	90
Minor works, furniture and equipment	10
Total	**100**

The NTA is planning to spend its 2007/08 parliamentary funding and operating income against the following programmes and departmental heads.

Regional management	£'000
Director's office and treatment delivery	1,038
Young people	221
Criminal justice	342
Regional teams	3,944
Sub-total	**5,545**
Quality management	
Director's office and Treatment Effectiveness	1,602
Policy and Research	664
Standards and Inspection	494
SCAN	274
Clinical	204
Diversity	15
Sub-total	**3.253**
Corporate services	
NDTMS	2,975
Other central services	3,115
Sub-total	**6,090**
Total	**14,888**

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Raphael Cicci
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