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# **JSNA SUPPORT PACK FOR COMMISSIONERS**

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## WHAT IS THIS DOCUMENT ABOUT?

Developing effective commissioning for integrated drug treatment and recovery. It expands upon the principles set out in the 2010 Drug Strategy and provides local areas with operational prompts to guide their planning across community, residential and prison settings.

## WHAT IS THE PURPOSE OF THIS DOCUMENT?

To inform the commissioning of a recovery-orientated system, in line with the 2010 Drug Strategy aim of replacing the national service framework (set out in Models of Care 2002 & 2006) with a stronger recovery focus and updated evidence base. It replaces treatment planning guidance for 2010-11.

## WHAT IS THE TARGET AUDIENCE?

Joint commissioning managers in local drug partnerships.

## WHO ELSE MAY BENEFIT?

Directors of Public Health, CJIT leads, prison commissioners and drug strategy coordinators, directors of children and family services.

## WHEN SHOULD THE DOCUMENT BE USED?

To support the development of local needs and assets assessment, planning and delivery in 2011-12 and 2012-13 ahead of the establishment of Public Health England.

## WHAT SHOULD IT BE USED IN COMBINATION WITH?

Joint Strategic Needs Assessment (JSNA) support pack for strategic partners; NDTMS needs assessment information; clinical guidance.

## GATEWAY REFERENCE

16968.

## INTRODUCTION

Local authority-based public health will become responsible for commissioning drug treatment and linked recovery support in April 2013, subject to the Health and Social Care Bill becoming law.

This shift will provide a platform for a more integrated approach to commissioning public health outcomes – an approach that addresses the root causes and wider determinants of drug dependence, harm and troubled families (such as employment, education, and housing), and delivers the greatest gains.

In the meantime, to deliver the best outcomes for drug misusers, their families and communities it is important that work already underway to build effective recovery systems is accelerated. Planning is key and successful plans will be based on the local needs and community assets assessment, and will reflect evidence.

Effective local systems will be those that raise their recovery-orientated ambitions and improve the progress of service users while continuing to protect them from the risks of drug misuse (and are seen to do both by providers and users). They will encourage more service users to complete their treatment but will not put at risk any who are benefiting from their existing treatment. The interim report on recovery-orientated drug treatment<sup>1</sup> describes this balance and the steps towards it.

An integral part of commissioning drug treatment and recovery services will be to develop and use networks of support and other assets within the community e.g. mutual aid, peer support, community groups and recovery communities.

This document outlines key principles that local areas might consider when developing plans for an integrated recovery system. There are five principles, followed by a series of prompts to help put them into practice.

A key principle is to ensure that:

*Drug and alcohol commissioners work closely with all relevant partners to commission services based on outcomes*

The four principles for commissioning a drug treatment system that promotes successful recovery journeys are:

1. Recovery is initiated by maintaining and, where necessary, improving access to early and preventative interventions, and to treatment
2. Treatment is recovery-orientated, effective, high-quality and protective
3. Treatment delivers continued benefit and achieves appropriate recovery-orientated outcomes, including successful completions
4. Treatment supports people to achieve sustained recovery.

This is not an exhaustive list and local areas have plenty of scope to operate in different ways, driven by local needs, assets, and relationships between partners. However, the principles may help commissioners to consider how to create an effective, integrated, recovery-orientated drug treatment system.

Annex 1 contains further detail on the support available to local areas and a suggested process for developing plans.

# Drug and alcohol commissioners work closely with all relevant partners to commission services based on outcomes

## What might success look like?

Effective integrated commissioning of services that achieve positive outcomes for individuals, families and communities by:

- Effective partnership working between local authorities, health (including mental health) and social care, and criminal justice
- Operating transparently according to assessed need
- Bringing providers together into cost-efficient delivery systems
- Fully involving local communities.

## Prompts to put principles into action

- Is commissioning based on the best practice outcomes in the 2010 Drug Strategy<sup>2</sup>? Is it consistent with 'Commissioning for recovery'<sup>3</sup>?
- Has the partnership taken account of the move to new health and public health structures detailed in 'Liberating the NHS'<sup>4</sup>? Is it prepared for the transition to public health?
- Does the partnership have mechanisms for reporting drug treatment and recovery progress, along with the risks to the local shadow health and wellbeing board (where established)?
- Is the partnership forming links with developing clinical commissioning groups?
- Does the partnership use cost effectiveness data and available tools<sup>5</sup> when making commissioning decisions? Is investment in drug treatment and recovery based on an understanding of expenditure, performance and cost-effectiveness? Does it take into account potential future changes in funding?
- Are commissioning functions fit for purpose? Are there formal strategic partnerships among key stakeholders (including health, public health, housing, employment, social care, families and safeguarding, and criminal justice) that aim to develop a fully integrated system of recovery?
- Is there a strategic plan for considering the potential role of existing community support networks and other local assets?
- Are service users, carers and people in recovery involved at the heart of planning and commissioning? Is this evident throughout needs assessment and key priority-setting processes both for community and prisons?
- Do treatment and recovery plans reflect latest community and prison clinical guidance<sup>6,7,8,9</sup>, including reports from the Recovery Orientated Drug Treatment Expert Group<sup>1</sup>?
- Is the annual needs assessment up to date? Was it conducted in line with an established methodology<sup>10</sup> that includes: profiling the diversity of need for drug treatment and recovery support; addressing rates of morbidity and mortality; the extent of treatment saturation/penetration; gaps in delivery; and the impact of services on health and wellbeing, public health and offending?
- Does needs assessment take account of the needs of prisons and continuity of care requirements for substance misusing offenders moving between custody and the community?
- Is the Drug Interventions Programme (DIP) aligned with the local Integrated Offender Management model? Is the partnership delivering against the DIP operational model while anticipating the appointment of Police and Crime Commissioners in November 2012 and the transfer of HO DIP budgets to them in April 2013?
- Has the partnership agreed a commissioning strategy that will deliver fully integrated, outcome-focused and recovery-orientated substance misuse treatment within its prisons? Is this in line with the evidence base and outcome framework set out in the Patel Report 2010<sup>11</sup>?
- Do information systems comply with the NDTMS and DIP community minimum data set? Are there information-sharing protocols and plans for investment in IT systems that meet the clinical, NDTMS and DIP needs of providers?
- Is there a workforce strategy and improvement plan that covers the partnership itself and providers? Does this ensure the competence of all staff to commission and deliver safe, recovery-orientated treatment<sup>12</sup>?
- Are there pathways and effective joint working with children and family services to address troubled families and safeguarding risk factors?
- Are there pathways with maternity and early years services to ensure the needs of pregnant drug users are addressed?
- Does the partnership have and support a system-wide early warning and alert process for unusual, contaminated and high-strength drugs?
- Do all agencies have agreed policies for monitoring the delivery of services in full compliance with the Human Rights Act and the six strands of equality legislation: ethnicity, gender, disability, age, sexual orientation and religion or belief?

# 1 Recovery is initiated by maintaining and, where necessary, improving access to early and preventative interventions, and to treatment

## What might success look like?

All drug users have prompt access to:

- Interventions to prevent drug-related deaths and blood-borne viruses
- A range of early interventions, treatment and recovery support appropriate to their needs, at all stages of their recovery journey
- A system that provides for continuity of care between prison, residential and community environments.

## Prompts to put principles into action

- Do waiting times for community-based interventions provide access within three weeks of referral for all groups, including those who might be disadvantaged (e.g. parents, those in employment, users of prescription/over-the-counter medicines and novel psychoactive substances – ‘legal highs’)?
- Is every contact with a drug user made to count? Are brief interventions provided at all early contacts with health and social care services?
- Are screening, assessment and referral arrangements based on an individual service user’s strengths? Can these arrangements identify treatment and recovery support needs, and can they tailor packages of care to individual need?
- Are screening, assessment and referral routinely undertaken in open access services children and family services (including maternity, health visitors and family intervention projects), Criminal Justice Integrated Teams (CJIT) and at prison reception?
- Do services take a whole family approach when assessing and responding to clients’ recovery needs? Is joint working with children and family services effective?
- Is access to residential treatment and inpatient detoxification supported by clear assessment processes and funding arrangements? Is access available at any point of the recovery journey and is it based on need?
- Are services set up to ensure they continue to be accessible to those whose circumstances change (e.g. people entering employment, education and training)?
- Is there ready access to injecting equipment, and advice and information on blood-borne viruses and alternatives to the most harmful ways of taking drugs?
- Are hepatitis B vaccinations promoted to staff and services users in line with national guidance?
- Are confidential tests for HIV and hepatitis C, and screening for tuberculosis, promoted in accordance with the 2007 Clinical Guidelines? Is access to treatment and support facilitated?
- Are services to improve mental health, wound care, alcohol use, tobacco use, sexual health and dental health coordinated for service users? Are general healthcare assessments of these health issues offered to service users and, where appropriate, are they referred to specialist services<sup>13</sup>?
- Can multi-agency practices identify the needs of vulnerable young people and troubled families? Can agencies work collaboratively to build resilience via whole family interventions, and to minimise harm via effective safeguarding protocols?
- Does the CJIT have the resources and practices to cover custody suites and courts in line with DIP demand and priorities? Can it complete required assessments promptly, and restriction on bail assessments where necessary, and/or accept and continue intervention for those referred from other CJITs?
- Can the CJIT help prisoners engage with treatment services on the day of release, where appropriate?
- Are there arrangements to accept and continue treatment on temporary release, transfer between establishments and on release from prison?
- Is there effective continuity of care between prisons for transfers and court appearances, and between CJIT and specialist treatment providers for people being released from prisons and courts?
- Is there effective continuity of care between community-based and residential drug treatment services? Does this include a) preparation prior to entry to residential services, and b) aftercare and relapse-prevention services?
- Are there relevant information-exchange arrangements, using appropriate protocols, to ensure effective inter-agency working and to support continuity of care (for example, between community and custody-based services, and for specific groups such as prolific and priority offenders)?
- Can local prisons deliver first-night prescribing and clinical stabilisation services for new prisoners in line with clinical guidance for adult prisons?
- Can trainer prisons accept transfers for prisoners with ongoing clinical needs?

# 2 Treatment is recovery-orientated, effective, high-quality and protective

## What might success look like?

Treatment services are high-quality and deliver a broad range of effective interventions. People in treatment and their families are protected and provided with appropriate, quality interventions.

## Prompts to put principles into action

- Are packages of care tailored to individual service users? Do these take into account the treatment and wider recovery support needs of individuals and their families?
  - Is the treatment system able to respond rapidly and effectively to changing patterns of substance misuse, including new and emerging drugs, poly-substance use, and prescription and over-the-counter medicines?
  - Are there comprehensive and robust case-management arrangements in all treatment settings, including CJIT and prison?
  - Are there mechanisms (and appropriately trained staff) for involving families, partners and carers in treatment, where appropriate?
  - Does the local system have access to a full range of psychosocial, prescribing and recovery support interventions?
  - Are prescribing practices in line with clinical guidance<sup>6 7 8 9</sup>?
  - Do prescribing services have a plan to implement and review the interim recommendations of the Recovery Orientated Drug Treatment expert group, especially the '12 immediate steps'<sup>1</sup>?
  - Do local services support a range of recovery options including:
    - Abstinence from drug(s) of dependence
    - Abstinence from all drugs and either abstinence from alcohol or controlled drinking
    - Medication-assisted recovery?
  - Is medication-assisted treatment available to service users for as long as it is clinically appropriate? And are they routinely offered the opportunity to come off?
  - Are there clinical governance mechanisms for assuring the quality and safety of drug treatment services<sup>14</sup>?
  - Is a full range of addiction specialist and non-specialist medical competencies available for clinical care of complex service users? Does the range of medical competencies allow the system to provide clinical leadership and support?
- Are there protocols and pathways to support service users who have both substance misuse and mental health problems?
  - Are service users who care for or have contact with children assessed and given information about the risks to children from drugs and medications, and about the need for safe storage?

# 3 Treatment delivers continued benefit and achieves appropriate recovery-orientated outcomes, including successful completions

## What might success look like?

Treatment services are ambitious for the recovery of people who use drugs. Services also provide appropriate individually tailored and regularly reviewed packages of care and recovery support in partnership with other community resources.

## Prompts to put principles into action

- Is care planning sufficiently recovery orientated (i.e. coordinated across services, covering all domains, including recovery support and reintegration)? Do care plans empower service users to take responsibility for their own health and recovery?
- Is a service user's treatment regularly reviewed? Is it optimised or adapted to ensure continued benefit?
- Are service users encouraged to take opportunities to recover, and given the option to come off medication with appropriate support?
- If the proportion of service users in long-term treatment exceeds the national average, is there a plan to ensure all service users can move through treatment and overcome dependence?
- Do local services nurture mutual aid and peer support groups and facilitate access to them?
- Is recovery visible within the local system via recovery champions and access to drug-related peer support and mutual aid?
- Is effective overdose awareness training and information available? Where appropriate, is naloxone provided for service users and their family/carers?
- Are there measures for undertaking confidential inquiries into drug-related deaths (in line with the 2011 guide 'Drug-related deaths: setting up a local review process'<sup>15</sup>)?
- Are partnerships using NDTMS/TOP data to measure the achievement of drug strategy outcomes, including successful completions? Are they using this information to improve local services and pathways?
- Are there plans to implement NDTMS in prisons from April 2012?
- Is the partnership monitoring unplanned drop-out rates? Does it have plans in place to improve performance?
- Do SLAs with all local providers set out performance expectations around successful completions? Are they reviewed quarterly with providers?

# 4 Treatment supports people to achieve sustained recovery

## What might success look like?

The number of people successfully completing treatment is increasing, and recovery from dependence is sustained.

## Prompts to put principles into action

- Is there an integrated system that provides access to recovery support (e.g. housing, employment, education) in the community and prisons?
- Does the partnership have a written strategic plan to increase service users' access to education, training and employment?
- Does the partnership (and all relevant stakeholders) have a written joint strategy, linked to the local authority homelessness strategy, to increase drug users' access to housing and housing support?
- Is the joint strategy on housing supported by an action plan that ensures all key partners have shared definitions, objectives and outcomes? Are there specific operational protocols between the partnership, the local authority housing support team and housing providers?
- Has the partnership assessed met and unmet need for housing and housing support for drug users? Has this included those who are also offenders or are being released from prisons?
- Do people who have successfully completed treatment receive regular recovery check-ups? Are they given additional support or rapid re-entry to treatment if needed?
- Is ongoing support available to help people sustain their recovery? Does this include relapse prevention? Is there other support from mainstream and specialist services, and/or peer support and mutual aid?

## Annex

### Planning timetable, including supporting materials

Partnerships may want to have their plans in place at the start of the 2012-13 financial year. The broad planning outline below includes the scheduled release of supporting information.

Date	Action
Sept 2011	<ul style="list-style-type: none"><li>Partnership-level needs assessment data released on ndtms.net</li></ul>
Oct– Dec 2011	<ul style="list-style-type: none"><li>Local needs assessment and consultation</li></ul>
Nov 2011	<ul style="list-style-type: none"><li>2012-13 JSNA Support Pack for Commissioners</li><li>Local treatment planning processes start</li></ul>
Jan 2011–Feb 2012	<ul style="list-style-type: none"><li>Pooled Treatment Budget published (includes Department of Health Drug Intervention Programme (DIP) and prison funding)</li><li>Shadow health and wellbeing budgets published</li></ul>
End of Feb 2012	<ul style="list-style-type: none"><li>Local drugs partnership completes draft plans and latest needs assessment, and shares them with the NTA for support and comment if required</li></ul>
End of Mar 2012	<ul style="list-style-type: none"><li>NTA provides feedback and support; local drugs partnership finalises treatment plans for delivery from April 2012</li></ul>

### Strategic summary and detailed planning

All plans will benefit from including a strategic summary that outlines the key findings of the needs assessment and identifies the key priorities for the partnership for the year (or longer for three-year plans). The summary could usefully include a synopsis of the partnership's aims to input to the joint health and wellbeing strategy.

The partnership can choose to structure this strategic overview in any way. However, the suggested elements are:

1. Overall direction and purpose of the local partnership strategy for drug treatment
2. The likely demand for open-access, abstinence-based, harm-reduction interventions and other structured drug treatment interventions
3. The likely demand for in-patient and residential services

4. The key findings of the current needs assessment
5. Improvements to be made in outcomes
6. Key priorities for developing reintegration opportunities for those in drug treatment (including access to accommodation, education and employment)
7. Advances in integrating local treatment services with peer-led mutual aid and other community assets; and establishing local recovery communities
8. Arrangements for commissioning fully integrated, recovery-focused substance misuse provision in prisons (where relevant)
9. Robust continuity of care arrangements for service users moving between custody and community settings.

More detailed planning may be structured using the principles described in this document and by considering their prompts:

1. Drug and alcohol commissioners work closely with all relevant partners to commission services based on outcomes
2. Recovery is initiated by maintaining and, where necessary, improving access to early and preventative interventions, and to treatment
3. Treatment is recovery-orientated, effective, high-quality and protective
4. Treatment delivers continued benefit and achieves appropriate recovery-orientated outcomes, including successful completions
5. Treatment supports people to achieve sustained recovery.

### Support from the National Treatment Agency for Substance Misuse

Your local NTA team can provide advice on the development of commissioning plans for drug treatment and integrated recovery support. Local partnerships may wish to ask the NTA teams to comment on the draft plans. Local partnerships have developed expertise in planning and delivery mechanisms over recent years, so the documentation provided here is for guidance, and the prompts are an optional tool.

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## References

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1. Strang J (2011) Recovery-orientated drug treatment: an interim report by Professor John Strang, chair of the expert group. NTA
2. HMG (2010) Drug Strategy 2010 – Reducing Demand, Restricting Supply, Building Recovery: Supporting People to Live a Drug Free Life
3. NTA (2010) Commissioning for Recovery, [www.nta.nhs.uk/uploads/commissioning\\_for\\_recovery\\_january\\_2010.pdf](http://www.nta.nhs.uk/uploads/commissioning_for_recovery_january_2010.pdf)
4. Liberating the NHS: Legislative Framework and Next Steps Department of Health (2010), [www.dh.gov.uk/liberatingthenhs](http://www.dh.gov.uk/liberatingthenhs)
5. The Local VFM Tool can help Partnerships demonstrate the value for money of drug treatment in their area and enable them to scenario plan for future changes in investment.  
The Value Improvement Tool (to be launched in 2012) will help local areas better understand the relationship between expenditure, performance and cost-effectiveness of the services they provide in order to improve service user outcomes.  
These tools and area-specific VFM analyses are all available at [www.ndtms.net](http://www.ndtms.net)
6. NICE 2007 suite of drug misuse clinical guidance: methadone and buprenorphine, naltrexone, psychosocial interventions, and detoxification. All available at [www.nice.org.uk](http://www.nice.org.uk)
7. Department of Health (2007). Drug Misuse and Dependence: UK Guidelines on Clinical Management, [www.nta.nhs.uk/uploads/clinical\\_guidelines\\_2007.pdf](http://www.nta.nhs.uk/uploads/clinical_guidelines_2007.pdf)
8. Department of Health (2006) Clinical Management of Drug Dependence in the Adult Prison Setting. DH Gateway reference: 2779, [www.nta.nhs.uk/uploads/clinical\\_management\\_of\\_drug\\_dependence\\_in\\_the\\_adult\\_prison\\_setting.pdf](http://www.nta.nhs.uk/uploads/clinical_management_of_drug_dependence_in_the_adult_prison_setting.pdf)
9. Department of Health (2010) Updated guidance for prison based opioid maintenance prescribing, [www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/@ps/documents/digitalasset/dh\\_115005.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_115005.pdf)
10. National Treatment Agency (2009) Undertaking needs assessment – drug treatment, reintegration and recovery in the community and prisons, [www.nta.nhs.uk/uploads/needs\\_assessment\\_2010\\_11.pdf](http://www.nta.nhs.uk/uploads/needs_assessment_2010_11.pdf)
11. Patel K (2010) The Patel Report – Reducing drug-related crime and rehabilitating offenders. Prison Drug Treatment Strategy Review.
12. National Treatment Agency (2009) Workforce development: Drug treatment, reintegration and recovery in the community and prisons adult plans 2010/11, [www.nta.nhs.uk/uploads/workforce\\_supplementary\\_2010\\_11.pdf](http://www.nta.nhs.uk/uploads/workforce_supplementary_2010_11.pdf)
13. National Treatment Agency (2006) General Healthcare Assessment guidance, [www.nta.nhs.uk/uploads/nta\\_general\\_healthcare\\_assessment\\_guidance.pdf](http://www.nta.nhs.uk/uploads/nta_general_healthcare_assessment_guidance.pdf)
14. NTA local teams have a toolkit available for use with partnerships to review clinical governance arrangements
15. NTA (2011) Drug-related deaths: setting up a local review process. London: National Treatment Agency for Substance Misuse, [www.nta.nhs.uk/uploads/drug\\_related\\_deaths\\_setting\\_up\\_a\\_local\\_review\\_process.pdf](http://www.nta.nhs.uk/uploads/drug_related_deaths_setting_up_a_local_review_process.pdf)

### Useful resources for the wider delivery context

While not specifically referenced in the document, the following resources provide useful information on the wider context of local planning and delivery in which drugs-recovery commissioning takes place:

- Operating Principles for Health and Wellbeing Boards, [www.nhsconfed.org/Publications/Documents/Operating\\_principles\\_101011.pdf](http://www.nhsconfed.org/Publications/Documents/Operating_principles_101011.pdf)
- Healthy Lives, Healthy People, [www.dh.gov.uk/en/PublicHealth/Healthyliveshealthypeople/index.htm](http://www.dh.gov.uk/en/PublicHealth/Healthyliveshealthypeople/index.htm)
- JSNA Toolkit: A Springboard for Action, [www.idea.gov.uk/idk/aio/27014541](http://www.idea.gov.uk/idk/aio/27014541)
- JSNA Data Inventory, [www.idea.gov.uk/idk/aio/31382107](http://www.idea.gov.uk/idk/aio/31382107)
- JSNA: A vital tool to guide commissioning, [www.nhsconfed.org/Publications/Documents/Briefing\\_221\\_JSNA.PDF](http://www.nhsconfed.org/Publications/Documents/Briefing_221_JSNA.PDF)