NHS
National Treatment Agency
for Substance Misuse

Commissioning for recovery

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

EFFECTIVE TREATMENT
CHANGING LIVES

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About this document	
Title	Commissioning for recovery (NTA, 2010)
Who this document is for	• Drug partnerships and their commissioning staff for adult drug treatment, reintegration and recovery systems in community and prison settings. This is written for commissioning staff based in primary care trusts or local authorities. It aims to give practical advice on how local commissioners may seek to continually develop effective, evidence-based treatment options with a focus on enabling service users to reintegrate into society and recover as soon as is practicable. • This document imposes no new demands or requirements on anyone working in the drug treatment system but is intended to help commissioners, strategic drug partnerships, prisons and service providers to meet existing commitments by providing the latest information and highlighting good practice on commissioning in a recovery-based drug treatment system.
What this document is about	• Outcome-based commissioning for the drug treatment, reintegration and recovery system in drug partnership areas for problem drug users. This is based on the four domains measured through the Treatment Outcomes Profile (TOP) with the desired goal of achieving reductions in drug use and ultimately abstinence in those who can achieve this, reduced offending behaviour, an improvement in general health and reintegration with education, training, employment, housing and other services. • This document draws significantly on the 11 competences required of commissioners under the World Class Commissioning approach which is compatible with the commissioning principles that apply to drug partnerships whether administered in a health or a local authority setting. This approach recognises the need for a broad outcomes perspective. This document supports the development of a modern, evidence and recovery-based drug treatment system covering community and prison settings that needs to be delivered in the context of mainstream health reforms which are in keeping with the personalisation agenda and the vision set out in 'High Quality Care for All'.
What the purpose of this document is	• To draw together current NTA, Department of Health and local authority documents that support the development of effective commissioning of the drug treatment system in the community and prisons. • To assist drug partnerships and their commissioning staff to clearly specify the required quality and outcomes, facilitate continuous improvement in service design to better meet the needs of the local population, to support this work with transparent and fair commissioning and decommissioning processes (including demonstrable value for money and clear performance management arrangements). • Local outcome based commissioning which is based on comprehensive needs assessment and the use of outcome data (including any suitable data from the analysis of TOP returns), provides an opportunity to develop new ways of distributing money and managing for results, energise delivery across health and social care, and encourage good performance, innovation and learning. Good commissioning will show improved accountability to local communities for results, be able to demonstrate value for money and good outcomes for service users and their families/communities, be able to align and consolidate performance targets and indicators across the health and local authority systems and demonstrate accelerated knowledge based practice and innovation.
When this document can be used	Throughout the commissioning cycle when undertaking needs assessment, developing strategy, planning, agreeing contractual arrangements and managing the market, performance management and evaluation
Gateway number	12944

Contents

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

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

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

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

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

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

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Foreword

The 2008 National Drug Strategy states that, "The goal of all treatment is for drug users to achieve abstinence from their drug – or drugs – of dependency". In order to deliver against all the treatment system actions in the drug strategy, partnerships will recognize the need to have recovery as the bed rock of all commissioning decisions.

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

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

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

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

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

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

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

Context

Achieving sustained recovery

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

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

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

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

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

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

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

Solid partnership arrangements to support the families of drug misusers are also required. Developing mutual aid networks may help to establish self-help arrangements among recovering drug misusers. Local communities and wider society also have a responsibility to help drug misusers reintegrate into the community: for example, by removing any barriers to employment. Drug treatment has been proven to reduce drug misuse, reduce crime, improve health, and protect against blood-borne viruses and overdose.

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

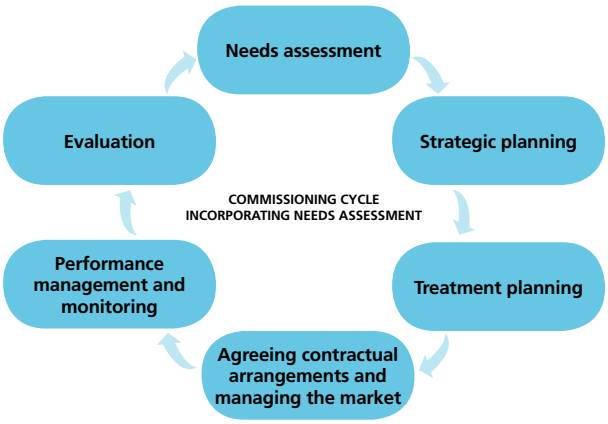
Most individuals come into treatment wanting to become free of their drug of dependency. The treatment system needs to achieve an appropriate balance, equally comfortable with positively routing those who are capable of benefiting quickly through abstinence based treatment, and retaining those who are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

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

The commissioning cycle

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

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



Additional support for drug partnerships

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

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

Associated guidance

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

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

Commissioning competences checklists

Each section of this document has a checklist that commissioning staff may use to stock take whether they are currently using the best available resources in their area to achieve the best possible outcomes in treatment, reintegration and recovery. This checklist can be used by drug partnerships, and others interested in the partnerships' overall performance, when it is felt a commissioning competence assessment would be helpful.

Improvement strategies, materials and tools to assist action planning are included in each section or can be sought from NTA regional teams.

Components of effective commissioning

1 Understanding the drug treatment, reintegration and recovery challenges in the drug partnership area and prisons, and setting local goals

1.1 Manage knowledge and undertake robust and regular local needs assessments that establish a full understanding of current and future local drug treatment, recovery and reintegration needs and requirements

- Commissioning decisions should be based on sound evidence. They capture high-quality and timely information from a range of sources, and actively seek feedback from relevant populations (service users, carers, families, clinicians, service providers and strategic partners) about services

- By identifying current needs and recognising future trends, drug partnerships ensure that the services commissioned respond to the needs of the whole population, not only now, but also in the future. This includes services and support for those who wish to follow an abstinence based route or who require longer term support within the treatment system

- Drug partnerships enable the commissioning of a balanced recovery focused treatment system with access to community based and residential treatment, with ongoing mutual aid support that reflects local need, and is replicated as appropriate in the prison setting

- Drug partnerships ensure that priority is placed on those whose needs are greatest, including problem drug users in the criminal justice system. To prioritise effectively, commissioning staff require a high level of knowledge management with associated actuarial and analytical skill

- A joint strategic needs assessment (JSNA) carried out by primary care trusts and local authorities, provides a rich picture of the current and future needs of their populations. Drug partnerships will be involved in JSNA as part of the Local Area Agreement process.

1.2 Prioritise investment according to local needs, service requirements and drug partnership strategy/values

- By having a thorough understanding of the needs of different sections of the local population in the community and prisons, commissioning staff, along with the drug partnership members, develop a set of clear, outcome-focused, strategic priorities and investment plans. This requires taking a long-term view of not only the current in-need population, but also of any known changing patterns in drug use and any likely future changes in needs, so anticipating changes in the balance or nature of provision of reintegration and recovery initiatives that are likely to be optimal over time

- The drug partnership priorities are formally agreed through the annual "drug treatment, reintegration and recovery in the community and prisons plan" (the Treatment Plan) and in many instances are also formally agreed through the Local Area Agreement. The agreement of the annual plan submitted to the NTA includes investment plans to address areas of greatest need

- Drug partnerships make confident choices about the services that they want to be delivered, and acknowledge the impact that these choices may have on current services and providers

- Drug partnerships have ambitious but realistic goals for the short, medium and long term, linked to an outcomes framework and a clear plan to continually increase the proportion of individuals who leave treatment in a planned way and free of their drug(s) of dependency

- Commissioning staff work with providers to ensure that service specifications are focused on clinical quality and based on the outcomes they want to achieve, and not just on processes and inputs.

Commissioning competences checklist

1. Understanding the drug treatment, reintegration and recovery problem

	Y	N	Evidence (Y) or Action (N)
Manage knowledge and undertake robust and regular local needs assessments that establish a full understanding of current and future local drug treatment, recovery and reintegration needs and requirements			
Do you have strategies to further develop and enhance the needs assessment data sets and analysis with the drug partnership?			
Are you routinely acquiring knowledge and intelligence of the whole community (including prisons) through well-defined and rigorous methodologies, including data collection with local partners, service providers and other agencies?			
Do you identify and use the relevant core data sets required for effective commissioning analysis? Are you demonstrating this use?			
Are you routinely seeking and reporting on research and best practice evidence, including clinical evidence that will assist in commissioning and decision making?			
Do you share appropriate data with current and potential providers and with relevant community and prison groups?			
Can you demonstrate that you have sought and used all relevant data to work with communities and clinicians, prioritising strategic commissioning decisions and longer-term workforce planning?			
Prioritise investment according to local needs, service requirements and drug partnership strategy/values			
Do you identify and commission against key priority outcomes and across the key care outcome domains identified in current national clinical guidelines, taking into account service user experiences, local needs and preferences, risk assessments, national priorities and other guidance such as the 2007 UK Clinical Guidelines for drug misuse and the 2007 NICE drug misuse guidance documents?			
Are the selected clinical, health, reintegration and recovery outcomes desired, achievable and measurable? Do the outcomes align with partners' commissioning strategies?			
Are you developing short, medium and long term commissioning strategies enabling local service design, innovation and development?			
Are you identifying and tackling inequalities of health status, access and resource allocation?			
Are you routinely using programme budgeting to understand investment against outcomes?			
Can you complete comprehensive risk assessments to feed into the wider decision-making process and all investment plans?			
Are you using financial resources in a planned and sustainable manner and investing for the future, including through innovative service design and delivery?			
Do you seek and make available valid benchmarking data?			
Do you share data with partner organisations, including practice based commissioners, and current and potential providers?			
Are you monitoring the performance of commissioned strategic health outcomes, using TOP clinical outcome measures and measures related to service user experience and public engagement?			

Materials, guidance and tools

- *Undertaking needs assessment. Drug treatment. Recovery and reintegration in the community and prisons*. (2009, NTA)
  www.nta.nhs.uk/areas/treatment_planning/treatment_plans_2010_11/needs_assessment_2010_11.pdf
- *Drug treatment, reintegration and recovery in the community and prisons. Guidance notes on completion of 2010/11 plans for drug partnerships*. (2009, NTA)
  www.nta.nhs.uk/areas/treatment_planning/treatment_plans_2010_11/docs/treatment_plan_guidance_%20 2010_11.pdf
- *Guidance on joint strategic needs assessment*. (2007, Department of Health)
  www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_081267.pdf
- *Commissioning for personalisation: a framework for local authority commissioners.* (2008, Department of Health)
  www.dhcarenetworks.org.uk/_library/Resources/Personalisation/Personalisation_advice/Commissioning_for_ Personalisation_-_A_Framework_for_Local_Authority_Commissioners.pdf
- *Treatment outcome profile – tools and guidance* (2008, NTA)
  www.nta.nhs.uk/areas/outcomes_monitoring/default.aspx
- *Key activities in commissioning social care. Parts 1 and 2*. (2007, Department of Health)
  www.dhcarenetworks.org.uk/_library/Key_Activities.pdf
- *World class commissioning guidance and materials*. (Department of Health)
  www.dh.gov.uk/en/Managingyourorganisation/Commissioning/Worldclasscommissioning/index.htm
- *World class commissioning news, information, policy, tools and case studies on commissioning*
  wcc.networks.nhs.uk

2 Local leadership

2.1 Lead and steer the local drug treatment, reintegration and recovery agenda in the community and prisons

- Drug partnerships actively steer the local drug treatment, reintegration and recovery agenda in the community and prisons and build their reputation within the community and prisons so that they are recognised as key leaders of the drug treatment system. Drug partnerships are ideally placed to seek and stimulate discussion on drug treatment, reintegration and recovery matters and to be a primary source of credible and timely advice on all matters relating to problem drug use and its treatment on behalf of the community, prisons and other strategic partners

- Drug partnerships work with other parts of the Local Strategic Partnership in order to improve links with other bodies and agencies, particularly around housing and employment support, whose active participation and engagement is vital to the recovery and reintegration agenda

- Drug partnerships and their strategic partners contribute to local awareness of the drug treatment system and its aims and objectives through communication of the availability and benefits of drug treatment within the locality, and the need upon which the developing system is based

- Drug partnerships can consider incorporating the role of 'recovery champion' to ensure that dedicated leadership is provided to enable and enhance the continued focus on recovery and reintegration across their treatment system.

2.2 Work collaboratively with community partners to commission services that optimise gains and reduce inequalities in drug treatment, reintegration and recovery service delivery

- Drug partnerships take into account the wider determinants of health and social care, when considering how to improve the health and well being of their local community and prison community in relation to problem drug use. To do this effectively, drug partnerships work closely and develop a shared ambition with key partners including local government, criminal justice, healthcare providers, third sector organisations and employment bodies. These relationships are built up over time, reflecting the commitment of partner organisations to develop innovative solutions for the whole community, including prisons

- Drug partnerships encourage innovation and continuous improvement in service design, and drive ambitious improvements in health and well-being

- Drug partnerships encourage service-level 'recovery champions', who ensure recovery and reintegration activities are a central focus of service delivery and provide an ongoing challenge that ensures service improvement to meet developing service user needs

- Drug partnerships have a duty to make referrals to the Independent Safeguarding Authority where they consider a person has caused harm or posed risk of harm to children or vulnerable adults; partnerships ensure that these arrangements and expectations are clearly articulated within their commissioning arrangements.

Commissioning competences checklist
2. Local leadership

	Y	N	Evidence (Y) or Action (N)
Lead and steer the local drug treatment, reintegration and recovery agenda in the community and prisons			
Are you a primary source of credible, timely and authoritative advice on all matters relating to effective drug treatment and associated reintegration and recovery issues?			
Do you apply the drug partnership vision to strategic planning and decision making?			
Do you work closely with partnership organisations and providers?			
Do you ensure that relevant data sharing across all key local strategic partnership groups takes place?			
Do you engage with and involve the public, service users, their families and carers?			
Do you communicate the drug partnership priorities to diverse groups of people?			
Do you develop the competences and capabilities of local organisations involved in the delivery of the drug treatment system?			
Do you effectively manage contracts?			
Do you have a clear communications policy? Can you respond effectively to individual, organisational and media enquiries regarding the overall drug treatment system?			
Work collaboratively with community partners to commission services that optimise gains and reduce inequalities in drug treatment, reintegration and recovery service delivery			
Does your drug partnership have appropriate partnership agencies engaged to deliver the drug treatment, reintegration and recovery agenda (including health, social care, criminal justice, local government, and employment) which use defined legal agreements and frameworks?			
Do you create informal and formal partnering arrangements as appropriate to different relationships?			
Do you identify key local participants and potential partners (both statutory and non-statutory) to optimise improvements in outcomes?			
Do you advise and develop local partner commissioning capabilities where there will be a direct impact on joint commissioning goals?			
Do you share with the local community its ambition for an improved drug treatment, reintegration and recovery system?			
Do you influence partner commissioning strategies reflecting the drug partnership strategy and core values?			
Do you use the skills and knowledge of partners, including clinicians, to inform commissioning intentions in all areas of activity?			
Do you actively share relevant information so that informed decisions can be made across the commissioning community?			
Do you monitor and evaluate the effectiveness of the drug partnership?			

Materials, guidance and tools

- *Drug treatment, reintegration and recovery in the community and prisons. Guidance notes on completion of 2010/11 plans for drug partnerships*. (2009, appendices 1 and 2, NTA)
  www.nta.nhs.uk/areas/treatment_planning/treatment_plans_2010_11/docs/treatment_plan_guidance_%202010_11.pdf
- *Planning, commissioning and delivering the training and employment pathway for problem drug users. Developing practice for drug partnerships, Jobcentre Plus and drug treatment providers*. (2009, NTA)
  www.nta.nhs.uk/publications/documents/planning_commissioning_and_delivering_the_training_and_employment_pathway_for_problem_drug_users.pdf
- *NHS Institute for Innovation and Improvement. Commissioning to make a bigger difference. A guide for NHS and social care commissioners on promoting service innovation.* (2008)
  www.institute.nhs.uk/index.php?option=com_joomcart&Itemid=194&main_page=document_product_info&cPath=67&products_id=394
- *DIP engagement tool-kit.* (2009, NTA)
  www.nta.nhs.uk/areas/criminal_justice/docs/DIP%20toolkit1_972003_feb%202009.pdf
- *Integrated Drug Treatment System (IDTS) guidance on roles & responsibilities and governance arrangements.* (2009, NTA)
  www.nta.nhs.uk/areas/criminal_justice/docs/IDTS_governance_guidance_final_January_2009.pdf
- *Guidance on the protection of vulnerable adults and the implementation of the Vettinand Barring Scheme – Independent Safeguarding Authority*
  www.dh.gov.uk/en/SocialCare/Deliveringadultsocialcare/Vulnerableadults/index.htm

3 Choosing interventions

3.1 Engage with service users, their families, carers and the public to shape services and improve drug treatment, reintegration and recovery outcomes

- Drug partnerships act on behalf of communities and service users. They are responsible for investing funds, and building local trust and legitimacy through the process of engagement with their local populations. To make commissioning decisions that reflect the needs, priorities and aspirations of the local population, drug partnerships engage with the public, and actively seek the views of drug users, their families and carers, and the wider community. This relationship is long-term, inclusive, and is forged through a sustained effort and commitment on the part of commissioners and commissioning staff. Decisions are made with a strong mandate from the local population and other partners.

3.2 Engage with clinicians to inform strategy and drive quality, service design and resource utilisation

- Clinical leadership and involvement is a critical and integral part of the commissioning process. Drug partnerships ensure demonstrable clinical leadership and engagement at all stages of the commissioning process. Clinicians are best placed to advise and lead on issues relating to clinical quality and effectiveness, including the interpretation of local TOP data. They are the local drug treatment interventions experts, and understand clinical needs and have close contact with problem drug users

- Drug partnerships ensure the services commissioned reflect the needs of the population and are delivered in the most personalised, practical and effective way possible with clinical standards effectively driven by all the strategic partners

- Drug partnerships work in demonstrable ways across health, social care and reintegration services to drive improvements across the highest priority services and meet the most challenging needs identified by their strategic plans. This will include a crucial role in building and strengthening clinical leadership in the strategic commissioning process.

3.3 Ensure a full range of treatment, wraparound care and aftercare support options are available to aid recovery

- Drug partnerships commission a balanced recovery-focused treatment system, which incorporates the full range of services as specified by the UK Clinical Guidelines (2007). This includes attention to delivery in relation to safeguarding children and the provision of individually tailored care plans delivered by competent key workers

- Mutual Aid Groups such as Narcotics Anonymous and SMART Recovery provide valuable support and positive social networks for individuals who are addressing their dependency through treatment. Details of how clients can access local recovery networks should be made available throughout their treatment journey. Services may wish to consider more active engagement with local mutual aid groups, for example making rooms within the treatment service or prisons available for meetings during the day, in the evening and at weekends

- Abstinence-based services – including traditional residential rehabilitation and newer community-based rehabilitation models – are an accepted part of a balanced treatment system. Commissioners need to work closely with service users and with providers to commission accessible, joined-up community and residential abstinence-oriented service provision appropriate for the assessed need, with the active engagement of all of their providers in utilising these pathways. In some newer models, such services may not only support abstinence-oriented treatment but some may offer parallel or integrated support towards reintegration and recovery for selected service users who are not yet ready for full abstinence-oriented treatments. Good referral pathways within the context of effective care planning are a prerequisite to enabling individuals to overcome their dependency through treatment and are vital for effective utilisation of such services

- Drug treatment systems invest in abstinence-based treatment options and aim to maximise long-term effectiveness, spend and prioritisation of aftercare support services to supplement mutual aid groups and recovery networks

- Adopting a recovery-based drug treatment system encompasses an individual's progress in areas such as access to appropriate housing and employment and skills. Local treatment providers and commissioners need to build appropriate pathways and referral protocols with mainstream housing providers and Jobcentre Plus, for those service users currently undertaking abstinence-oriented and maintenance-oriented treatment. Jobcentre Plus drug coordinators in every district in England, with their remit to build links from employment services to the drug treatment system will further support this process as well as improved health and well being outcomes.

Commissioning competences checklist
3. Choosing interventions

	Y	N	Evidence (Y) or Action (N)
Engage with service users, their families, carers and the public to shape services and improve treatment, reintegration and recovery outcomes			
Can service users, their families and carers, and the public, share their experiences of the drug treatment system? Do you use these experiences to inform commissioning?			
Do you have an understanding of the different engagement options, including the opportunities, strengths, weaknesses and risks?			
Do you invite service users, their families and carers, and the public to respond and comment on issues in order to influence commissioning decisions and ensure that services are convenient and effective?			
Are service users and carers active members of the joint commissioning groups and local development meetings?			
Do service users, their families, carers and the pubic understand how their views will be used? Do they know which decisions they will be involved in, when decisions will be made, and how they can influence the process? Do you publicise ways in which public input has influenced decisions?			
Do you proactively challenge, and through active dialogue, raise local aspirations to address any inequalities in the drug treatment system?			
Do you create a trusting relationship with service users, their families and carers and the public? Are you seen as an effective advocate and decision maker on drug treatment requirements?			
Do you communicate the drug partnership vision, key local priorities and delivery objectives to service users, their families and carers, and the public, clarifying the role of the drug partnership as a local leader for these services?			
Do you respond in an appropriate and timely manner to individual, organisational and media enquiries?			
Do you undertake assessments and seek feedback to ensure that the public's experience of engagement has been appropriate and not tokenistic?			
Engage with clinicians to inform strategy and drive quality, service design and resource utilisation			
Do you encourage broad clinical engagement through devolution of commissioning decisions? This includes maximising clinical impact through the development of commissioning arrangements (including practice based commissioning where appropriate)?			
Do you engage and utilise the skills and knowledge of clinicians to inform commissioning intentions in all areas of activity, including setting strategic direction and formulating commissioning decisions?			
Do you build and support: • Broad clinical networks, including across provider boundaries, to facilitate multidisciplinary input into pathway and service design? • Informed clinical reference groups, ensuring that clinicians and commissioning staff have full and timely access to information, enabling local commissioning decisions to be made? • Clinical engagement in strategic decision making and suitable quality assurance and clinical governance structures?			
Do you have robust arrangements for audit of clinical governance across the partnership area?			
Do you work with clinical colleagues to share best practice concerning the development and delivery of effective care pathways?, and do you set clear standards for this to hold clinicians to account?			
Do you work in partnership with clinicians along care pathways in commissioner and provider organisations to facilitate and harness front line innovation and drive continuous quality improvement?			
Ensure a full range of treatment, wraparound and after-care support options are available to aid recovery			
Do you build and support broad networks that include clinicians and those delivering reintegration services including housing and employment, to facilitate multidisciplinary input into pathway and service design?			
Do you build and support informed reference groups that bring together treatment, mutual aid and integration delivery staff that ensures they have full and timely access to information, enabling local commissioning decisions to be made across the spectrum of services required?			
Do you have robust arrangements for audit of treatment services against the criteria for evidence based interventions outlined in the 2007 clinical guidelines, including residential and community based rehabilitation services, and mutual aid support?			
Do you work with clinical and other key stakeholders (housing, employment, etc) to share best practice concerning the development and delivery of effective care pathways, and do you set clear standards for this to hold them to account?			
Do you work in partnership with clinicians and other key stakeholders (housing, employment etc.) along care pathways in commissioner and provider organisations to facilitate and harness front line innovation and drive continuous quality improvement?			

Materials, guidance and tools

- *Drug misuse and dependence: UK guidelines on clinical management.* (2007, Department of Health, the Scottish Government, Welsh Assembly Government and Northern Ireland Executive)
  www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4009665
- *Clinical management of drug dependence in the adult prison setting – Including psychosocial treatment as a core part.* (2006, Department of Health)
  www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_063059.pdf
- *Clinical governance in drug treatment: a good practice guide for providers and commissioners.* (2009, NTA)
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- *Care planning practice guide.* (2006, NTA)
  www.nta.nhs.uk/publications/documents/nta_care_planning_practice_guide_2006_cpg1.pdf
- *Safeguarding the children of drug misusing parents.* (2008, NTA)
  www.nta.nhs.uk/areas/treatment_planning/treatment_plans_2009_10/docs/safeguarding_the_children_of_drug_misusing_parents_1208.pdf
- *Quick reference guide. Preventing the uptake of smoking by children and young people.* (2008, NICE)
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- *Routes to recovery part 5. The BTEI exiting treatment manual: mapping achievable goals.* (2009, NTA)
www.nta.nhs.uk/publications/documents/itep_routes_to_recovery_part5_240309.pdf
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www.nta.nhs.uk/publications/documents/itep_routes_to_recovery_part6_240309.pdf
- Narcotics Anonymous website
www.ukna.org
- SMART Recovery UK
www.smartrecovery.co.uk
- Secular Organizations for Sobriety
www.sossobriety.org/meetings/countrys.htm
- Independent Safeguarding Authority
www.isa-gov.org.uk
- Care Quality Commission (CQC)
www.cqc.org.uk
- National Institute for Clinical Excellence website has details of technology appraisals, clinical interventions and public health interventions guidance for drug treatment
www.nice.org.uk

4 Commissioning processes

4.1 Stimulate the market to meet demand and secure required clinical, drug treatment, reintegration and recovery outcomes

- Drug partnerships have an appropriate choice of responsive providers in place to meet the range of drug treatment, reintegration and recovery needs of the local population in the community and prisons
- Employing their knowledge of future priorities, needs and community and prison aspirations, drug partnerships use their investment choices to influence service design, increase choice, and drive continuous improvement and innovation
- Drug partnerships have clear strategies for dealing with situations where there is a lack of provider choice, in particular in areas where there is relatively poor penetration of problem drug use and limited access to services, including residential and community based rehabilitation services
- Client choice is an important factor in the design and implementation of a balanced treatment system, incorporating the full range of services as specified in the UK Clinical Guidelines (2007).

4.2 Promote improvement in quality and outcomes through clinical and provider innovation and configuration

- Commissioning staff drive continuous improvement in the drug treatment, reintegration and recovery system. Their quest for knowledge, innovation and best practice results in better quality local services and significantly improved outcomes using TOP data to monitor this when appropriate
- By working with partners to clearly specify required quality and outcomes, and influencing provision accordingly, commissioning staff facilitate continuous improvement in service design to better meet the needs of the local population. This is supported by transparent and fair commissioning and decommissioning processes.

4.3 Secure procurement skills that ensure robust and viable contracts

- Procurement and contracting processes ensure that agreements with providers are set out clearly and accurately. By putting in place excellent processes, commissioning staff facilitate good working relationships with their providers, offering protection to service users and ensuring value for money
- Contracts specify outcomes wherever possible, rather than relying on commissioners to micro manage service delivery processes or staffing deployment
- Drug partnerships ensure that procurement activity is undertaken in line with up to date guidance from government departments which set out core principles and rules of co-operation and competition (for example, DH guidance on the NHS as preferred provider as and when this is published)
- Drug partnerships manage their relationships with third sector providers with due regard to the Compact and its five underpinning principles.

4.4 Ensure efficiency and effectiveness of spend

- Drug partnerships make sound financial investments to ensure sustainable development and value for money
- Drug partnerships ensure that their commissioning decisions are sustainable and that they are able to secure improved outcomes, both now and in the future
- Excellent financial skills and resource management enables commissioning staff to manage the financial risks involved in commissioning and take a proactive rather than a reactive approach to financial management
- The financial strategy ensures that the commissioning strategy is affordable and set within the drug partnership's overall risk and assurance framework.

Commissioning competences checklist
4. Commissioning processes

	Y	N	Evidence (Y) or Action (N)
Stimulate the market to meet demand and secure required clinical, drug treatment, reintegration and recovery outcomes			
Do you map and understand the strengths and weaknesses of current service configuration and provision?			
Do you have an understanding and knowledge of methods for finding out what matters to service users, their families and carers, the public and staff? Are you able to respond to this when defining service specifications?			
Can you model and simulate the impact of commissioning decisions and strategies on the current configuration of provision?			
Can you promote services that encourage timely access, effective retention and discharge, to avoid unnecessary unplanned discharges?			
Do you have a clear understanding and knowledge of the abilities and role of the third sector, and of its ability to provide evidence against service specifications?			
Can you translate strategy into short, medium and long term investment requirements, allowing providers to align their own investment and planning processes with specified requirements?			
Are you aware of market trends and behaviours? Can you show knowledge of and act on current gaps in the market to provide service users with a choice of local providers?			
Can you create incentives where necessary for market entry, including understanding the requirements of full cost recovery?			
Can you stimulate provider development matched to the requirements and experiences accrued from user and community feedback?			
Can you specify the realistic time schedules that are needed to encourage and deliver innovation and change, providing direct support when required?			
Can you develop relationships with potential future providers whose services may be of interest and may be relevant to meeting need and demand?			
Do you communicate with the market as an investor, not a funder, using and specifying an approach based on quality and outcomes?			
Promote improvement in quality and outcomes through clinical and provider innovation and configuration			
Do you map and understand the strengths and weaknesses of current service innovation, quality and outcomes?			
Do you maintain an active database of best practice, innovation and service improvement?			
Do you analyse local and wider clinical and provider quality and capacity to innovate and improve?			
Do you share research, clinical and service best practice linked to clear specifications that drive innovation and improvement?			
Do you communicate with clinicians and providers to challenge established practice and drive services that are both convenient and effective?			
Do you set stretch targets? Do you challenge providers to come up with innovative ways to achieve them?			
Do you understand the potential of local community and third sector providers to deliver innovative services and increase local social capital?			
Do you catalyse change and help to overcome barriers, including recognising and challenging traditions and ways of thinking that have outlived their usefulness: Do you support providers that constructively break with these?			
Do you translate research and knowledge into specific clinical and service reconfiguration, improving access, quality and outcomes?			
Do you design and negotiate contracts that encourage provider modernisation, continued efficiency, quality and innovation?			
Are you creating incentives to drive innovation and quality?			
Do you secure and maintain relationships with improvement agencies and supplies, brokering local knowledge and information networks?			
Are you developing relationships with current and potential providers, stimulating whole system solutions for drug treatment?			
Secure procurement skills that ensure robust and viable contracts			
Are you procuring or contracting in proportion to risk and in line with the clinical priorities and wider outcomes described in your drug partnership's commissioning strategy or strategic plan?			
Are you procuring and contracting in line with relevant health or local authority policies including areas such as patient choice, competition principles and rules, NICE guidelines etc.			
Do you work with commissioning partners to ensure that your procurement plans are consistent with wider local commissioning priorities?			

	Y	N	Evidence (Y) or Action (N)
Are you continuously developing your range of procurement techniques and making effective use of them?			
Do you have a working knowledge of all legal, competition and regulatory requirements relevant to your role when tendering?			
Are you reflecting the drug partnership vision or strategy through clear and accurate service specifications?			
Are you assessing business cases according to financial viability, risk, sustainability, and alignment with commissioning strategies?			
Do you design and negotiate open and fair contracts that provide value for money and are enforceable, with agreed performance measures and intervention protocols?			
Do contracts cover reasonable time periods, maximising the investment of both the provider and the drug partnership funding?			
Do you understand and implement standard national contracts as these become available where relevant?			
Do you create contingency plans to mitigate against provider failure?			
Ensure efficiency and effectiveness of spend			
Do you have a thorough understanding of the financial regime in which you operate?			
Do you prepare effective financial strategies that identify and take account of trends, key risks and potential high impact changes in cost and activity levels? Do these strategies drive the annual budgeting process and support the commissioning strategy?			
Are you developing a risk based approach to long term financial planning and budgeting that supports relevant and proportionate analysis of financial and activity flows?			
Are you routinely using programme budgeting to understand investment against outcomes and relative potential shifts in investment opportunities that will optimise local gains in drug treatment and increase quality?			
Do you use financial resources in a planned and sustainable manner and invest for the future?			
Do you analyse costs, such as prescribing, and identify areas for improvement?			
Do you have a clear understanding of the links between the financial and non-financial elements of the drug partnership's commissioning strategy?			
Are you developing a risk based approach to annual financial management and budgeting? Is this supported by the ongoing analysis of financial and activity flows and does it include cash management plans to ensure an efficient use of allocated resources?			
Does the drug partnership have clear governance structures in place that facilitate and ensure active management of all aspects of the partnership's business and planning functions? Are these transparent, easily understood and public facing?			
Do you analyse the activity of the providers through detailed comparisons of expected and actual costs and activity?			
Do you provide useful, concise and complete financial and activity information to the drug partnership to aid decision making, highlighting significant variances where occurring?			
Do you have clear and understood processes for dealing with any areas which begin to show significant variance from budget during the financial year? Are these implemented effectively by the relevant staff and report to the drug partnership where necessary?			
Are you calculating, allocating and reviewing budgets in a fair and transparent manner with effective incentive systems? Are you enabling budget leads to fully understand and manage their budgets?			
Are you developing short, medium and long term strategic financial plans, highlighting areas suitable for local service redesign, innovation and development?			
Are you working effectively with all service providers by providing financial support and information to achieve the most clinically effective and cost effective approaches?			
Do you have a well-developed system of governance that ensures financial risks are reported and managed at the appropriate level?			
Do you have strong financial and ethical values and principles that are publicly expressed and underpin the work of all staff and drug partnership members?			
Do all drug partnership staff responsible for the management of budgets have access to relevant and timely activity and performance data that enables them to operate these budgets effectively?			

Materials, guidance and tools

- NHS as preferred provider guidance (2009, Department of Health)
www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_107126

- Compact
www.thecompact.org.uk

- Part B tendering interpretative communication on the community law applicable to contract awards not or not fully subject to the provisions of the Public Procurement Directives (2006/C, 179/02, European Commission)
eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:C:2006:179:0002:0007:EN:PDF

- *Fundamental principles of handling public money. A good practice guide.* (2002, NTA)
www.nta.nhs.uk/publications/documents/nta_handling_money_section6.pdf

- *Unit costs – guidance on the collection of unit costs for drug misuse treatment 2007/8.* (2008, NTA)
www.nta.nhs.uk/areas/unit_costs/docs/unit_costs_guidance_part1_revised_aug08.pdf

5 Monitoring and evaluation

5.1 Manage systems and work in partnership with providers to ensure contract compliance and continuous improvements in quality and outcomes

- Commissioning staff ensure that providers are given the support needed to deliver the highest possible quality of service and value for money. This involves working closely with partners to sustain and improve provision, and engaging in constructive performance discussions to ensure continuous improvement

- Drug partnerships ensure there are systems and processes in place that demonstrate a high standard of service and their continual improvement, whether in health or social care in the public or independent sector. Clinical governance arrangements to deliver this agenda are subject to regular audit by appropriate bodies

- Service specifications comprehensively cover all funding that is allocated for drug treatment at a local and national level

- By having timely and continuous control over contracts, commissioning staff deliver better value to service users and taxpayers. Commissioning staff use a wide range of approaches, including collecting and communicating performance data and service user feedback, working closely with the NTA and other regulators, and intervening when necessary to ensure service continuity and access

- Drug partnerships ensure that the commissioning process is equitable, and open to influence from all stakeholders via an ongoing dialogue with services users, their families and carers, and providers.

Commissioning competences checklist
5. Monitoring and evaluation

	Y	N	Evidence (Y) or Action (N)
Manage systems and work in partnership with providers to ensure contract compliance and continuous improvements in quality and outcomes			
Do you monitor provider financial performance, activity and sustainability in accordance with contractual agreements?			
Are you transparent about your relationships with other organisations that collect, publish, assess and regulate providers?			
Do you evaluate individual provider performance according to agreed provision measurements?			
Do you use benchmarking to compare performance between providers? Are you communicating performance evaluation findings with providers?			
Do you use performance evaluation findings to lead regular and constructive performance conversations with providers, working with them to resolve issues?			
Do you use agreed dispute procedures for unresolved issues?			
Do you recognise an advocacy and expert role in service development for providers? Do you invite them to contribute in that role?			
Do you disseminate relevant information to allow current providers to innovate and develop to meet changing commissioning requirements?			
Do you understand the motivations of current providers? Are you fostering an environment of shared responsibility and development?			
Do you terminate contracts when necessary?			

Materials, guidance and tools

- *World class commissioning assurance handbook*. (2008, Department of Health)
  www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_085141.pdf
- National metrics to enable measurement and comparison tools
  www.ic.nhs.uk/wccdatapacks
- *Auditing drug misuse treatment.* (2008, NTA)
  www.nta.nhs.uk/publications/documents/auditing_drug_misuse_treatment_1208.pdf
- *Regional performance assurance arrangements – adult drug treatment system.* (2009, NTA)
  www.nta.nhs.uk/areas/treatment_planning/treatment_plans_2009_10/docs/adult_performance_assurance_guidance_09_10.pdf
- *Recognising, understanding and addressing performance problems in healthcare organisations providing care to NHS patients*. (2006, Department of Health)
  www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4131645
- *Standards for better health.* (2004 Department of Health)
  www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/dh_4086665