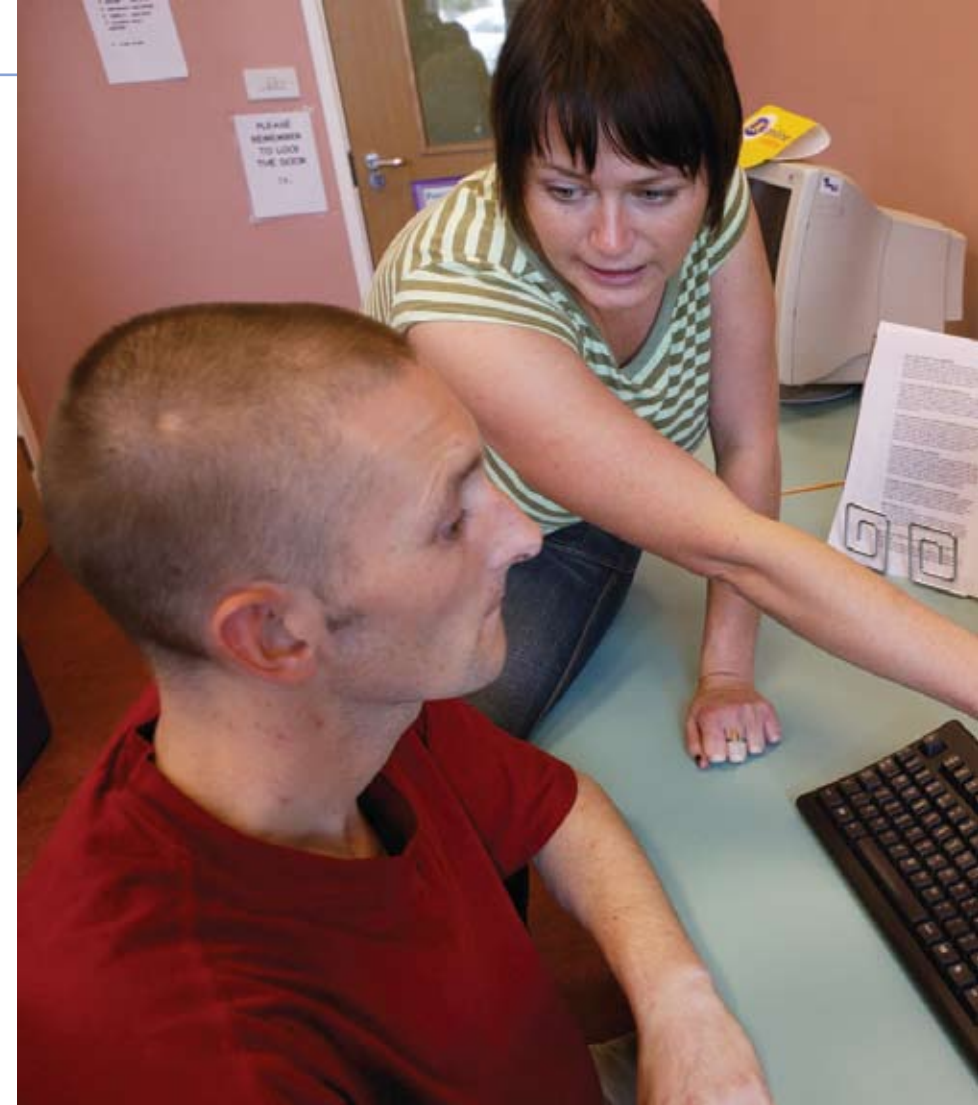


Adult Joint Commissioning Strategy 2008 - 2012 [Part 1](#)

Reducing the harm caused by the misuse of drugs and alcohol in Norfolk

List of Contents

1. Introduction	1
2. What is Commissioning?	2
3. Commissioning Direction	3
4. N-DAP Commissioning Principles and Values	5
5. How Will We Commission?	6
6. Existing Services	8
Glossary of the Terms We Use	10
Appendix 1: Levels of Commissioning	12



1. Introduction

This is the first part of a two part commissioning strategy for Adult Substance Misuse¹ Services in Norfolk.

This document is for anyone interested in how the Norfolk Drug & Alcohol Partnership (N-DAP) plans and purchases substance misuse services and will be of particular interest to commissioners, providers and service users of substance misuse services as well as those with an interest in community safety.

The commissioning strategy will explain how available funding will be used to plan, purchase and monitor substance misuse services in Norfolk. N-DAP wants to secure service user and service provider participation in the commissioning process and to make the process of commissioning open and easy to understand.

N-DAP have decided to publish this commissioning strategy in two stages:

- part one will provide a clear explanation of the process of commissioning in N-DAP - the 'who', 'how' and 'why'
- part two will describe what the 'commissioning intentions' for N-DAP will be - the 'what' and some more of the 'why'.

This document does not tell you about any changes in the commissioning of N-DAP's services or the evidence used to inform the commissioning. All of that will be made clear in part two.

This strategy has been produced as part of the wider N-DAP Outcomes Strategy 2008 -2011² and, along with the Young People's Joint Commissioning Strategy, will form the basis on which all other N-DAP strategies are developed.

¹ The NTA define 'substance misuse' as, 'use of a substance, or combination of substances, that harms health or social functioning - either dependent use (physical or psychological) or use that is part of a wider spectrum of problematic or harmful behaviour'.

² For a copy please visit www.nordat.org.uk

The overarching aim of N-DAP - to reduce the harm caused by the misuse of drugs and alcohol in Norfolk - along with the following local outcomes, will provide the focus for N-DAP's commissioning:

1. a reduction in drug-related ill health
2. a reduction in drug-related deaths
3. a reduction in drug-related offending
4. a reduction in the supply of illegal drugs
5. a reduction in alcohol-related harms
6. today's young people prevented from becoming tomorrow's problematic substance misusers.

It is important that the commissioning of adult substance misuse services is taken forward in tandem with other relevant commissioning strategies and arrangements. This is further described in sections 4 and 5. Part two of the commissioning strategy will make the practical links between the strategies when setting out the commissioning intentions.

It is also important that those areas that crossover both young people's and adult services are considered in both the N-DAP commissioning strategies. These cross-cutting areas are briefly outlined within this document, and the processes in place to ensure that they are jointly commissioned, are explained.

Process and time frame

Part one of the commissioning strategy will be released for consultation in January 2008 and consultation will run from January - March 2008. Part two of the commissioning strategy will be developed in Spring 2008 and released for consultation in Summer 2008 along with an Equality Impact Assessment which will aim to ensure that commissioning is effective for all of Norfolk's residents.

The development of commissioning intentions will be informed by what we already know about the needs for substance misuse services in Norfolk - see section 3.

2. What is Commissioning?

Commissioning is: “A formal statement of plans for securing, specifying and monitoring services to meet people’s needs at a strategic level. It applies to services provided by the local authority, NHS, other public agencies and the private and voluntary sectors”.

Source: Institute of Public Care, adapted from the Audit Commission

At its simplest, commissioning can be described as a cycle of ‘planning with money’.

A commissioning strategy will set out how the money available will be used to commission services that can best meet the needs of those people who need them, as well as having the flexibility to respond to any planned or unexpected changes.

Commissioning strategies can also show how the money will be used to make changes to existing ways of providing services and/or develop new services to support people.

The purpose of part one of this commissioning strategy is to gain wide involvement in the commissioning process and to explain clearly the process of planning services.

- The diagram here is a combined commissioning and contracting framework which describes the various activities involved in commissioning.
- All of the four elements of the cycle (analyse, plan, do and review) are of equal importance.
- The annual treatment planning process, which the DAAT undertakes on behalf of N-DAP, will provide a focus for the key activities of analysis, planning and reviewing, alongside service reviews and other monitoring activities.

- The commissioning cycle (the outer circle in the diagram) should drive the purchasing and contracting activities (the inner circle).
- The commissioning process should be equitable and transparent, and open to influence from all stakeholders on an ongoing basis.



Source: Care Services Improvement Partnership Key Activities in Commissioning Social Care Lessons from the Care Services Improvement Partnership Exemplar Project, Second Edition

3. Commissioning Direction

Where does the money come from?

The National Treatment Agency for Substance Misuse (NTA) is allocated central government funding for drug treatment services. The funding is known as the pooled treatment budget as it is combined from the Department of Health and the Home Office. The NTA distribute it to local partnerships on the basis of demand via primary care trusts and strategic health authorities.

Norfolk PCT acts as the banker for the pooled treatment budget, which is then used by N-DAP, alongside other local sources of funding (eg PCT, local authority, probation service), to commission services from the NHS, statutory, voluntary or private sector in order to meet local needs. The NTA monitors how this money is spent through the Adult Treatment Plan (ATP) produced by the DAAT.

At the time of writing part one of the strategy, the funding available for 2008/09 was anticipated to be at the same level as 2007/08.

What guides substance misuse commissioning and who monitors it?

At a local level, the Adult Joint Commissioning Group monitors and reviews commissioned services and monitors overall commissioning performance for N-DAP - reporting to the Chief Officers Group of N-DAP.

The NTA sets targets and monitors N-DAP's commissioning performance against the ATP.

Partners within N-DAP may have their own performance measures and targets in addition to those specific to N-DAP commissioning.

Models of Care for treatment of adult drug misusers: Update 2006 is published by the NTA and sets out the national framework for commissioning the treatment of adult drug misusers in England, describing best practice in drug treatment provision. Its key aspects are:

- a four tiered model of commissioning
- local screening and assessment systems
- care planning and co-ordination of care at the heart of structured drug treatment
- development of integrated care pathways.

Public Service Agreement (PSA) 25: Reduce the harm caused by alcohol and drugs, published by the Government in 2007, sets out performance and targets for the government to reduce the harms caused by drugs and alcohol to:

- the community as a result of associated crime, disorder and anti-social behaviour
- the health and wellbeing of those who use drugs or drink harmfully, and
- the development and wellbeing of young people and families.

PSA 23: Make communities safer, also published by the Government in 2007, sets out a number of community safety focussed performance targets which may have links with services provided to offenders with substance misuse problems:

- the level of serious acquisitive crimes
- the level of proven re-offending by young and adult offenders, and
- the level of serious offending.

The current 10 year drug strategy comes to an end in April 2008, and the new drug strategy will also drive commissioning of drug services at a local level and inform annual treatment planning. Consultation closed on the new drug strategy in October 2007.

Workforce planning is a key part of commissioning, as it will be the workforce which delivers the outcomes required by people using substance misuse services. **What does a commissioning framework look like? A framework for delivering the future workforce**, published by the Care Services Improvement Partnership in 2007, provides a tool to ensure workforce planning is considered within commissioning.

The Norfolk DAAT is working to support the development of the Norfolk Local Area Agreement (LAA). The negotiation of the LAA for 2008/09 has offered an opportunity to engage a wider partnership in the drug and alcohol harm reduction agenda and highlight the links that exist across the agreement. The aim is to ensure that the maximum added value is yielded. Examples of areas of work with substance misusing adults that could benefit from this process in the short, medium and long term are: alcohol harm reduction; work with parents and carers of substance misusers; improved access to Education, Training and Employment, and housing for adults in drug and alcohol treatment; and enhanced services for clients of the Drug Interventions Programme.

What do we already know about the needs for substance misuse services in Norfolk?

The reviews of substance misuse provider's contracts in 2007 told us:

- Norfolk has a robust, well established treatment system and services which have been commissioned in-line with Models of Care and on the basis of needs within Norfolk
- all commissioned services have contracts in place specifying modalities and interventions - in-line with Models of Care - including Policy & Quality Statements

- the 2007 work by N-DAP to launch revised referral/triage and assessment forms and new care plan forms - along with significant work to clarify care coordination arrangements for multi-agency working - had further strengthened the treatment system
- the Joint Commissioning Officers and Contracts Officer did not identify any issues with service quality during the review process.

In 2007 extensive needs assessment work was undertaken to inform commissioning and planning in 2008/09 and beyond.

- **Adult needs assessment** follows NTA guidelines and will give us a comprehensive understanding of the characteristics, needs and harms associated with problem drug users in and out of treatment. An interim report was produced in October 2007, with a final report due for October 2008.
- **Young people's needs assessment** will identify the risk characteristics associated with substance misuse and investigate their prevalence and location in Norfolk. This work reported in November 2007.
- **Alcohol needs assessment** researching alcohol related harms in Norfolk reported in October 2007.
- **Parental substance misuse needs assessment** researches the needs of substance misusers who are parents and the needs of children whose parents are substance misusers. This work reported in winter 2007.

4. N-DAP Commissioning Principles and Values

The core commissioning principles³ which N-DAP have operated under are:

- Models of Care - Update 2006 will form the model for the treatment system that should be in place in Norfolk
- Commissioning will focus on maintaining a comprehensive treatment system for Norfolk.
- the principle of harm minimisation will underpin service provision commissioned in Norfolk
- N-DAP aims to provide equal access to all treatment modalities across Norfolk, taking into account the needs of a diverse population
- services are developed on the basis of identified need
- services will be developed in-line with good practice and effectiveness of practice will be monitored
- all commissioned services will have a contract, reviewed and monitored by N-DAP's Joint Commissioning Groups
- N-DAP will strive to ensure a range of quality services are available
- the development of new services will aim to complement and enhance existing service provision where appropriate
- the development of services will involve collaboration and consultation with all relevant partners and service users
- all partner agencies need to take account of the impact of substance misuse on the delivery of their individual services.

Working within a partnership means it is important that this strategy has strong links with the strategies of partners:

- Norfolk PCT and Great Yarmouth & Waveney PCT commissioning strategies
- Norfolk Adult Social Services commissioning strategies
- Norfolk Supporting People Strategy
- Norfolk Constabulary Force Drug Strategy
- Norfolk Drug Interventions Programme Strategy
- Norfolk Local Area Agreement.

The voluntary and community sector providers add additional value, innovation and capacity within the treatment system through their own charitable initiatives and through links with the community. For example, through volunteers and advocacy work.

The Adult Joint Commissioning Group have responsibility to ensure these strategies are considered as part of N-DAP's commissioning and to ensure commissioning intentions in part two of the N-DAP commissioning strategy complement the objectives of these strategies.

³ Source: Treatment Planning day 2006-07 and Treatment Plan 2007-08

5. How Will We Commission?

Commissioning adult services for N-DAP is the responsibility of the Adult Joint Commissioning Group⁴ and they are responsible for monitoring and reviewing the Commissioning Strategy throughout each year of its life.

This group is made up of representatives from appropriate N-DAP partner agencies and is accountable to the N-DAP Chief Officers Group.

The group's main roles and responsibilities are to co-ordinate the strategic commissioning of adult substance misuse services in accordance with Models of Care - Update 2006 and NTA commissioning standards, and to ensure that services are purchased in accordance with Best Value Principles.

This includes:

assessing needs - assess the needs of the local community, the substance misuse service users, carers and other stakeholders

reviewing existing services - to determine which services are needed and how they will be provided. To determine if new services are needed or existing services need to be changed to meet those needs and identify any gaps or duplication of service provision

commissioning services - for and on behalf of the Chief Officers Group through its constituent partners. Implement services through contractual arrangements and performance management, in-line with local and national targets.

Levels of commissioning

It is necessary for commissioner agencies who are members of the N-DAP joint commissioning groups to formally sign up to an agreement regarding the 'level' of commissioning that will underpin the commissioning process.

The members of N-DAP's Adult Joint Commissioning Group are working towards sign up to Level 2 commissioning and this is fully described in Appendix 1, along

with the other levels of commissioning which were considered. Level 2 commissioning means that partner agencies take a more joined up approach to commissioning and funding without pooling the budgets available.

Working with providers

As part of the commissioning approach, the Adult Joint Commissioning Group shall seek to establish a good relationship with service providers, based on regular contact, clarity of both commissioning and provider roles, mutual respect, transparency and effective use of the data collected to inform planning and provision of services.

Cross-cutting considerations for both N-DAP joint commissioning groups

Alongside the N-DAP Young People's Joint Commissioning Group, the Adult Joint Commissioning Group are responsible for commissioning service areas that cut across both adult and young people's services.

The transition which people make from young people's substance misuse services to adult treatment services must be carefully considered when services are planned and commissioned.

Both joint commissioning strategies also need to consider substance misuse related needs within the wider family. This includes the impact of parental substance misuse on children and young people and also the support needs of parents and carers.

The Adult and Young People's Commissioning Officers and the commissioning groups have responsibility for ensuring both of the above cross-cutting areas are planned for and met.

The Commissioning Officers and DAAT Strategy Manager (as Chair of both groups) take responsibility for ensuring issues are 'joined up' on both agendas, and during discussions. In addition, some commissioners sit on both groups and offer support and input on cross-cutting issues.

⁴ A full list of roles and responsibilities for the Adult Joint Commissioning Group can be viewed on the groups Terms of Reference, this can be requested from the DAAT offices by calling 01603 677577 or by visiting www.nordat.org.uk



6. Existing Services

This table shows existing substance misuse services in Norfolk for adults - the 'blue' areas indicate the modalities provided by the services listed on the left.

Provider	Area	Substance misuse related advice and information	Needle Exchange	Harm reduction interventions	Structured psychosocial interventions	Other structured treatment	Aftercare	Outreach	Structured Day Programming	Community prescribing - Specialist prescribing
The Matthew Project										
Adult services	Norwich									
Enhanced Arrest Referral	County-wide									
24/7 Helpline (Drug Interventions Programme)	County-wide									
Thetford Services	Thetford									
North Norfolk Services	North Norfolk									
NORCAS										
Norwich, North Norfolk and South Norfolk Services	As stated									
Homeless outreach service	County-wide									
Great Yarmouth services										
Structured Day Programme	County-wide									
Drug Rehabilitation Requirement Structured Day Programme	County-wide									
National Probation Service - Norfolk Area Criminal Justice Interventions Through & Aftercare Team (Drug Interventions Programme)	County-wide									
Great Yarmouth & Waveney Teaching PCT Needle Exchange & Supervised Consumption	County-wide									

Provider	Area	Substance misuse related advice and information	Needle Exchange	Harm reduction interventions	Stuctured psychosocial interventions	Other structured treatment	Aftercare	Outreach	Structured Day Programming	Community prescribing - Specialist prescribing
Norfolk & Waveney Mental Health Partnership Trust Alcohol & Drugs Service Clinical including DIP clinical	Norwich									
Norfolk & Waveney Mental Health Partnership Trust Alcohol & Drugs Service Clinical including DIP clinical	Great Yarmouth									
Norfolk PCT Drug & Alcohol information services	County-wide									
Norfolk PCT Matrix - sex workers outreach service	Norwich									
Norfolk PCT Community Alcohol and Drugs Service Clinical including DIP clinical	King's Lynn and West Norfolk									
Norfolk PCT Community Alcohol and Drugs Service Clinical including DIP clinical	Thetford									
Wensum Valley Practice Contact NR5	Norwich									

Residential rehabilitation

Residential rehabilitation is a range of treatment programmes to address substance misuse, within the context of residential accommodation. In Norfolk, a panel of commissioners - led by Adult Social Services - commission residential rehabilitation services on behalf of N-DAP. Placements in residential rehabilitation take place across the country and are not confined to Norfolk.

Glossary of the Terms We Use

Adult Social Services and Children's Services. The Children's and Families element of the previous Social Services Department has been restructured under the Every Child Matters agenda and combined with the Education Department to form Children's Services. Adult Social Services have been amalgamated into one department.

ATP. Adult Treatment Plan.

COG. The overall role of the Chief Officers Group is to determine the strategic goals and priorities of the Norfolk Drug and Alcohol Partnership and coordinate its work, with the aim of reducing the harm caused by the misuse of drugs and alcohol within the county. This includes ensuring the Partnership responds fully to the requirements of national policies and guidance on drug and alcohol misuse with particular regard to health, crime and disorder impacts. The Group will fulfil the leadership requirements of the Partnership. Members of the Chief Officers Group will be senior officers, at Chief Executive, Director or nearest equivalent level, of those agencies identified as core members of the Partnership.

DAAT. Drug and Alcohol Action Team. The Norfolk DAAT is one of 149 across the country. Drug Action Teams are strategic bodies set up under the UK Government's strategy for England, 'Tackling Drugs Together' (updated in 2008). DAATs coordinate the drug-related elements of the service plans of the main public sector delivery agencies at a local level.

DH. Department of Health.

DIP. Drug Interventions Programme.

Harm Reduction. The prevention of diseases passed on by contaminated blood (particularly HIV and hepatitis infections), and the prevention of overdose and drug-related death.

HO. Home Office.

Housing. N-DAP have developed 'Accommodating substance misusers. The spectrum of possibility: a guide for housing providers' for providers and commissioners of supported housing services as a framework to use when thinking through the delivery of housing for people with drug/alcohol problems.

Further research into substance misuse and housing needs will take place in 2008.

LA. Local Authority.

LAA. Local Area Agreement. Introduced across England and Wales in 2006. This is a three-year agreement between national and local government, which has the aim of delivering a series of improved outcomes for Norfolk.

LSP. Local Strategic Partnership.

Modality. A method of treatment, for example, a prescription.

Models of Care for treatment of adult drug misusers. Introduced by the NTA in 2002, and updated in 2006, this set out the national framework for commissioning the treatment of adult drug misusers in England, describing best practice in drug treatment provision. The key aspects are: four-tiered model of commissioning; local screening and assessment systems; care planning and co-ordination of care; and integrated care pathways.

N-DAP. Norfolk Drug and Alcohol Partnership. One of the biggest partnerships in Norfolk, N-DAP brings together a wide range of agencies from the public, voluntary, community and private sectors with specific interests in criminal justice, drug and alcohol treatment, health, community safety, regeneration and the needs of young people in order to achieve one overarching aim - to reduce the harm caused by the misuse of drugs and alcohol in Norfolk.

NTA. National Treatment Agency for Substance Misuse. Created in 2001 as a special health authority to improve the availability, capacity and effectiveness of drug misuse treatment in England.

PCT. Primary Care Trust.

PSA. Public Service Agreement. Statements setting out objectives and performance targets for government departments.

Shared Care. Joint management of an individual's treatment care plan as a partnership between GPs and specialist services.

Substance Misuse Treatment Tiers. There are four tiers of substance misuse treatment, as defined in the Models of Care for treatment of adult drug misusers:

Tier 4a Residential substance misuse specific services.

Tier 4b Highly specialist non-substance misuse specific services, for example, specialist liver disease units or specialist psychiatric units.

Tier 3 Structured community-based specialist drug misuse services, for example, community-based detoxification services or community-based prescribing stabilisation and maintenance prescribing.

Tier 2 Open access drug misuse services, for example, motivational interviewing/brief interventions or needle exchange (pharmacy/service/outreach).

Tier 1 Non-substance misuse specific services, for example, personal/general medical services (primary care).

Treatment. The NTA define treatment in Models of Care for the treatment of adult drug misusers as: 'a range of interventions that are intended to remedy an identified drug-related problem or condition relating to a person's physical, psychological or social (including legal) wellbeing.'

Appendix 1: Levels of Commissioning

Level 1 - Single agency purchasing

This level of commissioning would see N-DAP commissioner agencies making use of the funds allocated in their budgets for tackling substance misuse without regard to the N-DAP joint commissioning strategies, delivery plans or partnership targets. It would be at the discretion of each individual commissioner agency as to whether it chose to inform other N-DAP commissioner agency partners of any commissioning, recommissioning, decommissioning and associated investment decisions in advance of the decision being actioned, whether via the N-DAP joint commissioning groups or otherwise.

Level 2 - Multi-agency purchasing or single agency purchasing in a joint commissioning context

This level of commissioning would mean commissioner agencies ensured that there was an alignment of their own budgets towards achieving the outcomes agreed within the N-DAP commissioning strategies and delivery plans. Commissioner agencies would retain control of their own budgets, but would commit to using their funds with full regard to the N-DAP joint commissioning strategies, delivery plans, or Partnership targets. This would mean that they would discuss and agree the use of these funds in full co-operation with other members of the two N-DAP joint commissioning groups. In respect of N-DAP contracts, this would lead to the Drug and Alcohol Action Team agreeing these contracts with providers on behalf of all commissioner agencies, and identifying funding sources under a single contract payment schedule. This would mean the Drug and Alcohol Action Team would be able to co-ordinate all the contract and performance monitoring and review and target tracking on behalf of all commissioner agencies for these contracts. Commissioner agencies may opt to

pay their portion of funding for all services to the DAAT for it to administer and make payments against contract, but not necessarily.

Level 3 - Single pooled budget - Joint Commissioning Officer

This level of commissioning would mean commissioner agencies agree to delegate decision making regarding that portion of their core budgets designed to commission substance misuse services to a single pooled budget managed by the DAAT (on behalf of N-DAP) under a single accounting arrangement. This would require commissioner agencies to seek formal agreement from their relevant executive bodies to delegate this authority and agree the amount of funding involved. Commissioning decisions would become the responsibility of the two N-DAP commissioning groups. The DAAT would be responsible for monitoring and reporting spend and outcomes as directed by the joint commissioning strategies on behalf of the two joint commissioning groups.

If you would like this booklet in large print, audio, Braille, alternative format or in a different language please contact the DAAT on 01603 677561 and they will do their best to help.



**TACKLING
DRUGS
CHANGING
LIVES**

This logo represents all the partner agencies of N-DAP:

Norfolk Constabulary, Norfolk's 7 Crime & Disorder Reduction Partnerships (CDRPs), Norfolk County Council, Norfolk Health, HM Prisons (Norwich & Wayland), Norfolk Probation Area, Norfolk's 8 Local Strategic Partnerships (LSPs), Norfolk Youth Offending Team, Connexions, Norfolk Healthy Schools, Norfolk's District/City/Borough Councils, Norfolk drug & alcohol treatment providers, National Treatment Agency, Government Office for the East of England (Crime & Drugs Team).

Published by Norfolk Drug and Alcohol Partnership, May 2008