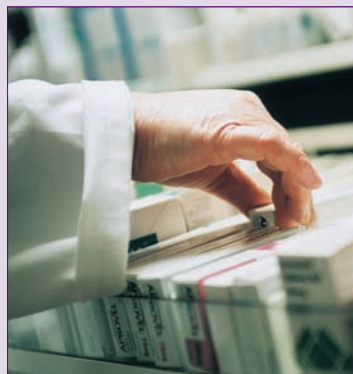


Improving services for substance misuse

Commissioning drug treatment
and harm reduction services



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The Healthcare Commission

The Healthcare Commission works to promote improvements in the quality of healthcare and public health in England and Wales.

In England, the Commission assesses and reports on the performance of healthcare organisations in the NHS and independent sector, to ensure that they are providing a high standard of care. It also encourages them to continually improve their services and the way they work.

In Wales, the Healthcare Commission's role is more limited. It relates mainly to national reviews that include Wales and to the yearly report on the state of healthcare. In this work, the Commission collaborates closely with the Healthcare Inspectorate Wales, which is responsible for the NHS and independent healthcare in Wales.

The Healthcare Commission aims to:

- safeguard patients and promote continuous improvement in healthcare services for patients, carers and the public
- promote the rights of everyone to have access to healthcare services and the opportunity to improve their health
- be independent, fair and open in its decision making, and consultative about its processes.

The National Treatment Agency

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

The NTA's purpose is to work with local partnerships and health commissioners to deliver high-quality, effective drug misuse treatment that improves individuals' physical and mental health and wellbeing. In turn, this improves public health, reduces crime and helps make communities safer.

The Government set the NTA a target of doubling the number of people in structured treatment programmes between 1998 and 2008. This has been exceeded two years ahead of schedule.

The NTA is now concentrating on the quality agenda, improving services for people in treatment and improving outcomes for those who leave.

Summary

In 1998, the Government introduced its 10-year drug strategy. This implemented a range of interventions that concentrated on the most harmful drugs and on the individuals whose misuse of drugs and chaotic lifestyle caused the most harm to society or themselves. A key aspect of the strategy was to provide more and improved drug treatment, as this had been shown to be effective at improving the health and wellbeing of service users and their families and at reducing crime related to substance misuse.

As a result, drug treatment services in England have expanded considerably and have received substantial investment. Since March 2002, central government has tripled the amount of new funding for drug treatment. The number of people receiving specialist treatment for drug problems has increased dramatically. During 2006/2007, there were 195,400 people in treatment, an increase of 130% on the 1998/1999 baseline of 85,000.

About this review

Drug treatment is provided by a network of services, commissioned by local partnerships of statutory agencies within a particular locality, rather than being provided by individual organisations. These networks or 'local drug partnerships' are aligned to local authority boundaries. There are 149 partnerships in England that bring together representatives of local organisations involved in the delivery of the drug strategy, including primary care trusts, local authorities, the police and the probation service.

However, evidence points to a variation in the quality and availability of care in different areas. In 2005, the National Treatment Agency for Substance Misuse (NTA), in partnership with the Healthcare Commission, embarked on a joint three-year programme of annual service reviews as part of an initiative to enhance the quality, consistency and effectiveness of drug treatment. Topics for the reviews are:

- Community prescribing services and care planning and coordination (conducted in 2005/2006)
- Commissioning drug treatment systems and harm reduction services (this review)
- Diversity and residential services (inpatient and rehabilitation services) (to be carried out in 2007/2008).

The service reviews are designed to assess the provision and commissioning of drug treatment against key indicators. They provide a benchmark of the quality of drug treatment and information on areas of weakness, against which improvement can be planned.

This report presents the results of the second in the series of reviews. It was carried out in 2006/2007 and covered commissioning and systems management of drug treatment and harm reduction services.

Local drug partnerships received their individual assessment results in November 2007 while this report was being prepared, so that they could begin targeted work to improve their performance.

Service reviews are based on a standardised approach and consist of two parts. In the first part, we assess the performance of all local drug partnerships. In the second part, we work with the minority of partnerships (about 10% to 15%) that have the weakest assessment scores and may require help to develop action plans to improve their performance. The service reviews also provide broader information on the progress being made in drug treatment and on the priorities that need further development.

For this review the key outcome and quality measures were developed around two themes:

- **Commissioning and systems management:** we reviewed how local drug treatment partnerships plan, procure and manage the drug treatment system and manage the performance of drug treatment services. Effective commissioning is key to the delivery of effective drug treatment, to ensure that it meets local need and is planned, integrated and strategic.
- **Harm reduction services:** we reviewed how local drug treatment partnerships deliver services that reduce physical harm caused by drug use. Blood-borne virus rates are high among drug users, particularly those who inject drugs. Over 90% of diagnoses of hepatitis C are associated with injecting drug use in England and reported drug-related deaths in the UK are among the highest in Europe.

Within these two themes, the review established 10 criteria as indicators of effective commissioning and harm reduction provision. We used 45 questions to assess the criteria, and each question was scored on a scale of:

- Weak
- Fair
- Good
- Excellent.

These question scores were then used to calculate criteria level scores and overall scores for each local drug partnership, using the same scale.

Overall findings

The review shows that the majority of partnerships are performing within acceptable levels, although there was room for improvement. No partnerships had an overall score of 'weak', but the majority of partnerships had some shortfalls in key areas.

The review highlighted the need for local drug partnerships to develop targeted action plans to address gaps in the way they commission services and provide harm reduction services.

There are clear regional variations in the results. In general, the north of the country performed better, having the two top-performing regions (North East and North West) and none represented in the bottom five. The North West region came top against both commissioning and harm reduction criteria. The South East region was the lowest performer against both commissioning and harm reduction criteria. The top four regions – the North West, the North East, Yorkshire and London – were the same for both the commissioning and the harm reduction elements of the review.

Key messages for commissioning and systems management

The review provides a helpful picture of the national strengths and weaknesses in relation to this area and highlighted some significant progress:

- **Local commissioning partnerships have developed strong performance management structures for drug treatment.** The contract monitoring of treatment providers, performance management of partnerships and effective data monitoring were all in place in the majority of local drug partnerships. Eighty-six per cent of partnerships were assessed as 'excellent' against this criterion. This was attributed to partnerships having an increased focus on these areas, supported by relevant guidance, strategies and the work of NTA's regional teams in assuring that they met these standards.
- **Drug treatment partnerships have made significant progress in relation to care planning and discharge systems.** Local partnerships have shown recent improvement, particularly in retaining service users in drug treatment, with 99% achieving or exceeding 70% of their local target.
- **There is a good reported standard of financial management across the sector.** Sixty per cent of local drug partnerships achieved the maximum score in relation to financial management.

However, there were also some key areas for improvement, particularly in relation to the assessment of need and strategic leadership, which are essential to effective commissioning and form the foundation on which an effective drug treatment system is founded.

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