



Sandwell DAAT - Three Year Commissioning Outline Framework 2009-12

Sandwell Drug & Alcohol Action Team

Author: Michael Hancock – Senior Joint Commissioning Manager

1. Introduction:

Joint Commissioning is the strategic activity of assessing needs, resources and current services and developing a strategy to make the best use of available pooled resources, both now and in the future, to meet identified need.

The development of a commissioning framework allows stakeholders, through the Adult Joint Commissioning Group, to devolve a range of decisions relating to the provision of adult drug treatment and ensuring current or future service providers remain responsive to both demand and need. The framework will provide an evidence base and analysis that will inform and guide service providers and hold them accountable to the evidence based plans and outcomes for the whole community across the range of health, social care and criminal justice organisations.

The newly restructured Drug & Alcohol Action Team is now managed by Sandwell Primary Care Trust and will sit within their Commissioning Team. In conjunction with the local Adult Joint Commissioning Group these organisations will govern the commissioning framework and provide:

- A clear Commissioning and Quality Assurance approach
- Leadership and clarity of the direction of travel
- Reduction of bureaucracy and an increase in accountability
- Maximisation of resources, both human and financial
- Through partnership, seek to stimulate the drugs and alcohol agenda
- Become the natural first point of contact for local political and community leaders in the development of a whole community approach.

The commissioning intentions that this document will outline are stated in good faith to provide clarity for both stakeholders and service providers about the future direction the commissioning agencies intend to take to develop a new drug treatment system in Sandwell. They are the result of careful consideration on several key local issues:

- **Poor performance against a range of national and local targets**
- **A 30% reduction of the Pooled Treatment Budget phased in over the next three years**
- **A commissioned review of the current drug treatment system and quality of service provision**
- **The 2009 Local Needs Assessment**
- **Achieving vital targets / signs in Year 2 and Year 3**

Estimating and meeting need in the context of a complex and rapidly changing environment is an imprecise process, especially where the level of resources available to commissioners is subject to both local and national financial variables.

Whilst the Commissioners want particularly to encourage the development of a new and more flexible drug treatment system and will welcome discussion with current service providers, there is a reality and a duty of care, where appropriate, to explore the market to ensure value for money and capability to adapt to future needs.

This document should not be regarded as a commitment by the commissioners to fund or to use services developed by any particular provider

2. The Framework

Key Message:

The current drug treatment system is not sustainable within, either the existing models of delivery or the economic environment we are moving towards.

The Model: (See Appendix A – Page 16)

The model of delivery the Commissioners will be using is based on and driven by:

- Treatment Effectiveness Strategy (NTA 2005)
- Sandwell DAAT Treatment Plan (2009 – 2012)
- Sandwell DAAT Needs Assessment (2009 - 2012)
- Sandwell DAAT Recovery Plan (2008)
- Sandwell HCC Action Plan (2008)
- World Class Commissioning principles
- PSA 25
- Sandwell LAA

- NTA Guidance
- TOPs
- Vital Signs
- National Drug Strategy 2008 – 2018
- Other national and/or locally agreed targets/drivers
- Hidden Harm

The framework will be underpinned by following clearly defined standards in all the commissioning decisions made over the next few years and adopting a business formula that will protect and sustain the investments made in service provision.

Within this model the business formula will be the constant at the hub of commissioning activity while the Treatment Plan and response to the Needs Assessment will need to be more flexible through the transitional process.

This step change to deliver “treatment effectiveness” is not unique to drug and alcohol services but similar to all health, social care and criminal justice programmes designed to meet the needs of our communities today.

3. Commissioning Standards (SMAS/HAS 2000)

Standard 1:

There is a strategic approach to the development of a comprehensive range of primary and specialised drug and alcohol services.

Standard 2:

Agencies involved in the commissioning of treatment and care will work together to optimise the impact of funding of drug and alcohol services.

Standard 3:

Service delivery is based on an agreed treatment plan and written service agreements and on service specifications that reflect the needs identified from the needs assessment, shared service goals and local and national priorities.

Standard 4:

Service agreement and contract monitoring builds in evaluation, monitoring and review are carried out as an essential tool for developing evidenced based and innovative services.

4. The Business Formula:

The key strategic objectives we must prioritise over the next three years are:

- To develop a combined and risk managed local and nationally funded investment plan for Sandwell Drug Treatment system to reflect realigned service provision from 2010 onwards.

- To improve the outcomes of the drug treatment system around:
 - Effectiveness; quality service delivery, increased numbers into the system, improved retention and positive exits
 - Recovery; pathways to education, training and employment as well as housing, primary care and the development of local relapse prevention capacity and resources.

- To ensure we have a balanced, integrated and skilled workforce

The establishment of a transparent commissioning and business approach will facilitate a new “Commissioning and Contracting” relationship with service providers. It will allow the Commissioners to assert relationships within the context of “Business and Delivery” and to ensure deliverables are realised within the contracting arrangements and process through performance assurance.

5. NHS Standard Contract for Community Services (Bi-lateral)

- The national roll out of the new NHS standard contracts in April 2009 will provide the foundation for any future business with service providers.
- The new contract is very explicit in the mandatory requirement on providers who want to deliver services in Sandwell, but is also flexible enough to accommodate innovative development.
- The Commissioners will also have the option within the new contract to incentivise good performance and to penalise consistent poor performance.

6. Quality Assurance Framework

- The locally developed Quality Assurance Framework will constitute the key monitoring tool within the new contracts.
- The QA Framework is tailored to the portfolio of commissioned services and reporting streams within each contract and will vary from provider to provider.

- It will provide a structured and formal reporting mechanism to the quarterly review process and include a more robust financial monitoring element.
- The QA Framework will monitor, not only the mandatory national and local targets but will also monitor providers compliance or input toward key Treatment Plan objectives.

7. Strategic Commissioning Plan (Q4 08/09)

- Preliminary work with local stakeholders and current service providers to engage them in the system re-design has already begun. Sandwell DAAT hosted an event in December 2008 where the new DAAT structure and proposed commissioning intentions were previewed. It was also an opportunity to consult on the draft Treatment Plan.
- Service reviews have been requested by 31st March 2009 from all our providers.
- Established the treatment system re-design Task & Finish Group and held the first meeting on 30th January 2009.
- DAAT / PCT have commissioned a unit cost exercise from KPMG with current Tier 3 provider, (Sandwell Mental Health & Social Care NHS Foundation Trust). KPMG will be working with PCT and the Trust to understand and reference unit costs in order to develop a cost and volume system for future contracting

The following table will highlight our key priorities over the first year of the three year programme and outline our commissioning intentions over this period.

In principle it will follow the activity set out within the Sandwell adult drug treatment plan 2009/10

Part 3 Planning Grids and incorporate key elements of the DAAT Recovery Plan and HCC Action Plan where appropriate

10. Strategic Commissioning Plan 2009 - 2012

Key Priorities	Activity	Time Frame
Ensure a partnership approach to remodelling the drug treatment system whilst developing robust commissioning information and a positive change management culture.	<ul style="list-style-type: none"> Develop a three year Commissioning Strategy. 	April 09
	<ul style="list-style-type: none"> Introduce and implement new NHS standard contracts. 	April 09
	<ul style="list-style-type: none"> Implement the new Quality Assurance monitoring tool and Terms of Reference for quarterly reviews. 	End of Q1 2009
	<ul style="list-style-type: none"> Establish clear partnership governance arrangements around commissioning decisions, performance, budget planning and financial management. 	April 09
	<ul style="list-style-type: none"> Achieve drug treatment system re-design through the Task & Finish Group and develop new service specifications. 	Q2 2009
Develop a structure for	<ul style="list-style-type: none"> Develop safeguarding 	

<p>cross thematic/agenda working particularly around children and families and social care developments on safeguarding and personalisation.</p>	<p>vulnerable adults' processes with providers and adult social care services in line with locally agreed protocols.</p> <ul style="list-style-type: none"> • Undertake development with the Children & Young Peoples Trust Partnership to establish working arrangements. • Consider compatibility between local commissioning for adult and children's services. • Prepare for personalisation agenda by engaging with local project groups / strategic development in social care and PCT contexts and by communicating NTA and national guidance in relation to drug treatment. 	<p>Q1 09</p> <p>Q1 09</p> <p>Q1 09</p> <p>March 2010</p>
<p>Achieving the local target of 990 individuals in effective treatment (NI40 / PCT Vital Signs, an additional 131 individuals based on the 2007/08 population.</p>	<ul style="list-style-type: none"> • Ensure the successful implementation of outreach and community based services through Open Sandwell. • Expand the range of treatment modalities offered 	<p>Q1 2009</p> <p>Q2 09</p>

	<p>to increase access, engagement and retention.</p> <ul style="list-style-type: none"> • Focus on the Drug Intervention Programme (DIP) outcomes to improve DIP and Tier 2 / 3 structured caseloads. 	Q1 09
<p>Increasing Problematic Drug User (Class A) treatment penetration from target groups; 15-24 year olds, BME groups and stimulant users by expanding access, improving retention and developing relapse provision.</p>	<ul style="list-style-type: none"> • Use needs assessment as an evidence base to engage with acute sector and Children's Trust. • Develop pathways from hospital admissions of 15 – 24 year olds. • Improve criminal justice referral rates and retention and develop stimulant service provision to meet current demand. • Implement Equality Impact Assessments for all service provision. 	<p>Q2 09</p> <p>Q2 09</p> <p>Q2 09</p> <p>Q2 09</p>
<p>To fully utilise Metro Court to integrate drug services, improve joint working and provide accommodation for the delivery of drop-in</p>	<ul style="list-style-type: none"> • All current provider agencies are accommodated at Metro Court, either as a base or "hot desk" facility. 	<p>Ongoing</p> <p>Q1 09</p>

sessions for clients by a range of non-treatment agencies.	<ul style="list-style-type: none"> • A range of support agencies to develop open access sessions. 	
Pilot “Open Sandwell” to expand the range of care planned treatment options delivered to include brief interventions and deliver the services within community settings to increase access	<ul style="list-style-type: none"> • Expand the range of modalities offered by “Open Sandwell” to include interventions for stimulant users. • Develop referral pathways and integrated case management approach. • Establish Primary Care outreach provision and Needle Exchange provision at Metro Court 	<p>Q1 09</p> <p>Q1 09</p> <p>Q1 09</p>
Take forward the regional test bed pilot following on from the Local Strategic Partnership / DAAT “Turning the Curve” event on education, training and employment opportunities and Pathways for drug users.	<ul style="list-style-type: none"> • Develop work with LSP on a forward plan to promote needs of the client group within the local regeneration/employment and skills agenda. • Implement process mapping outcomes and develop JCP pathways. • Review Turning Point contract to enhance pathways and throughput from Education Training 	<p>Q1 2010</p> <p>Q1 2010</p> <p>Q2 09</p>

	and Employment and Structured Day Care services	
Implement the local action plan from the 2008 Healthcare Commission/NTA review of diversity and Tier 4 inpatient and residential rehabilitation.	<ul style="list-style-type: none"> • Providers to implement gender and disability equality schemes. • Implement Equality Impact Assessment of Tier 3 service. • Providers to collect and analyse service uptake data based on gender, disability and ethnicity and highlight areas for improvement. • Develop new referral pathways and criteria to access Tier 4 funding and Community Care assessment. • Establish Section 28 agreement with Adult Services to align funding streams for Tier 4 provision. • Improve outcomes and user experience for those accessing Tier 4 provision. • Improve local support mechanisms for those 	<p>Q2 09</p> <p>Q1 09</p> <p>Q1 / ongoing</p> <p>Q1 09</p> <p>Q1 09</p> <p>Q2 09</p> <p>Q2 09</p> <p>Q1 09</p>

	<p>returning from residential or inpatient placements.</p> <ul style="list-style-type: none"> • Implement local action plan from HCC review findings 	

11. Implementation Summary of the Strategic direction

2009 – 2010

- This period will start a transition year where the objective will be to maintain current service provision and quality benchmarks whilst negotiating with our providers on the design of a new drug treatment system.
- Negotiate and implement the new standard NHS contracts for community services.
- Implement the new Quality Assurance Framework for quarterly contract reviews.
- Establish new financial monitoring systems.
- By the end of Quarter 2 (Sept 09) to have developed new service specifications for the treatment system redesign.
- Proceed with any decommissioning or retendering options.

2010 – 2011

- Year two of the strategy will also be a transition year as we establish the new treatment system and any new treatment providers.
- Development of cost and volume outcome based contracts.
- Review new systems and new specifications.
- Consider options for any further contract refreshing or retendering

2011 – 2012

- Year three will see the consolidation of the new treatment system.
- The DAAT commissioners to be in a position by April 2012 to offer three year contracts to all of the current providers at that time.

Risks:

1. The development of the Shared Care and Primary Care expansion is critical if we are to achieve a balanced drug treatment model.
2. Short term funding options create instability in the system and a longer term view of investment in drug treatment must be a priority.

Appendix A

The proposed Treatment Model

This Model demonstrates how we envisage people moving through the drug treatment system.

