

TREATMENT REDESIGN UPDATE

November 2009

Issue 2

Welcome to the Birmingham Drug and Alcohol Action Team (BDAAT) Treatment Redesign Update.

This is the second of a series of monthly briefings circulated to Providers, Service Users and other Stakeholders. The aim of the briefing is to provide an update on the Redesign Project, keeping people informed of progress.

The decision to 'redesign services' was taken in response to recommendations from a number of local Needs Assessments and also to enable service provision to be matched to changes in needs at a local as well as a national level. It will also ensure that services are commissioned to World Class Commissioning standards and that any new model will be able to accommodate national priorities such as the introduction of personalised budgets and recovery oriented systems.

WORLD CLASS COMMISSIONING

This was designed at a national level to enhance the effectiveness of Primary Care Trusts in executing their Commissioning responsibilities. It includes a series of 'commissioning competencies' which commissioners need to display. These include:

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| 1. Locally lead the NHS | 7. Stimulate the market |
| 2. Work with Community partners | 8. Promote improvement and innovation. |
| 3. Engage with the public and patients | 9. Secure procurement skills |
| 4. Collaborate with Clinicians | 10. Manage the local Health system |
| 5. Manage knowledge and assess needs | 11. Make sound financial investments |
| 6. Prioritise investment | |

These are underpinned by a series of sub-components that provide more detail.

PERSONALISATION

A simple definition of personalisation is that it *"enables the individual alone, or in groups, to find the right solutions for them and to participate in the delivery of a service. From being a recipient of services, they can become actively involved in selecting and shaping the services they receive."*

It should lead to services that are person-centred, which can change when required, are planned, commissioned and delivered in a 'joined up' way between organisations. For commissioners of services the implications of personalisation include:

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| 1. Ensuring the involvement of users and carers | 5. Working to develop the market |
| 2. Financial planning focussed on value for money, outcomes and greater efficiency | 6. Ensuring clear Strategic Planning based on future need and underpinned by financial plans |
| 3. 'Fit for purpose' procurement and contracting | 7. Risk Management and planning |
| 4. Workforce development | 8. Regulation and Governance |

TOTAL PLACE

We are also working on Recovery Orientated Systems of Care in the context of 'Total Place'.

Total Place is a new initiative that looks at how a 'whole area' approach to public services can lead to better services at less cost, seeking to identify and avoid overlap and duplication between organisations.

DATES OF SERVICE REDESIGN EVENTS

Group	Date and Time	
Community Pharmacists	7 Dec 2009	2.00 – 4.00 pm
Service Users	8 Dec 2009	1.30 – 4.00 pm

RECOVERY ORIENTED SYSTEMS OF CARE

A Recovery Oriented System of Care places the person with the problem at the centre of the system and seeks to build forms of support throughout the community.

PROGRESS TO DATE : REVIEW AND MAP

YEAR ONE

WHAT DOES IT LOOK LIKE?

Mapping drug misuse across the city and treatment centres shows good coverage, but also highlights issues around provision in South Birmingham. Analysing what services we have now against National Institute for Health and Clinical Excellence Standards and Models of Care demonstrates how well we match the key elements of a local treatment system. We have identified some issues around access to detoxification, particularly in a community setting and the need to develop more robust links to existing Self Help Groups.

A range of blockages, gaps and issues were identified in previous BDAAT Needs Assessments (2006/07 and 2007/08). These include:

Links with housing	Access to Dual Diagnosis Services
Pathways for young people into Adult Services	Access to Detoxification Services

We will also be looking at the latest Dual Diagnosis Needs Assessment and will seek to link our work to the Alcohol Needs Assessment (just starting Nov 2009.)

In addition the data will help us to identify and analyse presenting trends which include increased levels of self-referrals and growth in Drug Users who require treatment for use of drugs other than opiates and/or crack cocaine.

DOES IT WORK?

We would look for any changes to Services to support current or improved performance to targets. 2008/09 performance saw the achievement of challenging targets around Numbers in Effective Treatment (NiET) and Retention remained high. There was improvement against targets for planned discharges and in the completion of Treatment Outcome Profiles (TOPs) at exit from treatment, but there is scope for greater improvement. Performance to Key Performance Indicators in Drug Intervention Programme (DIP) services has continued to improve.

Additional issues have been identified against Harm Reduction targets and any new delivery model would expect to evidence better development of Harm Reduction initiatives particularly around Hepatitis B, C and HIV work with drug users.

WHAT DO CUSTOMERS THINK?

Feedback to date from Service User Groups indicates an enthusiasm to engage with BDAAT in this work. The Birmingham Drugs Forum has set up a Steering Group to work with us on specific strands of work. We will also be attending their Open Forum as well as monthly meetings, to update and seek feedback.

Additionally there will be a peer-led event where Service Users will have the opportunity to give their views on service change. This will be held at Birmingham Commercial Training (BCT), No. 7 The Square, 111 Broad Street, Birmingham, B15 1AS.

Service User Focus Groups are also planned to take place in early 2010.

WHO USES IT?

We are currently analysing census data for Birmingham. This gives us a breakdown of population in terms of a number of characteristics including age, gender and ethnicity of residents in an area. We will be able to compare that to 'high level' reporting from National Drug Treatment Monitoring System (NDTMS) which all providers of structured treatment in England use.

This will indicate whether different groups are less (or more) likely to come into treatment or to remain in treatment or to have 'successful' outcomes from treatment.

This information will also be compared with other national, regional and local data as well as the most up to date data from the National Treatment Agency for Substance Misuse (NTA).

A particular focus in 2009/10 has been progress to targets around local Drug Priorities linked to the delivery of the Drugs Strategy. For Birmingham these included:

Improving access to treatment for:	Improved effective engagement in treatment of:
Crack users	Those entering treatment through the criminal justice system
Black and Minority Ethnic Communities	Improved successful treatment exits for all clients

This work will help us to identify ongoing priorities, and collate Service User, Provider and Stakeholders feedback and flag new areas for exploration.

WHAT DOES IT COST & HOW IS IT PURCHASED?

We intend to replicate the NTA Unit Costs exercise (carried out in 07/08) with more up to date information. This will be carried out locally and thus will not be in as much detail as the previous exercise. However, it is hoped that it will provide additional information for local services against 2008/09 funding and also reflect the increased activity (NiET) activity that took place during that period. We will also be taking into consideration other benchmarking exercises such as the national DIP Review and Unit Costs exercise in order to arrive at a coherent costing model.

We are reviewing our contracting processes with our host PCT, Heart of Birmingham, to ensure the appropriate systems and processes are in place to support contract renegotiation, and any decommissioning or re-commissioning activity in the coming years. This is against a wider review as part of the work around World Class Commissioning.

WHAT DO STAKEHOLDERS THINK?

Service Providers attended an event on the 18 November 2009 at Gee House to discuss both the process and content of any service change. BDAAT have started to attend the Local Delivery Groups (LDGs) across Birmingham to discuss treatment services and community needs, and encourage them to input into the redesign process.

We have an event for Community Pharmacists (by invitation) on 7 December 2009 at Gee House. We will be talking to GPs at the General Practitioners with Special Interest meeting.