

 HM Government

**IMPLEMENTATION OF THE
2008 DRUG STRATEGY:**

***DRUGS: PROTECTING FAMILIES AND
COMMUNITIES***

DRUG SYSTEM CHANGE PILOTS

**INVITATION TO BID AND
SPECIFICATION**

NOVEMBER 2008

Gateway reference number 10813

Drug System Change Pilots: Invitation to Bid

One of the aims of the Drug Strategy, *Drugs: protecting families and communities* (2008), is to deliver new approaches to drug treatment and social reintegration. To achieve this aim, one of the key actions in the Drug Strategy is to develop pilots to test new approaches that can provide better end-to-end management of drug users through the system, including a more effective use of pooled funding and individual budgets, with a sharper focus on achieving positive outcomes for drug users, their families and their communities.

This programme of work will cover drug treatment and the broader social support needs of drug users both in the community and in prisons, including the ongoing care of drug-using offenders leaving prison.

This specification invites bids to develop and operate pilots to test new approaches as outlined above. Proposals are invited from regional and/or local partnerships to propose options for potential pilots to improve their regional/local "system" to deliver an end-to-end approach to managing drug users and their multiple needs, adopting a more personalised approach.

In return, partnerships will be granted funding flexibilities, agreed by government departments for pilot areas only, which will give them the opportunity to develop their own approaches, testing out new and innovative ideas.

This work programme is overseen and commissioned jointly by a cross-government Management Board consisting of Home Office, Department of Health, Ministry of Justice, Cabinet Office, Department for Work and Pensions, Department for Communities and Local Government, Department for Children, Schools and Families and the National Treatment Agency for Substance Misuse.

This is an important - and challenging – programme of work, and the outcomes from the pilots will help to determine the future direction of regional and local drug funding, commissioning and delivery systems.

Pilots will operate over two years, commencing from April 2009. It is appreciated that it may be difficult to deliver the full spectrum of potential change in the early stages of the pilots, particularly as it may be necessary to work within existing contractual commitments. Therefore, proposals should describe how implementation could be phased to achieve increasing, sustainable benefits over the life of the pilot and beyond.

Whilst this is an open process (and all regional and/or local partnerships may apply), it will be of particular interest to those partnerships that have a substantial 'track record' in managing the pooling of budgets, developing effective lead commissioning arrangements at the regional/local level, and have the skills and commitment to be able to make a step change in performance alongside the stimulation of innovative ideas.

The selection of partnerships to develop and implement pilots is through a two-stage process. The initial stage is the submission of Expressions of Interest. The cross-government Management Board will evaluate these Expressions of Interest and select those partnerships who will be invited to expand their Expressions of Interest into full proposals.

The closing date for Expressions of Interest is 6.00 p.m. on Thursday 11 December 2008.

Potential bidders who wish to discuss this programme of work are invited to contact the Programme Manager – Sherife Hasan - at Sherife.Hasan@dh.gsi.gov.uk or on 020 7972 4464, or Sue Finn, Specialist Advisor, National Treatment Agency at Sue.Finn@nta-nhs.org.uk or on 020 7261 8587.

Drug System Change Pilots: Specification

1 Introduction:

The last ten years have seen significant improvements in the provision of drug services. There are now far more people in treatment than ten years ago, waiting times have fallen sharply and there is a range of good practice in multi-agency working.

Existing drug funding, commissioning and delivery systems have helped to deliver an unprecedented increase in drug treatment. However, they are complex and have evolved alongside a number of funding streams and process targets.

The Drug System Change Pilots programme aims to test the potential to make improvements that can make a real difference in the way provision is delivered at a regional and local level. In the Drug Strategy, the Government made a commitment to test out new approaches to delivering services, which ensures the drug treatment system and broader social support services work more closely together and become more focused on improved outcomes, including more personalised and innovative services.

This programme will provide regional and/or local partnerships with the opportunity to develop pilots to test a variety of new approaches that will provide end-to-end management of drug users through the system. Partnerships will have the opportunity to develop these approaches themselves, testing out funding flexibilities on a number of key drug budgets, allowing partnerships to develop new and innovative ideas.

2 Programme Aims and Objectives

The key principle of this programme of work is that all partners should combine and integrate their efforts to maximise outcomes for drug users and provide end-to-end management through the treatment and social reintegration system.

This programme is based on the premise that regional and local partnerships can achieve more if they are allowed flexibility in how they make use of the range of funding streams, including those specific to drugs, giving them the freedom to innovate, to tailor services in response to regional/local needs and to allow partners to align their efforts between shared priorities and local targets.

Accordingly, the pilots will be expected to focus significantly on outcomes, as well as developing improved commissioning arrangements, and operational and performance management processes. Partnerships will have the opportunity to design pilots to test the impact of funding flexibilities, policies or interventions, and to consider how they, as a partnership, use these to identify priorities and needs, tackle barriers, and commission provision based on outcomes, that provides end-to-end management through the system.

The pilots should be about partners coming together with agencies such as housing and employment agencies, criminal justice agencies, and where appropriate, voluntary sector and/or private sector groups and providers.

In order to deliver against this challenging agenda, a regional and/or local partnership needs to provide the leadership, drive and focus for coordinating activity to develop and progress each pilot. Partnerships will wish to demonstrate the ability and willingness to use the resources at their disposal flexibly, in ways that reflect regional/

local needs, support the partnership's overall drug strategic plan, and combine effectively with the money being spent by other partnership organisations.

Existing planning and procurement processes, local or regional structures, targets and funding conditions can all create barriers to the pooling or better alignment of funding. An important part of the pilot process will be identifying flexibilities, which would help partnerships overcome these barriers in order to meet local needs.

The overall aim of the pilots is to improve the operation of the regional/local "system" to deliver an end-to-end approach to managing drug users and their multiple needs, focusing on the person. Possible results would include:

- reducing the opportunities for drug users to fall between services and providers through, for example, more effective data sharing and case management;
- delivering improved outcomes in terms of reintegration and sustainable lifestyles free of previous drugs of dependence, through joined up service provision and multi-functional team approaches;
- incentivising partnerships and providers to deliver improved and sustainable outcomes through mechanisms such as new targets, rewards for particular achievements or contract payments linked to outcomes, and to reduce bureaucracy and provide local freedoms and flexibilities;
- reducing unnecessary bureaucracy and burdens imposed on partnerships and providers; and,
- developing thinking on innovative new outcome focused Public Sector Agreement (PSA)/Local Area Agreement (LAA) targets/ indicators for the future.

3 Outcomes sought:

Overall, it is hoped that the pilots will deliver improved outcomes for drug users and help identify how to deliver the national PSA targets specifically:

- PSA 25: Reduce the harm caused by alcohol and drugs
- PSA 16: Increase the proportion of socially excluded adults in settled accommodation and employment, education or training
- PSA 18: Promote better health and well-being for all
- PSA 23: Making Communities Safer
- PSA 14: Increase the number of children and young people on the path to success

The key outcomes sought are as follows:

- Improved outcomes for drug users in treatment in relation to the four key domains of reduction in dependent drug use, risk behavior, criminal behavior, health and social functioning.
- Improved efficiency in delivering drug treatment and social integration services.
- Improved continuity of care for those entering prisons, in the prison system and on release.
- Better integration of treatment, social reintegration and the criminal justice system.

- Better end-to-end management, including improved case management.
- Better engagement and retention in treatment within correctional services.
- Improved throughcare arrangements, when referred into correctional services and when referred out.
- Reduction in re-offending.
- Demonstrable improvements in community reintegration (and in families reintegration, where appropriate) and treatment effectiveness.
- Where those requiring treatment are also parents of dependent children, there should be a focus on preventing harm to children and helping the whole family to access greater support.
- Potential good practice models for dissemination for national learning.
- Learning which informs the development of a new generation of national PSA targets, which focus more on outcomes.

Pilot areas are not all expected to deliver all of the above outcomes. Key outcomes may vary from area to area depending on the focus and priorities for the pilots.

4 **Brief for Pilot Proposals:**

Partnerships are invited to submit Expressions of Interest in the first instance, using the pro forma attached in Annex A.

It is anticipated that the pilots will want to push the boundaries of flexibilities and devolution to the regional/local level in a way that best meets the needs and circumstances of each individual area. Therefore, rather than set out in detail which regional and/or local partnerships should take the lead or what partnerships are being asked to do, the Expressions of Interests process is being used to ask some basic questions.

To assist partnerships in developing their thinking for their pilot proposal in Annex B there is:

- 'Signposting' to a number of key elements/issues that partnerships may wish to consider in putting together their proposals;
- The key groups of drug users, as outlined in the Drug Strategy that could be the focus of pilots, and;
- An outline of the potential funding flexibilities available only to pilot areas.

Partnerships are asked to use this 'menu' to select the group(s) that they want to major upon in their pilot proposal, based on their own regional/local priorities and needs, and focus on developing effective end-to-end management throughout the system for drug users.

None of the target groups and issues outlined in Annex B are mutually exclusive or exhaustive and many could be combined. They are presented as a 'menu' to give partnerships the opportunity to consider making a whole system change in their area or, where this appears too ambitious, to focus on tackling specific issues.

That said, a number of pilot areas are sought, who will take the opportunity to make a whole system change and to take the opportunity around funding flexibilities to:

- pool or align budgets;
- develop wider joint commissioning practices to include the housing and employment sector;

- develop better integrated commissioning and delivery practices between community-based services and the criminal justice system, and;
- develop the use of Individual Budgets and/or Personal Health Budgets - held by drug workers rather than the drug user, which can be used to personalise rehabilitation and reintegration interventions in more flexible and effective ways.

It is anticipated that the pilots will operate from April 2009 – March 2011 in the first instance and any bids would include a commitment at least to sustain the levels of delivery of effective drug treatment services beyond the pilot period, provided that the flexibilities provided for pilots are maintained.

Once the Expressions of Interest have been assessed, a number of partnerships will be invited to develop full proposals. It is anticipated that bidders will be notified of the outcome of their Expressions of Interest during the week beginning 22 December 2008.

5 Criteria for developing and selecting bids

The pilots will need to focus on improving outcomes for drug users by building on, and improving partnerships, and empowering them to identify and respond to local problems. There is not, therefore, a prescribed model pilot. Instead, partnerships are encouraged to come forward with proposals tailored to their local situations, which also aims to add to national learning, both in terms of the target groups and issues they seek to tackle and the partnership and delivery arrangements they propose in response.

That said, there are a number of criteria, against which Expressions of Interest and subsequent full bids will be judged:

- Although restrictions and ring-fencing may have been removed and flexibilities granted with a number of budgets, partnerships will be expected to achieve current targets and outcomes under the current Drug Strategy.
- Existing volumes of all current delivery targets are maintained (unless there is clear evidence that this is not required. For example, by removing inefficiencies regarding discharge from the system and thereby creating savings).
- All existing delivery targets (e.g. PSA/LAAs) will be retained and met.
- Treatment delivery continues to be provided within individual prisons and probation areas for all prisoners and offenders, irrespective of the geographical area to which discharged.
- There is clear evidence that a robust needs assessment has been carried out. For example, when focusing on any specific group the full bid by partnerships at the second stage will need to demonstrate that these groups constitute a local priority. Partnerships should also indicate any involvement or links to the local Joint Strategic Needs Assessment process.
- There is clear evidence that existing commissioning systems are competent.
- Existing data returns, e.g. National Drug Treatment Monitoring

System (including Treatment Outcomes Profile compliance, Unit Costs, DIRs) are completed to a good standard.

- Robust performance monitoring and performance improvement arrangements are in place.
- Partner engagement and buy-in has been clearly demonstrated.
- Innovative use of resources is being considered as a means of overcoming barriers and improving client interventions.
- That, as appropriate, there are systems already in place or planned to support drug misusing parents and those families at risk where substance misuse is an issue.

Partnerships who are asked to provide a full proposal at the second stage should be prepared to provide more detailed information on:

- Costs associated with any changes to existing contracts and/or internal prison/probation staffing arrangements. It will be for partnerships to obtain definitive advice on TUPE, matched specifically to the nature of the proposal, if applicable.
- What improved outcomes the proposal will deliver and how these will be measured by the partnership.
- How the pilot might contribute to the development of regional/local shadow targets that could be used to inform the development of future PSA and LAA targets and indicators.

A cross-government panel made up of the Government Departments on the System Change Pilots Management Board will review all Expressions of Interest. The panel will consider the proposed pilot, the level of innovation, the track record of the members of the partnership/consortium and the above criteria.

As part of the evaluation of the Expressions of Interest, the panel may also seek the views of regional bodies such as NTA Regional Managers, Government Offices and regional offender managers.

This invitation to bid is purely an invitation to submit an Expression of Interest that may or may not result in a partnership receiving an invitation and a small financial award to develop a full proposal. If proposals are not successful, the Management Board will not issue invitations to proceed or make such an award.

6 Evaluation:

An evaluation process for the series of pilots as a whole will be developed at the centre. Each pilot partnership must engage with the Performance evaluation process as a condition of selection.

The quantitative evaluation will specify the fixed and comparable data, and the outcomes to be measured, e.g. TOPS¹, which partnerships will need to gather to ensure that there is a consistency of approach. This will be based on existing data sources and no additional burdens will be placed on partnerships to gather new sources of information and data. This will be supplemented by some national evaluation work on the pilots.

The Treatment Outcomes Profile (TOP) is an instrument for drug treatment service outcomes monitoring and related research applications, developed by the NTA.
(http://www.nta.nhs.uk/areas/outcomes_monitoring/default.aspx)

There will also be some formative evaluation of the pilots so that successful new approaches can be disseminated as models of good practice. Benchmarking of outcomes and qualitative evaluation will investigate and compare the improvements made by each pilot, from the perspective of service users, commissioners, service providers and other stakeholders.

Further details will be provided to successful partnerships.

7 Accountability and Performance Management

In order to manage pilots, track drug users' progress and report performance, partnerships will need to ensure they have robust monitoring and performance management systems in place to track progress and oversee processes that are appropriate to the level of devolution and funding flexibility available.

Partnerships will be expected to outline in the full bid how this will be consistent with existing performance management arrangements in relation to LAAs, NOMS contractual arrangements and the adult and IDTS treatment planning and performance assurance processes, and identify any flexibilities that might be tested through the pilots, if appropriate.

8 Funding Available

This programme of work is not a source of new money for service delivery. One of the key aims of the pilot includes partnerships making better use of existing resources, aligning the efforts of all partners and key stakeholders, encouraging innovation and sharing best practice.

However, some funding will be available until March 2011 and the amount available will depend on the number of pilot areas selected. This will be allocated to the pilot areas to kick-start the pilots and help build capacity by funding the appointment of a project manager and administrative support, to bring partners together and to produce a delivery and implementation plan for the pilot.

A small sum of money will be provided immediately to all partnerships selected on the basis of their Expressions of Interest to develop full proposals.

9 Summary of Responsibilities of Successful Bidders

Over and above fulfilling existing responsibilities for delivering services to target and within budget:

- develop and implement pilots as per proposals;
- acknowledging the tightness of the overall timescale, to phase the implementation in ways appropriate to delivering robust solutions, taking into account the need for early evidence of sustainable improvement;
- contribution to central and local evaluation;
- holding regular progress reviews; and
- participating in the programme knowledge network and other mechanisms for dissemination of best practice.

10 Who can apply

Bids are not confined to existing drug partnerships. In this specification, the term "partnership" can be applied to any regional or locally based partnerships or consortia who wish to submit a proposal.

As the pilots have the potential to test current legal and governance arrangements, any such partnerships would need to be both legally and functionally capable of pooling the relevant budgets and commissioning the services required.

Bids will only be considered if they can demonstrate that the bid is a

partnership or consortium arrangement that includes partners who can comply with the above. This applies to third sector, private and statutory sector applications.

11 Timetable:

The timetable for the bidding process for the pilots is as follows:

- **11 December 08** – Closing date for responses and receipt of Expressions of Interest.
- **By 22 December 08** – Successful partnerships contacted and asked to further work up their bids
- **Week commencing 5 January 09** – Workshop for partnerships wishing to participate in bidding process from shortlisted candidates. Additional guidance also provided on what will be required for the full bid.
- **Week commencing 12 & 19 January 09** – Bespoke visits available to partnerships by System Change Pilots programme staff or relevant regional managers e.g. NTA, NOMS (on request).
- **6 February 09** – Closing date for responses and final bids.
- **By 20 February 09** – Partnership areas informed of their success.
- **By 31 March 09** – Successful partnership areas will have received funding and appointed project managers, etc, and are ready to begin taking forward pilots.

12 Submitting Expressions of

Expressions of interest should arrive no later than 6.00 p.m. on Thursday 11 December 2008, using the pro forma attached in Annex A (a word version is available and should be sent out with this pack). Bids received after this time and date, or not on the attached pro forma, will not be considered. It is the responsibility of the bidder to ensure that the proposal has arrived by the deadline stated.

An electronic copy of the proposal should be received by this deadline. This is an electronic-only submission process.

Expressions of Interest must be completed on the attached pro forma and must include the name and full address details of a contact to whom queries may be directed.

Expressions of Interest should be emailed to Sherife Hasan (Sherife.Hasan@dh.gsi.gov.uk).

13 Further Information

Further information is available from Sherife Hasan – the System Change Pilots Programme Manager - at Sherife.Hasan@dh.gsi.gov.uk or on 0207 972 4464. If they wish to do so, potential bidders are invited to contact her to clarify any issues they may have. The alternative contact is Sue Finn, Specialist Advisor, National Treatment Agency at Sue.Finn@nta-nhs.org.uk or on 020 7261 8587.

**Drug System Change Pilots Expressions of Interest (EOI) – Pro Forma for Proposals
(All sections must be completed)**

Name of Partnership and regional and/or local area covered and the rationale for this:

**Names of all Partners
(Please provide the name, role and organisation of all partners who are signed up to this EOI) :**

State which organisation will be the lead Partner:

Full Contact Details for Primary Contact:

Name:

Position:

Email:

Address:

Tel:

Provide an early indication of which other organisations/providers/partnerships would be involved in the pilot e.g. Third Sector providers, employers, prisons, users/carers:

Provide description of pilot proposal, including target drug user groups and issues to be tackled:

Outline any current barriers to partnerships work at regional and/or local level that may impact on the pilot proposal and how you propose to overcome these barriers;

Outline the impact that the pilot may have on wider strategies e.g. employment and skills strategies:

Outline what governance/oversight arrangements will be used to oversee the pilot programme and any new or adapted governance and oversight arrangements that may be required to support the pilot:

Sign-posting of key elements/issues, targets groups and funding flexibilities

1. Sign-posting to key elements and issues

- It is likely that partnerships looking to take part in the pilots and make a system change might consider **establishing an incremental process**. For example, partnerships could bring together all relevant criminal justice funding streams, or relevant local authority and health funding streams or bring all of the above together.
- Any partnerships considering **bringing together all budgets or all the criminal justice budgets** might consider how they intend to manage the **commissioning arrangements** as commissioning in prisons takes place at both a regional and local level (some commissioning also take place at a national level). Responsibility for prisoners' healthcare, including the clinical aspects of drug treatment, transferred from the Prison Service to the Department of Health in April 2003. Primary Care Trusts (PCTs) now commission prison clinical and health care at a local level, while the majority of NOMS funding for adult offender services flows through national and regional commissioners.
- **NOMS commissioners** have the flexibility to negotiate the mix of services provided by HMPS at establishment level, subject to achieving national and regional performance targets. In 2008/09 NOMS Regional Commissioners were given the flexibility to make service changes and re-allocate resources. This allows a greater focus on driving the necessary outcomes by providing the flexibility to target resources on those offenders who pose the greatest risk. **Primary Care Trusts** also have a responsibility to ensure that there is a strategic needs assessment undertaken to establish the needs of offenders in prison and plans are developed to meet these, and that arrangements are in place to help ensure continuity of care upon release from prison.
- In terms of commissioning generally, the Local Government and Public Involvement in Health Act (2007) places a duty on local authorities and PCTs to undertake **Joint Strategic Needs Assessments (JSNA)**. The JSNA is a process that will identify the current and future health and wellbeing needs of a local population, informing the priorities and targets set by Local Area Agreements (LAAs) and leading to agreed commissioning priorities that will improve outcomes. This is also supported by the recently established needs assessment undertaken by Integrated Drug Treatment System (IDTS) funded prison partnerships.
- Partnerships considering **establishing an integrated offender approach** might consider involving DIP, PPO schemes, CARATs, and probation and police services if they are to make better use of existing resources and to better meet the needs of drug-using offenders. Partnerships may like to consider how they **would manage the pooling of budgets** and the **aligning of priorities** to ensure that the different agencies are focusing on the same group of offenders, and **successfully rehabilitating and resettling drug-using offenders into the community**. Any proposed integrated approaches should deepen and extend joint identification and assessment, improve offender management and information sharing frameworks for those offenders in the community who present the highest risk of re-offending, especially for those short sentenced offenders released from prison under no statutory supervision.
- **Release from prison** is high risk for drug using offenders. Drug-dependent prisoners are approximately twice as likely to commit suicide in the first week in custody as those who are non-dependent. Therefore, effective strategic planning and commissioning needs to span prison and community, and remove barriers to coordination on release from prison.
- Partnerships could consider strengthening the management of **mental health and substance misuse problems**, which commonly co-occur amongst people in contact with the criminal justice system. There are opportunities to plan for closer integration of services in the community, in prison, and post-release and thereby reduce risks of self-harm and suicide,

improving the efficiency of treatment delivery, and reduce the risk of re-offending. There are examples of good practice in effective co-ordination of mental health and substance misuse services, but many are currently disconnected from one another. Pooled budgets offer the opportunity to reduce dislocation.

- Partnerships should note that the **new Offender Management Act** states that probation trusts or probation boards (until 2010) will have responsibility for being the lead providers of offender management. They are also expected to bring together joint commissioning and develop local partnerships arrangements to support public protection and reduce re-offending.
- Partnerships may also consider **making links with pilots on the Integrated Offender Management approach**. These pilots are running in a number of areas and are testing the approach that police, probation service and Youth Offender Teams can achieve better outcomes by working in partnership with other agencies, integrating core business to make the best use of shared skills and resources. By using new and existing partners to supervise and rehabilitate offenders, Integrated Offender Management approaches draw on the resources and support of all relevant partners to supervise, resettle and rehabilitate young and adult offenders.
- Partnerships may want to consider using Individual **Budgets or Personal Health Budgets** to help in the reintegration of drug users who are abstinent or stabilised on a prescribing programme. Some individuals who have completed treatment services or who are stabilised on a prescribing programme find it difficult to cope independently and to set their own outcomes and control how they meet them. Therefore, partnerships may find it useful to see whether designing a system of **individual budgets or personal health budgets for drug users can improve the reintegration and rehabilitation of drug users who have completed treatment and are abstinent or who have stabilised on a prescribing programme**. However, drug users would not be expected to hold the individual budget or personal health budget, but partnerships could develop a system whereby a third party, such as a local treatment provider, will be able to hold the budget on behalf of the individual and support the individual in developing a suitable care plan.
- **Individual budgets** have already been piloted in 13 sites as part of the In Control Total initiative. The pilots have focused on a shift in culture, attitude, practice and systems, including what social care money should be spent on and how council IT systems can support very different information requirements. Partnerships may find it useful to make links with any pilots sites in their areas and to review the report on these pilots. The final report on these pilots and good practice information can be found at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_089505
- High Quality Care for All announced that from 2009 there will be a pilot, building on experience with individual budgets in social care, to **test personal health budgets** as a way of giving patients greater control over the services they use. Partnerships might want to consider making links with this pilot programme. The Department of Health now have a webpage on their website on personal health budgets: http://www.dh.gov.uk/en/Healthcare/OurNHSourfuture/DH_090018
- The core principles on **personal health budget** are currently being refined and are likely to include, for example, that personal health budgets must:
 - fully support the principles of the NHS as set out in the Constitution;
 - include tailored support to meet patients' different needs, particularly those least well served by existing services;
 - be voluntary – no one will ever be forced to have a budget and budgets will not be suitable for all types of care;
 - be underpinned by safeguards so that no one is ever denied essential treatment as a result of having a personal budget; and,
 - make good use of NHS resources.
- Towards the end of this year, early learning will be shared and there will be a call for expressions of interest in pilots. **Pilots for personal health budgets** will begin in summer

2009, running for three years, using existing legal flexibilities, such as budgets held by the PCT or a third party. Partnerships might consider making appropriate links with any pilots being developed in their local areas. From summer 2010, subject to primary legislation, the piloting healthcare direct payments will begin.

- The Drug Strategy put families at the centre of its approach, showing evidence of the potential negative impact of drug use on families and family members. Partnerships may consider **developing a 'whole family' (including carers) approach**, including robust and effective partnerships and information sharing protocols with health social care and children's service to:
 - Address the distinct needs of carers and families by commissioning consistent, effective and quality services for family members and carers affected by someone else's drug use;
 - Improve treatment outcomes and support reintegration by involving carers and families in the drug user's treatment and reintegration pathways;
 - Embed effective, system change partnership-wide monitoring and delivery assurance system relating to work with families and carers within commissioned services; and,
 - Make a sustainable impact in preventing and reducing the harms to families related to substance misuse (and potentially reducing new entrants to the PDU population).
- Partnerships might need to ensure that they have taken into account **employment issues** in their areas. Partnerships should be aware of **employment help for unemployed drugs users**, including local Jobcentre Plus activity, notably progress2work. Partnerships may want to consider how they would build on and optimise all key local partnerships including that with Jobcentre Plus.
- DWP is developing plans to **better link treatment and employment help for unemployed drugs users** locally. During 2009, it is anticipated that there will be strengthened coordination so that drug users can move more readily through recovery into jobs. In addition, it is likely that the requirement set out in Drug Strategy for drugs users on out of work benefits to attend a treatment discussion, will be effected. Therefore, partnerships may want to consider how they would practically **connect the worlds of treatment and employment**.
- To help connect the worlds of treatment and employment, the Department of Health has made new funding available for new **Drug Treatment/Jobcentre Coordinators**. These posts will support local partners in identifying appropriate pathways for signposting people from jobcentres into treatment, and those already in treatment into employment support. The new Coordinators should be in post from January 2009 onwards. NTA and Jobcentre Plus will be producing additional guidance.

2. Target Groups (as outlined in the national Drug Strategy)

- Problem drug users (including heroin and crack cocaine users, who cause the most harm)
- Drug misusing offenders:
 - Offenders in the community
 - Offenders in custody
 - Ex-offenders
- Abstinent and stable drug users (on prescribing programmes) seeking support around reintegration (including housing, employment, education/skills) and/or access to individual budgets or personal health budgets
- Women, including pregnant women
- Families:
 - Drug using parents
 - Children of drug using parents
 - Women with children
 - Carers
- Drug users on benefits but not in treatment
- Black and Minority Ethnic drug users
- Lesbian, gay, bisexual, transgender and transsexual (LGBT) users
- Drug users with mental health problems

3. **Funding Flexibilities**

Government Departments have agreed that flexibilities will be granted in **pilot areas only** around the following budgets:

- **Drug Pooled Treatment Budget (PTB)** – There will be a **relaxation of the current restrictions around the PTB** to allow it to be used jointly with other funds in more flexible and innovate ways.
- **Integrated Drug Treatment System (IDTS and NHS/clinical funds)** - There will be a **relaxation of the current restrictions around the IDTS clinical funds** to allow it to be used jointly with other funds in more flexible and innovate ways.
- **Integrated Drug Treatment System (CARATS)** – **Flexibilities around funding may be negotiated.**
- **Drug Rehabilitation Requirements (DRRs) - Flexibilities around funding may be negotiated.**
- **Drug Interventions Programme (DIP) – DIP Main Grant** - There will be a **relaxation of the current ring-fencing around the DIP Main Grant** to allow it to be used jointly with other funds in more flexible and innovate ways.

The above flexibilities are subject to agreement that there will be no disinvestment of any of the above funding streams (and any current mainstream investment in drug treatment) at a partnership or prison level, and provided the level of treatment provision as set out in current contracts be at least maintained within the community and prisons areas for all drug users, including offenders. This is to ensure that the pilots retain drug treatment funding to support effective delivery, including the social reintegration agenda.

There are a range of other funding streams that drug users also have access to locally and partnerships may want to consider how best to make links with relevant organisations and so ensure that the best use of these funds are made for drug users. It would be impossible to provide a definitive list but some of the key funding streams are outlined below:

- **Progress2work** – around £20m per year.
- **Local Authority Community Care Funding** – remains a significant source of funding for Third Sector substance misuse residential rehabilitation services.
- **Individual Budgets** (see above – Section 1)
- **Personal Health Budgets** (see above – Section 1)
- **Supporting People Funding** - CLG aims to include the programme grant in the Area Based Grant from April 2009, dependent on the evaluation of a testing period, which is currently taking place.
- **Local Authority Area Based Grant** - Government has significantly increased local authorities' flexibility over the use of their mainstream resources by moving over £4 billion into the non-ring fenced Area Based Grant. The aim is to minimise the barriers to local authorities using their mainstream resources to support LAA priorities where they wish to do so. Area Based Grant include the following grants:
 - Adult Social Care Workforce
 - Care Matters White Paper
 - Carers
 - Child and Adolescent Mental Health Services
 - Children's Social Care Workforce
 - Children's Fund
 - Connexions

- Crime Reduction and Anti Social Behaviour
- Local Involvement Networks
- Mental Capacity Act and Independent Mental Capacity Advocate Service
- Mental Health
- Positive Activities for Young People
- Respect
- Stronger Safer Communities Fund
- Teenage Pregnancy
- Working Neighbourhoods Fund (replaces Neighbourhood Renewal Fund)

Partnerships should already be aware that any of the above funding streams might already be allocated to a range of providers, including Third Sector providers, under contracts for a number of years. Therefore, **discussion might need to be held with providers around possible contract adjustments and the impact of these.** Further, where contracts would need to be re-negotiated, penalties for break may need to be found. The cost of TUPE arrangements (legal advice and funding) would need to be met if these were necessary.