

## Oxfordshire Recovery Services

### Summary of Specification

#### 1. Payment by Results Model

##### 1.1 The Contract

From April 2012 all community drug and alcohol recovery services will be provided by organisations that have been selected through the procurement process for Recovery Services. The resulting contracts will agree the expectations as outlined in this specification, which define quality, care standards, cost and performance management expectations, without committing to or guaranteeing any specific activity.

##### 1.2 PbR Recovery Outcomes

The Government, in partnership with the PbR pilot Co-Design Group, has developed a set of outcome measures for Drug Recovery (detailed in Annex A). We will work with short-listed providers to ascertain the suitability of these outcome measures for alcohol and if they are deemed not suitable we will develop local outcome measures.

The Recovery Services will be paid an engagement fee each time a service user starts with their service, and a payment for each outcome that they achieve. Payments will then be made to each provider according to the number of outcomes achieved during each quarter. The payment amount will be determined by the complexity levels of that cohort. Please note the NTA data will not identify payments against specific individuals.

##### 1.3 Service User Assessment and Onward Referral

When a service user enters the treatment system in Oxfordshire they will be assessed by the LASAR service (Aquarius has been selected following competitive tender, to provide LASARS). The LASAR team will work with the individual to ascertain both their immediate needs and their ongoing drug or alcohol treatment needs, and to decide whether the individual requires harm minimisation or recovery services. Where recovery services are selected the individual will be able to review a 'menu' of the services provided by each recovery Service to allow them to select the most appropriate provider for them. LASARS will then facilitate the onward referral.

#### 2. Service Description

##### 2.1 Description of types of interventions

Recovery Services will provide community based, holistic, recovery centred treatment services to drug and alcohol users across Oxfordshire. Recovery Services will operate independently of the Local Area Single Assessment and Referral Service (LASARS).

The Service/s will:-

- Provide evidence based psychosocial interventions;
- Provide evidence based clinical interventions including:
  - Safe and appropriate community detoxification for opiate dependence;
  - Safe and appropriate community detoxification for alcohol dependence;
- Meet Probation requirements for those on a Drug Rehabilitation Requirement (DRR) and Alcohol Treatment Requirements (ATR) including notifying Probation of attendance or non-attendance within 1 working day and having regular contact with the Probation worker to discuss progress.

In addition the scope of recovery provision is likely to comprise of, but is not limited to, the elements detailed

below. This may include direct delivery by the Provider, sub-contracting arrangements or facilitated access to services provided elsewhere:-

- Counselling, psychotherapy and family therapy;
- Key working;
- Single gender therapies;
- Groups including:-
  - Therapeutic groups including day programmes;
  - Tackling offending behaviour groups and individual programmes;
  - Links to mutual aid;
- Peer support;
- Blood borne virus support, testing and vaccination;
- Education, Training and Employment support:-
  - Educational programmes literacy, numeracy and basic IT;
  - Mentoring programmes;
  - Facilitated access to formal educational programmes;
  - Facilitated access or provision of vocational training programmes;
  - Support to ensure work readiness;
  - Support in accessing work programmes;
- Sports & art based therapy programmes;
- complementary therapy treatments such as auricular acupuncture;
- Relapse prevention;
- Housing support;
- Debt management;
- Life and social skills.

Services will be encouraged to provide, or facilitate access to, a wide range of interventions and services to enable service users to achieve the desired outcomes and to ensure that they are supported. We welcome innovation to engage service users in the therapeutic process; this could be for example equine therapy.

Each Recovery Service will be expected to provide information on their service components to enable service users, with the support of LASARS, to select the most appropriate provider. A draft leaflet detailing this 'menu' will be required at the Invitation to Tender stage of the procurement. In addition the provider will ensure that service users receive an 'induction' on initial engagement.

### **2.1.1 Psychosocial Interventions**

#### **Individual Interventions**

Where the Service provides individual care planned interventions they will be evidence-based, delivered to service users across the county according to need. This includes the provision of home visits where appropriate following a full risk assessment. Interventions should form part of a coherent package of care.

#### **Group Work and Day Programmes**

Service users regularly identify that a significant barrier to sustaining abstinence is the need to replace drug taking activity and social networks. Meaningful day activities and positive peer engagement is key to sustaining treatment gains and therefore group work provision can play a key role in enabling individuals to work towards and maintain recovery.

Group modules may also form part of Drug Rehabilitation Requirements (DRR) or Alcohol Rehabilitation Requirements (ATRs) for Probation clients and so there will be an additional administrative requirement for these clients as part of their attendance.

### **2.1.2 Prescribing Regimes**

Prescribing will involve the provision of:-

- Medically supervised withdrawal from opiate addiction;
- Medically supervised withdrawal from alcohol.

It is expected that prescribing will be in line with national and local guidance including the Department of Health's clinical guidelines and NICE; taking into account the recommendations for the reduction of drug-related deaths, identified in the report from the Advisory Council on the Misuse of Drugs and the government's response to that report and the subsequent action plan. Prescriptions must be written in accordance with the Misuse of Drugs Regulations 1985 (amendment 2005).

Guidelines state that for some patients, prescribers should arrange supervised consumption with an appropriate health professional, such as the Community Pharmacist. Prescriptions will normally be taken under daily supervision for the initial period of three months.

### **Opiate Detoxification Prescribing**

All service users accessing recovery services should undertake community detoxification, as appropriate, and as part of a package of care. Detoxification prescribing will include the following:

- A comprehensive prescribing assessment;
- A detoxification plan including clear aims and objectives agreed with the patient and will include access to other interventions if appropriate;
- During the prescribing phase of the patient's treatment they will be regularly reviewed and monitored using agreed protocols and good practice guidelines;
- Access to, or referral for, appropriate tests for hepatitis B and C and HIV with informed consent and hepatitis A and B prophylaxis where indicated;
- Opiate substitution therapy will be appropriately prescribed to minimise the likelihood of relapse;
- Co-dependency of opioids and other substances including alcohol will be managed as part of the patient's care package.

Detoxification should not be undertaken in isolation, consideration must be given to the impact on an individual's general health and other medications to minimise the risks of adverse events (e.g. overdose, secondary to lowered tolerance, relapse into drug use, unexpected urgent admission to hospital, seizures). The Recovery Service will ensure thorough communication with the individual's GP Practice, concerning all aspects of their medical treatment, informing the practice in writing at regular intervals.

### **2.1.3 Services Users receiving treatment at their GP Practice**

A service user may elect to continue to receive prescribing interventions from their GP, where the GP practice agrees to work with the individual and the recovery service to undertake detoxification, and where their Practice is participating in the Oxfordshire Local Enhanced Service (LES) for drug misuse. In this event the Recovery Service will ensure thorough communication with the individual's GP Practice, informing the practice in writing at regular intervals in an individual's treatment.

### **2.1.4 Detoxification for Alcohol**

Recovery Services will be the only DAAT commissioned providers of community alcohol detoxification. The aim of this intervention is to provide medically assisted withdrawal from alcohol, with pharmacological treatment that result in abstinence. It is important to recognise that not all individuals who are dependent on alcohol will automatically need a medically assisted detoxification. The need to provide detoxification should be assessed on an individual basis.

Individuals with more complex needs or co-morbidities should have a more specialist package of care, for example patients with:

- Dual diagnosis or significant mental health issues;
- Significant poly-pharmacy and drug interactions complicating detoxification;
- Failed previous interventions;
- The need for pharmacological management of abstinence -Acamprosate, oral naltrexone or disulfiram<sup>1</sup>

Detoxification should not be conducted in isolation but be part of a package of care to sustain abstinence.

### **Planning for Detoxification**

The individual must express a clear wish to cease drinking or have a break from drinking for at least a few weeks. An assessment including the Severity of Alcohol Dependence Questionnaire (SADQ-C) should be undertaken, as the AUDIT screening tool only identifies a problem with dependence. The SADQ-C measures the severity of that dependence; scores of 15-30 usually need assisted alcohol withdrawal which can usually be managed in the community.

Consideration should be given to the potential risks arising from alcohol detoxification complications such as Delirium Tremens (DTs), alcohol withdrawal seizure and Wernicke Encephalopathy (WE). Vitamin Supplementation is vital in any alcohol detoxification.

### **Alcohol detoxification with symptom-triggered medication**

Alcohol detoxification with symptom-triggered medication may be considered if conducted in a safe comfortable environment following NICE clinical guidelines. (NICE CG 115 Alcohol Dependence). The service user should be monitored on a regular basis and pharmacotherapy should only continue as long as the service user is showing withdrawal symptoms (NICE CG 115 Alcohol Dependence). This approach should include:-

- Pharmacological relief
- Clinical supervision
- A safe and secure environment for the patient
- Support and monitoring of the patient throughout

## **2.2 Blood Borne Viruses**

We are committed to reducing the transmission of blood borne viruses in individuals. In line with the current national recommendations, our Hepatitis C Action Plan and Harm Reduction Strategy, the Provider will offer the following:

- Information on preventing blood borne virus transmission;
- Hepatitis B vaccination and hepatitis A vaccination as appropriate;
- Testing and referral for HIV and hepatitis C; following established pathways for those infected;
- Pre and post test support for patients undertaking BBV testing.

Information on preventing blood borne virus transmission should be available throughout the service.

## **2.3 Dual Diagnosis**

The Provider will work collaboratively with mental health services across Oxfordshire to ensure that the immediate substance misuse needs of individuals with a dual diagnosis are met. This will include close collaboration in the delivery of Recovery Services with those on medication for mental health problems, to ensure the delivery of a mainstreamed and integrated model of working with clients. Where the individual has

<sup>1</sup> Alcohol –use Disorders Clinical Guidance 115 NICE February 2011

a moderate to severe mental health disorder responsibility for care coordination will remain with the Community Mental Health team. The provider will ensure compliance with the Oxfordshire Multi-Agency Dual Diagnosis Strategy and annual actions plans.

#### **2.4 Inclusion criteria**

Recovery Services cannot deny access to any individual meeting the criteria as detailed below. The primary target groups are those who are resident in Oxfordshire and who are:

- Dependent drug users;
- Dependent alcohol users (Models of Care 2006).

Recovery services will be targeted at those individuals who have been assessed by LASARS as ready to work towards abstinence. Those who are assessed as not ready for abstinence or who do not need this level of intervention will be referred to the Harm Minimisation Service.

##### **2.4.1 Young People**

Any person under the age of 18 requiring medically assisted withdrawal from alcohol or opiates will be included within this specification. Recovery Services are not expected to provide psychosocial services for young people as part of their core recovery provision, but must work in collaboration with the specialist young people's treatment service and other young people's services to provide a robust package of care. The service must ensure good communication and liaison with appropriate services.

It is essential that any service providing medically assisted withdrawal to a young person must liaise directly with social care services.

#### **2.5 Treatment Outcomes Profile (TOP)**

LASARS will complete the 'start', 'review' and 'exit' TOP, and Recovery Services under this contract will be expected to facilitate this process to ensure LASARS are able to complete the TOP within the required timeframe. The review TOP is expected to be completed every 12–26 weeks.

### **3. Service Implementation**

#### **3.1 Existing Service Users**

Recovery Services are due to become operational on 2 April 2012. Therefore, there will be a transitional period in the first few months of operation, where service users will need to transfer to new provision. All individuals who are already accessing treatment services will be assessed by LASARS between February and their current provider's contract end date in readiness for access to recovery provision in April 2012. All service users, in particular those on OST, will be assessed as to their suitability for either the Harm Minimisation or Recovery Services. They will then transfer to either the Harm Minimisation Service or a Recovery Service; this process will be managed jointly by the existing provider, LASARS and new providers over the transitional timeframe.

### **4. Service Delivery**

#### **4.1 Care pathways**

Recovery Services will develop robust care pathways, specifically with LASARS and Mental Health Services and other key services to ensure effective and efficient management of referrals between services.

#### **4.2 Location(s) of Service Delivery**

[to be completed following contract award]

#### **4.3 Peripatetic work**

Recovery Services will cover the whole of Oxfordshire and as such a cohesive accessible service must be provided across the county, and will include home visits. Recovery Services will ensure that all work is delivered peripatetically across Oxfordshire and that interventions are carried out in any locality across to ensure that no individual is disadvantaged due to their geographical location. Recovery Services will also ensure that there are facilities available for travel reimbursement and travel vouchers to facilitate service user access.

#### **4.4 Days/ hours of operation**

Recovery Services will ensure that they are flexible inside and outside of core office hours to include weekends and bank holidays. Regular out of hour's services and home visits will be provided across the county according to individual need.

#### **4.5 Referral sources and process**

Referral to Recovery Services will only be made following an assessment by the Oxfordshire LASAR team. Other agency or self referrals will need to be sign-posted to LASARS for an assessment prior to the start of any intervention. LASARS will agree with the individuals whether they will access the Harm Minimisation Service or a Recovery Service, and if so which Recovery Service is appropriate for them to access.

All Recovery Services will be expected to provide the minimum service elements as detailed above. The choice of Recovery Service will be made with the LASARS and individual, and will be based on the individual's choice following consultation of the menu of options available at each service.

The comprehensive assessment completed by LASARS will be passed to the service provider to inform the recovery planning process.

#### **4.6 Discharge processes**

Discharge planning, where appropriate, is the responsibility of the worker, and will occur once needs have been met. Please note that tier 3 structured treatment modality discharge information should be completed on OTIS when the individual completes structured treatment, along with the exit TOP form by LASARS, even if the service continues to support the service user. This is when the clock will start ticking for the dependency final outcome calculation.

Work following successful completion from treatment should be entered as a tier 2 modality (likely to be aftercare).

## Annex A – National Outcome Measures

### Outcome Domain 1: Free from drug(s) of dependence:

Initial Outcomes		Eligibility Criteria	Data Source	Minimum Data Lag
1.1	<p>Drug and/or alcohol use reliably improved (i.e. reduced their consumption by statistically significant levels) for <b>all</b> presenting substances at any <b>two</b> Treatment Outcomes Profile (TOP) review within the last 12 months.</p> <p>No more than 20% of the total value assigned to this outcome domain can be placed on this initial outcome.</p> <p>Where a client exits treatment before 12 months then the appropriate exit TOP will be used instead of a review TOP</p>	<p>Clients 18 or over who cited as a problematic substance any of opiates, crack cocaine, powder cocaine, alcohol, cannabis or amphetamines in their latest treatment journey.</p> <p>Where an individual presents with only substances not recorded on TOP (currently about 1%) then a change of one standard deviation will be used for the information recorded under 'other substance' Only one substance will be able to be measured this way</p>	NDTMS	4 weeks
1.2	<p>Abstinent from <b>all</b> presenting substances at any <b>two</b> TOP reviews where this was in the last 12 months.</p> <p>Where a client exits treatment before 12 months then the appropriate exit TOP will be used instead of a review TOP</p>	<p>Clients 18 or over who cited as a problematic substance any of opiates, crack cocaine, powder cocaine, alcohol, cannabis or amphetamines in their latest treatment journey – still in structured treatment at the end of the specified payment period.</p> <p>Where an individual presents with only substances not recorded on TOP (currently about 1%) information recorded under 'other substance' will be used – Only one substance will be able to be measured this way</p>	NDTMS	4 weeks
1.3	<p>Planned exit from the treatment component of the recovery journey, free from drug(s) – including alcohol – of dependence (including abstinence from heroin and crack cocaine)</p>	<p>Clients aged 18 or over, not in structured treatment in past 21 days. Assessed as having a dependency on drugs/alcohol that would benefit from structured treatment</p>	NDTMS	4 weeks
Final Outcome		Eligibility Criteria	Data Source	Minimum Data Lag
1.4	<p>Discharged from treatment successfully (free of drug(s) of dependence) and do not re-present in either the treatment system or in the criminal justice system (taken into the DIP caseload) in the following 12 months</p>	<p>An individual does not show up on NDTMS having started a new treatment journey, nor are they shown as being subsequently taken onto DIP/ prison caseload in the 12 months following their successful completion of structured treatment</p>	NDTMS DIRWEB	NDTMS: 4 weeks DIRWEB: 8 weeks

### Outcome Domain 2: Offending

The offending measure has been built to incentivise providers to work with clients to cease their offending behaviour. The measure includes **all** offending. The pilots will be able to choose whether to do this on a cohort or individual basis, but they are strongly recommended to use a cohort basis as this minimises the risk of paying for outcomes that may have occurred anyway. Areas with a small number of drug and/or alcohol misusing offenders will need to carefully balance the difficulties of using a cohort measure against the risks associated with using an individual one.

#### Note:

The “Early payment approach” cohort measure has been designed to be consistent with the interim and final outcomes scheme used by the Ministry of Justice in its other PbR pilots and set out in earlier drafts of these definitions. This scheme is defined by:

- Interim: Reduction in average number of proven offences in a 6 month period from the point of beginning a recovery intervention;
- Final: Reduction in average number of proven offences in a 12 month period from the point of beginning a recovery intervention.

It allows payments earlier in the scheme, which are then recovered at a later point if performance does not meet expectations, in order to ease the cash-flow issues faced by providers. One change from an exact equivalent to a simple interim and final payment scheme has been introduced, to improve measurement of outcomes for clients who remain in treatment for periods longer than 12 months. This measure is especially suitable for smaller providers who cannot bear the risk of delays in payments. If the provider is larger and more capable of taking this risk, then the Interim and Final payments scheme may be considered as an alternative as they are simpler to construct a robust contract around and do not require recovering money from a provider.

Please see details of the Offending outcomes below:-

Measure		Eligibility Criteria	Data Source	Minimum Data Lag
<b>Individual measure: Interim</b>				
2.1	No proven offending in a 6 month period from the point of beginning a recovery intervention from a provider	All clients aged 18 or over at time of initial engagement with provider <sup>2</sup> , regardless of previous offending history	DIRWEB NDTMS PNC	16 months from individual being assessed by LASAR (including 10 month time lag to allow cases to be processed through criminal justice system)
<b>Individual measure: Final</b>				
2.2	No proven offending in a 12 month period from the point of beginning a recovery intervention from a provider. It will be possible to 'reset the clock': i.e. if a proven offence is committed inside that 12 month period then the 12 month period restarts on release into the community from prison or from commencement of any type of CJS disposal. This reset would be allowed up to 12 months after discharge from structured treatment.	All clients aged 18 or over at time of initial engagement with provider regardless of previous offending history	DIRWEB NDTMS PNC	22 months from individual being assessed by LASAR (including 10 month time lag to allow cases to be processed through criminal justice system)
<b>Cohort measure: Early payment approach (interim and final combined)</b>				
2.3	Reduction in average offending of cohort compared against baseline, calculated and paid quarterly. Cohort to be made up of those individuals in and recently discharged from treatment (details to be determined with pilot areas).	All clients aged 18 or over at time of initial engagement with provider regardless of previous offending history	NDTMS PNC	14 months from beginning of provider's PbR contract: then quarterly data updates

<sup>2</sup> Defined as triage date reported via NDTMS or NATMS

### Outcome Domain 3: Health and Wellbeing – Initial Outcomes

Outcome Domain		Measure	Eligibility Criteria	Data Source	Minimum Data Lag
3.1	<b>Injecting</b>	<p>Of those injecting at the start of treatment, those who reported 0 days injecting on any two review TOPs within the last 12 months.</p> <p>Where a client exits treatment before 12 months then the appropriate exit TOP will be used instead of a review TOP</p> <p>(Cessation of injecting is a key step on a recovery journey and will have a significant impact reducing BBV, including Hep C).</p>	<p>Clients 18 or over who indicated that they were currently injecting at the start of treatment (as either indicated at their start TOP, or had an injecting status of 'currently injecting', or a route of administration of 'injecting' in their latest treatment journey)</p>	NDTMS	4 weeks
3.2	<b>No Fixed Abode (NFA) / Housing problem</b>	<p>Of those NFA or with a housing problem at the start of treatment, those who no longer had <b>any</b> housing problem on any two review TOP where this was in the last 12 months or at their exit TOP ('no' to both housing questions on TOP i.e. no longer NFA or with a housing problem)</p> <p>Where a client exits treatment before 12 months then the appropriate exit TOP will be used instead of a review TOP</p>	<p>Clients 18 or over who were recorded as having been NFA or having a housing problem at the start of treatment (as indicated at their start TOP, or had an accommodation status of NFA in their latest treatment journey)</p>	NDTMS	4 weeks
3.3	<b>Hep B Vac</b>	<p>Of those eligible, those that had completed appropriately a course of Hepatitis B vaccinations within the previous 12 months.</p>	<p>Clients 18 or over at time of presentation who were assessed as requiring a hepatitis B vaccination (i.e. they had not already been vaccinated nor had acquired immunity)</p>	NDTMS	4 weeks
3.4	<b>Health and Wellbeing</b>	<p>Client achieves a normative quality of life score in any two TOP reviews where this was in the last 12 months.</p> <p>Where a client exits treatment before 12 months then the appropriate exit TOP will be used instead of a review TOP</p> <p>The normative quality of life score will be that which clients that successfully complete treatment achieve on average at the point of leaving structured treatment</p>	<p>Clients aged 18 or over not in structured treatment in past 21 days. Assessed as having a dependency on drugs/alcohol that would benefit from structured treatment</p>	NDTMS	4 weeks