



Drug Recovery Payment by Results Questions and Answers

Q&A

What is payment by results all about?

The Drug Strategy set out a clear ambition to go further for those facing drug and alcohol dependence and to focus not just on whether or not on targets, but on how to make a sustained difference to a person's life and support them to recover. It set out the ambition to test new approaches to incentivise the delivery of recovery and these pilots do just that.

They will see providers being paid on the basis of the outcomes that they achieve for an individual, not centrally drive targets. These outcomes will reflect the building blocks that need to be in place to support and sustain recovery. They are: freedom from dependence, reduced re-offending or continued non-offending, employment and a broad interim outcome of health and wellbeing.

Further work is needed to define the detail of how each of the outcome measures will work. This will be undertaken over the next six months in partnership with the pilot sites.

How will it be funded?

No additional funding is being offered: successful pilot areas will be expected to re-organise current delivery systems into PbR models within their existing available budgets.

Where are the recovery pilots?

Bracknell Forest, Kent, Lincolnshire, London Borough of Enfield, Oxfordshire, Stockport, Wakefield, and Wigan.

How were they chosen?

An 'Invitation to Participate' was issued on the 21 December asking for initial expressions of interest. 29 applications were received of which 16 were shortlisted. These shortlisted areas were invited to a workshop on 10 February, to talk through the remit of the pilots in more detail ahead of submitting a fuller, second stage application. Of these, 12 submitted full applications which were all anonymised before being sent to the selection panel for final consideration and eight were of high enough quality and had suitably innovative approaches to be taken forward.

The selection panel comprised of cross-government officials from the Department of Health, the National Treatment Agency for Substance Misuse, the Department of Work and Pensions, the Ministry of Justice and the Home Office. It met to discuss the applications received and put forward recommendations to the Officials Steering Group to agree. Partnerships were selected according to geographical spread, ensuring a blend of unitary and two tier authorities, and to a range of different proposed models.

Why are there eight pilots (and not the six originally proposed)?

It was agreed that eight of the proposals were of high enough quality and had suitably innovative approaches to be taken forward.

The extra two areas bring useful aspects to test, including a user-led Local Area Single Assessment and Referral System (LASARS) and ensure alcohol features in around half of the pilots.

Why were providers not invited to bid for PbR?

We are keen to ensure that a range of providers are involved in the pilots. Indeed, one of our hopes is that the pilots may encourage new providers to the market. However, we have also been clear that as budget holders local areas must be in charge of creating the local offer to ensure it meets local needs. We therefore do need to work through local partnerships to facilitate this.

What role will providers play in PbR, considering they are the ones who have to deliver?

Providers' input is critical to the success of these pilots. Partnerships should fully involve providers in planning from the inception of the pilots to ensure increased, sustainable benefits over the life of the pilot and beyond.

Who else will be involved?

As well as the eight pilot areas and the providers they bring on stream. There will be an expert group, including representatives of provider membership bodies like DrugScope and EATA, providing advice and guidance. A cross-government group of officials will work with the pilot areas in a co-design phase to develop a model that works best for each area.

You talk about moving to an outcome-based payment system. Isn't there a risk that providers will focus on those who are nearest recovery and park those who are furthest?

This is something we will be looking at during the co-design period. We are keen to see what mechanisms might be included to ensure providers are incentivised to work with all clients and that no-one is left behind.

PbR for drugs recovery has never been tried before. What evidence do you have to suggest this will work here?

We recognise that drugs is a challenging area in which to deliver payments based on outcomes and that is exactly why we are piloting this approach. We will work closely with the pilot areas and listen to what they find. This will be a learning process and if something doesn't work, we will need to change it, but we won't make the same mistake twice.

We will be looking carefully at international evidence from the USA who have tried some outcome based schemes, and we have engaged them in the work of the Expert Group. We will also look at comparative areas such as work on mental health to ensure we transfer any lessons learnt.

What else are you doing to ensure value for money?

We will shortly be issuing an Invitation to tender for an independent evaluation of the pilots to be undertaken. The question of value for money will be a key part of this.

Will the pilots include those in contact with the Criminal Justice System?

Yes, as we are seeking to create a seamless recovery journey, including between custody and the community.

If recovery includes employment, how will you find jobs for those dependent on drugs in the middle of a recession?

It is the role of government to support individuals to be in a position to make a productive contribution to society, which will also aid economic recovery?

How will you assess the pilots?

We will put in place an independent evaluation of the pilots. An Invitation to Tender for this work will issue shortly.

What happens next?

Work will begin immediately to co-design the detail of the pilots in partnership with the successful areas with the aim to go live in October. We will continue to share the learning as we move forward and provide regular updates to the sector.

What is the role of the voluntary sector in all this?

The voluntary and community groups, charities and social enterprises sector plays a key role in making communities stronger and safer. Such organisations are often uniquely placed to help make this change happen.