

***In this month's issue...***

<b>The transition to Public Health England</b>	<b>Page 1</b>
<b>1 million boost for Health and Wellbeing Boards</b>	<b>Page 1</b>
<b>Government launches Open Public Services White Paper (Featured Article)</b>	<b>Page 2</b>
<b>Gateway to Heroin</b>	<b>Page 3</b>
<b>Housing Benefit Reform</b>	<b>Page 4</b>
<b>UNODC visit to Iran</b>	<b>Page 5</b>

**LATEST NEWS:****£1 million boost to support Health and Wellbeing Boards**

At the Local Government Association (LGA) Conference Plans Andrew Lansley announced fund of £1 million to support the development of the new Health and Wellbeing Boards. This is part of the government's push to strengthen the role of local government and ensure local services are tailored the needs of the local area and not driven by national targets.

Health and Wellbeing Boards were trailed in the Government NHS White Paper launched in 2010. They will bring together local councillors, clinical commissioning groups and local communities to give local communities and patients more say over how local health services are delivered. eATA has also raised the issue about whether the substance misuse sector should also be represented as drugs and alcohol funding will now sit with local authorities without a ring-fence. Plans are already underway across the country in setting up these local bodies.

In summary the funds will be used to:

- Create a learning programme to develop solutions on key challenges around joint working between local government and the NHS;
- Develop an interactive online forum, tools and events to show-case and share this learning; and
- Support councillors working on Health and Wellbeing Boards.

## The Transition to Public Health England

*Katie Hill*

The action plan released by the NTA sets out the plans for transition to Public Health England, which is due to take place in April 2012. The plan is divided into fourteen sections with a heavy emphasis on recovery and outcome-focused services. Highlights include:

### **Building Recovery for Communities**

The main thrust of this section is the announcement to consult on a new national framework for recovery to replace Models of Care (2002, 2006) that has a greater focus on recovery and due to release in conjunction with DH in Q2.

### **Recovery-orientated drug treatment**

Significant is the publication of final guidance and clinical protocols to signal a fundamental shift in the balance of treatment for opiate dependence, away from long-term maintenance as the default option and towards outcome based recovery.

It is key that this new approach acknowledges that recovery can only be successful when a 'whole systems' approach is taken delivering recovery through education, training, employment, housing, family support services, wider health services and, where relevant, prison, probation and youth justice services.

The development of Patient Placement Criteria is crucial to maximise access to abstinence-based treatment and pathways to recovery, and will be launched in Q2.

There are ambitions to publish a report comparing the proven recovery outcomes of countries with comparable

drug problems and treatment systems.

The NTA states that it is keen to **support residential rehabilitation** – recognising that many local areas are reluctant to commission and fund residential rehabilitation alongside the fact that some traditional residential treatment providers have struggled to adapt to the changing market. The NTA will be working to reverse these trends and ensure clients get access to residential rehabilitation where and when appropriate. eATA continues to push the NTA to stick to this ambition as we are aware there are many barrier still to residential rehabilitation.

#### **An inspirational, recovery-orientated workforce**

Through the Substance Misuse Skills Consortium support the development of the substance misuse workforce to promote recovery through a sector-led consensus.

#### **Supported by recovery networks**

“Challenge the inappropriate use of substitute prescribing as per the Expert Group and champion abstinence-oriented approaches”.

#### **To enable reintegration into communities**

The NTA propose to work more closely with housing providers and employment agencies such as Jobcentre Plus to address the current gaps in recovery pathways.

#### **Payment by Results**

The Payment by Results pilots are set to kick-off in October 2011 and as part of the transition the NTA will be supporting this process, facilitating cross-government officials from DH, MoJ, HO and DWP and implementing and managing co-design period for the pilots.

#### **Rehabilitating offenders**

Highlights here include working with OH and NOMS to implement Drug Recovery Wings in prisons; and also support community-based criminal justice treatments such as DIP.

This provides a very crude summary of the document – for more details you can read it in full by [clicking here](#). eATA will continue to monitor the transition and ensure members' are represented as appropriate.

**We have also raised the issue of the impact that the loss of ring-fence for the drug treatment budget may have on the sector once the transition to public health takes place. Watch this space for further details on this campaign.**

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## FEATURED ARTICLE

### **Government launches Open Public Services White Paper**

The following is a summary of the Open Public Services White Paper recently announced by the Prime Minister Rt Hon David Cameron. It aims to pull out the key points that are relevant to the substance misuse sector.

#### **Introduction**

Most of the Open Public Services White Paper merely confirms the principles that the government has already been heavily trailed in previous White Papers and policy announcements on the NHS and welfare reform. It reaffirms the five principles that the government sets stock by for public service modernisation.

- **Choice** – wherever possible will be increased
- **Decentralisation** – power should be decentralised to the lowest appropriate level
- **Diversity** – Public Services should be open to a range of providers
- **Fairness** – ensure fair access to public services
- **Accountability** – public services should be accountable to users and taxpayers

In applying these principles the paper defines three different types of service delivery.

- **Individual services** – personal services e.g. childcare and skills training.
- **Neighbourhood services** – services provided very locally and on a collective basis e.g. leisure and recreation facilities.
- **Commissioned services** – local and national services that cannot be devolved e.g. prisons and tax collection. **Drug and alcohol** treatment falls within this mode of service delivery.

Why these changes? It is believed that this new vision will see benefits for individuals who will have more choice over their services, devolving to lowest level will enable services to react quickly to the needs of the local community and removes the top-down approach one-size-fits-all that has existed previously. Crucially, for providers in the drug and alcohol sector the government is keen to open up delivery to a wider

range of providers and make it easier for voluntary and private providers to deliver public services where they are best placed to do it.

### Key points for eATA members

The areas of most relevance for eATA members lies within Section 5 (Commissioned Services) where services remain commissioned by either central or local government "because they are being provided for people who are not able to make the appropriate choices themselves, such as drug rehabilitation."<sup>1</sup> The attached briefing details the key points members should be aware of.

### Conclusion

On the whole the White Paper does not tell us anything particularly new or radical. Some commentators have suggested that the government are trading carefully after getting their fingers burnt over NHS reform and that it does reassert a desire to introduce the private sector into many state run services. The document merely confirms the themes and highlights various areas in which the government is already delivering its vision of open public services and how it will look in the future.

eATA members should be interested in the measures suggested to make it easier for voluntary organisations and SME's to compete to provide services. Things such as the reduction in PQQ requirements and transparency over commissioning contracts and pricing could be advantageous for many members.

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## Gateway to Heroin

### **How oxycodone is drawing youngsters into heroin addiction**

In Boston Massachusetts a new epidemic is emerging. Youngsters are getting hooked on Oxycodone, a drug whose active ingredient is a synthetic form of heroin, being prescribed for various conditions including sports injuries. It can also be bought

on the street for around \$80 per tablet leaving some with habits that cost \$400 a day. Compare this to a bag of heroin which produces the same effect and costs half the price at only \$40 per bag. This is how you begin to understand how oxycodone is developing into a gateway drug for a full-on heroin addiction.

A large part of this is due to the differing regulatory framework that operates in the US. In Florida where most oxycodone being sold on the streets is sourced pain clinics operate dispensing prescriptions for a fraction of the cost dealers are able to sell it on the streets. Labelled the 'oxy-highway' oxycodone is shipped up the East Coast ending up in the North-Eastern states of Massachusetts, Maine and New Hampshire.

A support group called **Learn to Cope** was set up in 2004 to support family members whose children have become addicted to oxycodone and heroin. A lot of the families have children between the ages of 17 and 26 with youngsters getting hooked whilst they are still at college/secondary school. Learn to Cope is a support group which also facilitates local forums to help educate the public on this burgeoning problem. The website also provides information on addiction and lists treatment options available to families. To learn more about Learn to Cope visit [www.learn2cope.org](http://www.learn2cope.org).

### **What are the UK comparisons?**

The NTA recently launched updated guidance on supporting safer use in relation to addiction to benzodiazepines and codeine. Currently most provision for treatment of addiction to prescription or over-the-counter drugs is delivered within primary care/GPs. There has been an increase in the prescribing of opioid analgesics such as codeine and a decrease in prescribing of hypnotic and anxiolytic medicines such as benzodiazepines. The majority of those presenting for addiction to OTM/POM (Over the counter/prescription only medication) also have an addiction to illicit drugs and/or alcohol – figures show that 10% out of a total of 12% presenting for POM/OTC addiction have a problem with illicit drugs also. These clients tend to be treated through specialised treatment services whilst those with POM/OTC prefer to be treated through traditional routes such as their GP.

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<sup>1</sup> Page 29 Open Public Services White Paper

To read the report in more detail please [click here](#).

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## **Housing Benefit Reform – Supported Housing**

In July the Government launched a report and consultation on changes to Housing Benefit for those in Supported Housing. The following provides a summary of these proposed changes and the questions posed for those with an interest. We are aware that many members rely on housing benefit to fund aspects of their programme so this will be of interest to these providers. eATA will produce a response but members are also encouraged to respond where possible to ensure as many views as possible are heard.

### **People in conventional supported housing:**

- Supported accommodation should have Housing Benefit based on Local Housing Allowance (LHA).
- Want to include private sector housing – search by type not landlord.
- Would also include in this group various forms of sheltered accommodation provided for the elderly.
- Not where support is not provided.
- What should additional amounts above core rent cover?
- Separate rate for different types of accommodation within group to reflect their particular costs.
- Clearly identify what kind of accommodation falls under this category.
- Anything that attracting a cost beyond that would have to be met through alternative funding streams or from resources available to the claimant.

### **Questions:**

- What types of supported housing are available and how do you suggest they be identified and grouped?

- Should there be different geographical rates for each type of identifiable supported housing, such as hostels, sheltered housing or refuges or should a single rate be applied?
- What types of additional activities or resources are typical of supported housing and how should these be quantified into a weekly amount per unit?
- Should an amount for additional help be worked out using a flat rate addition representing typical additional costs or should a different method be used? Please tell us what you think the advantages are of your preferred opinion.

### **Wider reform?**

- Is there an argument for paying standard Housing Benefit and separating out additional help altogether and administer in the same way as *personal budgets*. Or is this a step too far?

### **Questions:**

- Is there a case for considering housing costs more fundamentally within a wider context by having the extra help with supported housing taken out of Housing Benefit altogether and administered locally in the same way as *personal budgets*?
- Would this sort of approach only be appropriate for those that live in more specialised or adapted properties?

### **Supported housing of registered providers**

- Supported housing provided by registered providers and registered social landlords is included within the more generous housing rules in Housing Benefit.
- Propose to treat supported housing provided by registered providers and registered social landlords in the same way, for Housing Benefit purposes, as their mainstream social housing sector. Already happens in practice but this will regularise.
- Service charges – support at a level adequate to meet running costs of supported housing.

Ensure the charges are limited to genuine housing related costs.

### Questions

- Should the supported housing of registered providers and social landlords be treated in the same way, for Housing Benefit purposes, as their mainstream housing?
- What do you think of the proposed categorisation of supported housing; is there a sound basis for treating these three types of supported housing differently? (registered providers, those who can be identified by their accommodation type and those with more intense, individual needs)
- Is the process of rent-officer referral sufficient to ensure that only 'reasonable' supported accommodation costs are met in the registered provider sector? Are there ways in which the rent referral process could be improved?

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## UNODC visit to Iran

UNODC visits Iran

The United Nations Office on Drugs and Crime Executive Director Yury Fedotov made a three-day visit to Iran where he met the President of the Islamic Republic of Iran Mahmoud Ahmadinejad, other senior officials and visited a drug rehabilitation centre.

The centre Mr Fedotov visited was Pamenar, a drop-in centre in Tehran run by a local non-governmental organisation called Rebirth Society. They offer therapies and psychosocial support and facilitates self-help groups. The Rebirth Society was established in 2000 and won the United Nations Vienna Civil Society award in 2005. It is supported by the Government and former drug users, has established 110 short-term residential centres across the country with an overall capacity of 100,000 people per year.

The UNODC country programme for the Islamic

Republic of Iran was launched in March 2011 to cover 2011-2014 and aims to promote evidence-based approaches to public health, protecting individuals, families and communities from drug addiction and HIV.

Speaking at the centre, Mr. Fedotov said: "Drug addiction is a global problem requiring joint interventions by communities, governments and international organizations. Drug use is a health problem, and drug users need treatment, care and social integration. I believe in placing a strong emphasis on safeguarding the health of all."<sup>i</sup>

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<sup>i</sup> <http://www.unodc.org/unodc/en/frontpage/2011/July/unodc-executive-director-visits-drug-treatment-centre-in-tehran.html?ref=fs3>

**Anything else you would like us to include?**

**This Policy Briefing is designed with our members in mind; if there is some area of policy you feel is relevant and we have overlooked, we'd love to hear from you.**

Email our office intern with any comments or questions:

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**Look for our next issue to come in October.**