

SEPTEMBER 2011

eATA e-bulletin



In this issue

Chief Executives' Update	Page 1
Welcome to New Members	Page 1
eATA in the News	Page 1
CQC Project	Page 2
PbR Co-Design Group	Page 3
And Finally	Page 4

Chief Executives' Update

It's hard to believe as I write this, that it is little more than a month since I started working here at eATA. In this time my focus has been on getting out and about and meeting as many members as possible. In doing this I have been heartened and gratified by the warm welcome that I have received, and the positive ongoing commitment from members to what I promise will be a rejuvenated and re-energised eATA.

As a result of these meetings, a number of very clear front-runners are emerging as priority areas of work for us to focus on in the coming months, with my next challenge being to develop a programme of activity to take them forward. These are (in no particular order) providing a strong representative voice for the residential sector; payment by results; transition to public health; building links with commissioners; and exploring with other second tier organisations/representative bodies how we might come together collectively on behalf of the sector to give it a stronger and more unified voice.

A significant chunk of our time has also been spent responding on behalf of members to the media coverage that has arisen from Mitch Winehouse highlighting difficulties that people can experience in accessing residential rehab. For the record, I am very clear in my own mind that, in any local system that seeks to badge itself as recovery oriented, residential treatment has a key role to play in serving the small but significant minority of clients whom it would benefit.

It is also apparent, based on feedback from members that, whilst some providers are fortunate enough to be operating at or near capacity, many others have seen a significant decline in referrals in recent years.

Welcome New Members

eATA would like to welcome the following new members who have recently joined the Association.

- CRI
- The Severn Project
- Hope Worldwide

A trend that, if replicated on a continued basis across the sector, could present a near terminal threat to this important treatment modality unless arrested quickly. Conversations with service users have also indicated that availability and ease of access to such services is variable.

I am confident we will be able to work with DH officials on this pressing issue and I am therefore very hopeful that we will be able to build on this at the first meeting of a rehab working group on 29th September and develop a constructive dialogue with government.

I am now on annual leave but my first engagement on my return will be, along with my family, to attend the 3rd UK recovery walk in Cardiff on 9th September. I hope to see as many of you and your clients (past and present) there as possible, and also at the UKRF conference the day before (where I will be speaking) to celebrate recovery in all its forms. "*Gobaith ar gerdded!*" or "*Recovery Walks*", which is what I believe to be the appropriate English translation.

eATA in the News

19/08/2011 – eATA responds to Paul Hayes letter to The Independent regarding 'rehab needs a fix' article

<http://www.eata.org.uk/news/167/78/>

10/08/2011 – eATA to set up Residential Rehab Working Group

<http://www.eata.org.uk/news/164/78/>

05/08/2011 – eATA fears that far from supporting Mitch Winehouse's call for investment in rehabs, government reforms risk further closures of drug services

<http://www.eata.org.uk/news/163/78/>

CQC project – ensuring effective, relevant monitoring of services

From 1 October 2010, under the Health and Social Care Act 2008, a new system of regulation began in which all providers of adult social care that carry out regulated activities must be registered with Care Quality Commission (CQC).

At the moment it is unclear how this change will be managed and what significance it has for the monitoring of substance misuse services.

The regulated activity of “accommodation for persons who require treatment for substance misuse” is unique in the new regulations and covers services from medically supervised detoxification through to dispersed housing with attendant treatment programmes. While this may be a positive step forward – in that it differentiates the substance misuse treatment from residential homes for other care groups – it may have particular implications in terms of monitoring and compliance.

In addition, NHS trusts are required to register for this first time. This means services providing substance misuse services, covering the breadth of the sector, including residential rehabilitation, community-based services, hospital services and prison healthcare services are now in scope, and all of these services will be registered and regulated. This brings almost every specialist substance misuse service type in scope.

There are a number of risks within this – key among them is that service users are not well served by the change and that the basic level of protection offered by the current regime is reduced.

Having the same set of single standards across all settings should mean that people can expect services to meet essential standards of quality and safety wherever the care is being provided. A single set of standards should make it easier for one provider to be compared to another and for providers to work together. It marks a change from regulation primarily based on systems and processes to regulation primarily based on outcomes – the experiences people have as a result of the care they receive. For example, outcome 4 from the [Essential standards of quality and safety](#) is about care and welfare of people who use services and covers ensuring that effective, safe and appropriate care, treatment and support is provided that meets the needs and rights of people who use services.

In terms of the way providers are inspected, CQC says that they will formally review services when they receive information that is of concern and as a result decide they need to check whether a service is still meeting one or more of the essential standards. They also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. The reviews include checking all available information and intelligence they hold about a provider. CQC may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. They may also ask for further information from the provider and carry out a visit with direct observations of care.

CQC aims to continuously monitor compliance with essential standards with the intention of creating of a more dynamic, responsive, robust system of regulation accompanied by new enforcement powers. This includes making better use of the information they have about providers, including constantly updated information from providers, people who use services, organisations and other regulators.

eATA is currently taking forward a project on behalf of the Drug Sector Partnership to provide information to CQC about the circumstances of service users in a range of services, the way in which services are working with them to make provision the best it can be and what the main issues and concerns CQC might take into account in their changed regulatory system. eATA responded to the initial CQC consultation in May on recognising excellence in social care. A copy of our response can be found [here](#).

The final product will be an account of the circumstances and views of service users, with recommendations for more effective, relevant monitoring of services. The report will be made generally accessible on the Partnership website.

eATA would like to thank all those providers who have offered their time and resources to help with the project.

We are still looking for willing providers to take part – if you are willing please email katieh@eata.org.uk or give her a call 020 7820 8130 to discuss further.

Feedback from the PbR Co-Design Group

Katie Hill

On Monday 8th August eATA attended the latest meeting of the Co-Design Group consisting of representatives from the eight pilot areas and other representative groups such as eATA and DrugScope. The meeting was Chaired by Sara Mason, Drugs Policy Team Leader at the Department of Health.

In order for the PbR pilots to carry out their financial modeling and tender their contracts a set of national outcome criteria needed to be drawn up and agreed. These outcomes would provide the guidance for how payment would be made. These outcomes include free of drug(s) of dependence; employment-ready; offending and a number of health and wellbeing outcomes looking at housing and general wellbeing.

Among the key points eATA members should be aware of and that we feel to be of significance are the following:

The inclusion of a reliable change index under the outcome for free of drug(s) dependency – this mechanism recognises that many clients start from different points on their route to recovery and that for some clients a significant reduction in heroin use could represent as big a change as another who becomes abstinent. The outcome does still emphasise the importance of abstinence but also hopefully alleviate some concerns that some providers may be selective over the complexity of some clients.

The removal of the national outcome for employment ready also represents some concern and could in some circumstances result in a disincentive for some providers to continue to provide various schemes that are designed to get clients work ready.

The current proposal from DH is for those clients going into work to switch over to the Work Programme. However, we are aware of some concerns about the Work Programme and whether it is suitable for our client group – **what are your thoughts? Do you think it is important to have employment as a key indicator for payment by result and if so how could this be measured?**

We have been assured though that local areas could choose to develop and include their own work ready outcome.

Do you have concerns about the Work Programme and whether it will be able to deliver for our client group? eATA is willing to take up this issue with Department for Work and Pensions so please do feed in your thoughts.

There is also a proposal for a **Gaming Commission**, which would be a body looking at possible methods for playing the system. This group would consist of people who are not part of the pilots and would take a cynical look at the system and how a less than scrupulous provider could get advantage at the expense of clients. This is viewed as a time-limited project and will inform pilot areas of their findings.

A reminder on those pilot areas: Enfield, Wigan, Wakefield, Oxfordshire, Kent, Stockport, Lincolnshire, and Bracknell Forest.

The next meeting is on the 12th September, which I will be attending on behalf of eATA. Any thoughts on the above please email me on katieh@eata.org.uk or call 020 7820 8130.

Date for the diaries:

9th/10th September – UKRF Conference and Recovery Walk in Cardiff

20 – 23rd September – 13th EFTC Conference in Oxford

For more details visit www.eata.org.uk

And Finally...

Tender Opportunities: Camden: establishment of framework agreement for Tier 4 residential treatment

- Main place of performance The service to be delivered within 250 miles of the London Borough of Camden in order to support the delivery of a seamless treatment pathway that will include continued support, resettlement and opportunities for social inclusion in client's local communities, according to individual preference and need. Tier 4, Residential Drug and Alcohol Treatment Services The service will form a part of Camden's substance misuse and alcohol treatment system. Residential rehabilitation treatment (Tier 4) aims to support those who wish to become abstinent from drugs and alcohol and where community based services have been insufficient. The framework will consist of the following Lots Medically Assisted Withdrawal (Detox) with or without Primary Primary Treatment Secondary Treatment Primary and Secondary Treatment (combined) Aftercare This is a voluntary notice for a Part B Service.
- <http://www.publictenders.net/tender/114839> closing date?

Member News:

Steve Unwanted: Steve Walker from the Ley Community releases autobiography. Steve is the Programme Director at The Ley Community in Oxfordshire. Visit www.amazon.co.uk/Steve-Unwanted-Walker/dp/1907595651/ref=sr_1_1

Castle Craig host Professional Open Day on the 2nd September – this event provides an opportunity for professionals from the medical sector, social services and personnel executives to view what is on offer at this addiction treatment service.



eATA e-bulletin

The monthly e-bulletin from the European Association for the Treatment of Addiction (eATA) to keep our members up to date on the latest developments and news in the drug and alcohol treatment and aftercare sector. If you have any comments or questions about our articles, don't hesitate to get in touch.

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