

Changing landscape

What role will the NTA play in the coming year? **DDN** takes an advance look at its manifesto for the future

THE FUTURE FORM AND STRUCTURE OF THE NATIONAL TREATMENT AGENCY (NTA) is unclear while the new government considers the changing landscape of the NHS and public health, the NTA acknowledges in the introduction to its new business plan. But it has outlined a vision for the next year that harnesses its remit to the recovery agenda.

Its starting point is to build on its statistics for treatment successes. 'The number of people successfully completing treatment free of dependency has increased from 9,000 to 25,000 a year; offenders are systematically referred into treatment, preventing millions of crimes each year; and the number of adults accessing treatment has more than doubled,' says the report.

The NTA's recognition that 'much more should be done' will follow the government's ambitions for 'cultural and structural change' and 'a rapid transformation of the treatment system to promote sustained recovery and get more people off illegal drugs for good'. In practice this means the NTA expects to 'be able to reposition the treatment system to focus on sustained recovery, and demonstrate transparent outcomes, while consistently providing more for less'.

In brief summary, the key points of the NTA's business plan are:

- **Improving outcomes.** *Services will be judged on their performance to decide what treatment is most cost-effective. 'We will use the evidence from the Treatment Outcomes Profile to establish clearly what services work to achieve abstinence-focused outcomes,' says the report.*
- **Better value for money.** *With the unit cost of treatment falling by 16 per cent since 2004/5 according to the National Audit Office, the NTA will continue to drive unit costs down by using payment by results and rewarding the achievement of clear outcomes.*

- **Championing abstinence-focused treatment.** *'No one should be 'parked' indefinitely on methadone or similar opiate substitutes without the opportunity to get off drugs,' says the report. The new clinical guidance that introduced strict time limits to end the practice of open-ended substitute prescribing in prisons will be extended into community settings. New clinical protocols will focus practitioners and clients on abstinence, to 'prevent unplanned drift into long-term maintenance'.*

- **Commissioning a rebalanced treatment system.** *Clients will be signposted towards 'the right package of care-planned treatment to promote their recovery'. Criteria will focus on maximising 'access to abstinence-focused pathways' but will aim to 'achieve a cost-effective balance between different types of treatment'.*

- **Rehabilitating offenders.** *Drug treatment will be integrated into the Ministry of Justice's (MoJ) 'rehabilitation revolution'. 'We will work with the MoJ and Offender Health to develop a model for commissioning abstinence-focused treatment in a criminal justice setting, and to identify the most effective way to establish secure treatment facilities for drug-misusing offenders,' says the report.*

This 'explicit recovery-orientated vision for the drug treatment system' is intended by the NTA to replace *Models of care for treatment of adult drug misusers*, last updated in 2006. The NTA calls it a 'blueprint for change, underpinned by the latest evidence and best practice in provision' and wants it to promote the ambition of recovery, both for those who are addicted and their families. Through its new direction, the NTA says it wants to 'facilitate the transformation of local treatment systems' to 'ensure that achieving sustained recovery from addiction is the basis of all local commissioning and service delivery in both prison and community settings'.

It also wants to support staff in working with this change of emphasis by making sure they are properly trained, saying: 'We will support the efforts of employers through the skills consortium to improve the capability of the treatment workforce so that practitioners provide the right treatment to the right people at the right time in the right settings.'

Engaging self-help organisations and mutual aid groups will provide 'visibility of recovery in the system' and sustain 'recovery outcomes after successful treatment'. The NTA says it aims to reduce bureaucracy around multiple assessments to improve the patient experience.

Above all, the changes will aim to improve the quality of treatment through offering 'more ambitious and individualised service responses', building on evidence of what's effective and cost-effective.

The NTA is aware that it will need to deliver its new approach against a backdrop of resource reductions, both in the core NTA budget and operating income, but hopes its expertise will stand it in good stead to contribute to recasting the drug strategy. As a Special Health Authority of the NHS, it will continue to support the Drug Interventions Programme (DIP) for the Home Office, implement the Integrated Drug Treatment System (IDTS) in prisons for the MoJ, and oversee young people's drug and alcohol interventions for the Department for Education.

It will also work with the Department for Work and Pensions to 'take forward a new approach for helping problem drug users trapped on benefits to find work and overcome related barriers to recovery like housing and mental health'. It also declares an intention to become more involved with the alcohol recovery agenda: 'We have offered to become more involved in responding to the health and social consequences of rising alcohol consumption, particularly the impact on families and children,' says the report.

Full document at www.drinkanddrugsnews.com