

2010 Drugs Strategy & Payment by Results – Bracknell Forest

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2010 Drug Strategy – Key Points

- Reduce the demand for drugs
- Early intervention for young people and families
- Reduce offending linked to substance misuse
- Restrict supply
- Build recovery in communities
- Drive for localism in substance misuse services
- Includes illicit drugs, alcohol, over the counter medication and prescribed medication



How have we responded in Bracknell Forest?

- A three year substance misuse strategy has been developed in consultation with all partner agencies and people who use our services which is aligned with the Government Drugs Strategy
- Continue to undertake annual needs assessments to ensure that services are meeting identified needs and develop action plans as required
- BFC have been selected as one of only 8 national pilots for payment by results



What does it mean?

- An innovative new way of delivering drug and alcohol services with a clear focus on recovery
- Each person in treatment will be assessed by the Local Area Screening & Referral Service and a 'Tariff' will be set according to complexity and individual needs
- Personal Tariffs will be allocated to agreed outcomes
- Local Area Single Assessment and Referral Service will monitor progress against agreed outcomes and will trigger payments when they are achieved
- Local Area Single Assessment & Referral Service **must** be independent from the Prime Provider – will be based within the DAAT



Why become a National Pilot?

- Because it will work – as a small unitary authority we have a good understanding of the treatment population and their needs
- Strong partnership working is essential to making the pilot work and we have that
- More freedom to innovate – what works in other areas may not work here
- Will benefit the people who use our services as the Prime Provider will be motivated to help them to achieve outcomes
- Because it will benefit the whole community by getting more people into recovery, improve health and wellbeing and improve re-integration



Current model

- Four separate services providers delivering different treatment interventions
- Good joint working protocols in place but low referrals to other services
- National focus on activity and retention
- Some contracts Berkshire East, some local
- Contracts awarded with a fixed contract value



New Model – Prime Provider

- Prime Provider to deliver or sub-contract all interventions
- Case Management approach to delivering services
- Holistic approach to treatment with outcomes identified in respect of substance misuse, housing, health & wellbeing offending and employment and any other barriers to recovery
- Local contract to start in April 2012



Progress to date

- National monthly co-design groups being held
- National outcomes agreed
- Data modelling being undertaken nationally
- Project Board and Team established locally
- Specification and associated documents developed and signed off by Project Board
- Financial model developed locally
- Pre-qualification questionnaires evaluated
- Invitation to Tender sent out to five providers



What will the recovery system look like?

- Fully integrated case management recovery service established
- Mutual aid and peer support embedded within the recovery system
- An increase in the number of successful completions and sustained recovery
- Reduced offending/re-offending
- Increased access to services for families and friends



Opportunities

- Increased recovery options available for individuals
- Fully integrated drug and alcohol community and criminal justice services
- Increased peer led support
- Move to a case management service in response to service user consultation
- Better use of resources
- Scope for flexibility and innovation

