

PILOTING PAYMENT BY RESULTS FOR DRUGS RECOVERY - THE CO-DESIGN GROUP

Draft outcome definitions

The Government has set out high-level outcomes to be incentivised in the pilot sites. However, the Government is committed to work in partnership with local areas to design the detail. As part of this process, representatives from local partnerships in the pilot sites and central cross government departments and experts from the field have formed a Co-Design Group in order to work together to develop a draft set of proposals to measure outcomes and set eligibility criteria. The Group's members are listed at annex A.

The proposals also include data source, minimum data lags, possible additional verification and baseline availability for the sector to consider. Each outcome includes an initial and final measure. This will enable the system to reflect benefits and successes as they occur to users and society.

The table below sets out options for the definitions of the outcome domains. The Co-Design group is recommending the following options:

- 1.1 – Initial outcome for free of drug(s) of dependence
- 1.2 – final outcome for free of drug(s) of dependence
- 2.1 – final outcome for employment ready
- 3.1 – initial offending outcome
- 3.2 – final offending outcome
- 4.1, 4.2, 4.3, 4.4 – health and wellbeing initial outcomes. There are no 'final' health and wellbeing outcomes.

These proposals are draft and we are seeking views from the sector in order to ensure that all the sector's issues are taken into consideration. We welcome your views on both the recommended options and on the alternative options that have been considered. Any additional comments you would like to make would be also be welcomed.

It is important to note that any proposed psychometric measures should be independently validated, and that all outcomes should ideally be measured by national, independently verifiable data sources with robust historical baseline data.

These considerations will help to ensure consistency across the pilot sites, allowing for a meaningful evaluation of the programme, while also providing some protection against the possibility of "gaming" or fraudulent activity. For example, considerable differences between PbR pilot data and baseline data will flag up the need to identify legitimate reasons for significant changes in performance.

**PILOTING PAYMENT BY RESULTS FOR DRUGS RECOVERY - THE CO-DESIGN GROUP
RECOMMENDED OPTIONS**

Outcome domain 1

Free from drug(s) of dependence - Initial Outcome

Option	Measure	Eligibility Criteria	Comment	Data Source	Minimum Data Lag	Possible Additional Verification	Baseline availability
1.1	Abstinent from all such presenting substances at the last two Treatment Outcomes Profile (TOP) reviews where this was in the last 12 months.	Clients 18 or over who cited as a problematic substance any of opiates, crack cocaine, powder cocaine, alcohol, cannabis or amphetamines in their latest treatment journey – still in structured treatment at the end of the specified payment period.	This option would allow the early success of cessation in the use of the drug(s) of dependence to be reflected.	NDTMS	4 weeks	LASARS Biological testing Case note audit	2009 - present

Free from drug(s) of dependence: Final Outcome

Option	Measure	Eligibility Criteria	Comment	Data Source	Minimum Data Lag	Possible Additional Verification	Baseline availability
1.2	Discharged from treatment successfully (free of drug(s) of dependence) and do not re-present in either the treatment system or in the criminal justice system in the following 12 months	An individual does not show up on NDTMS having started a new treatment journey, nor are they shown as being subsequently taken onto DIP/ prison caseload in the 12 months following their successful completion of structured treatment	This would reflect the goal of a long term, sustained recovery. It builds on both the options for an initial outcome. It also reflects the evidence which suggested that if an individual is able to stay free from their drug(s) of dependence for 12 months, that it is more likely to be sustained. Options would be to measure this over: - 6 months - 12 months (recommended) - 18 months	NDTMS DIRWEB	NDTMS: 4 weeks DIRWEB: 8 weeks (DN check with HO)	LASARS	NDTMS: 2008 – present DIRWEB: 2008 - present

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**Outcome Domain 2:
Employment – Final Outcome**

Option	Measure	Eligibility Criteria	Comment	Data Source	Minimum Data Lag	Additional Verification	Baseline availability
2.1	No firm measure proposed.		<p>The ambition is for the outcome to reflect that used in the Work Programme – off benefits.</p> <p>Consultation ongoing with DWP and HMT officials.</p>				

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Outcome Domain 3:

The offending measure has been built to incentivise providers to work with clients to cease their offending behaviour. The measure includes **all** offending.

The pilots will be able to choose whether to do this on a cohort or individual basis, but they are strongly recommend using a cohort basis, as this minimises the risk of paying for outcomes that may have occurred anyway. Areas with a small number of drug using offenders will need to carefully balance the difficulties of using a cohort measure against the risks associated with using an individual one.

In addition, pilots will be able to choose whether to adopt a binary or frequency measure (which will usually be determined by whether they choose to go for an individual or cohort measure).

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Offending – Initial Outcome

Option	Measure	Eligibility Criteria	Comment	Data Source	Minimum Data Lag	Additional Verification	Baseline availability
3.1	<p><u>Cohort Measure¹</u>:</p> <p>Binary²: Reduction in rate of proven offending³ in a 6 month period from the point of beginning⁴ a recovery intervention from a provider</p> <p>OR</p> <p>Frequency: Reduction in average number of proven offences in a 6 month period from the point of beginning a recovery intervention from a provider</p> <p><u>Individual Measure:</u> No proven offending in a 6 month period from the point of beginning a recovery intervention from a provider</p>	All clients aged 18 or over at time of initial engagement with provider ⁵ , regardless of previous offending history	<p>This would be a measure capturing both offending and re-offending levels. This has the advantage of not paying for outcomes that would have been hit anyway (deadweight) such as those who had never offended continuing to do so.</p> <p>It would be based on a reduction (for a cohort), or no proven offending (individual) over a 6 month period of engaging with a treatment provider.</p> <p>Evidence suggests that engaging with a recovery provider will in itself produce a reduction in offending behaviour. Work is ongoing to consider different implications associated with ‘starting’ the clock at different times in the offending domain.</p>	DIRWEB NDTMS PNC	<p>Cohort⁶ 28 Months (12 month for cohort + 6 month follow up period + 6 month for court conviction +4 month data lag)</p> <p>Individual: 16 months (6 month follow up period + 6 mth for court conviction + 4 month time lag)</p>	None required	Subject to MoJ / HO / NTA calculation – work ongoing

¹ We suggest that cohort payments be based on a threshold reduction level (i.e. that payment would be triggered only if reoffending was reduced to a threshold amount). There could also be a cap on payments (determined by local affordability) and between these two points there would be increasing payments for increasing levels of success (based around a simple step function).

² A significant risk of using a binary cohort measure is that it creates a perverse incentive for a provider to cease work to tackle an individual’s offending behaviour once the individual has committed an offence

³ Proven offending for these purposes covers any offences (including but not limited to drug/ alcohol-related offences) recorded on the PNC as resulting in a caution, reprimand or warning or a court conviction (immediate custody, suspended sentence order, community sentence order, fine or discharge). It does not include penalty notice for disorder or cannabis warning.

⁴ We recognise that measuring this outcome from the point of beginning treatment creates a risk in relation to individuals who stay in structured treatment for longer than 12 months. The Ministry of Justice and Home Office are undertaking work to assess the level of risk and develop options for mitigation, and welcome views.

⁵ Defined as triage date reported via NDTMS or NATMS

⁶ There are options to shorten the ‘follow-up’ period in the time lag, in exchange for a degree of risk of over-paying providers. However, there will always be a minimum lag of 10 months to allow for court convictions and data updates.

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Offending – Final Outcome⁷

Option	Measure	Eligibility Criteria	Comment	Data Source	Minimum Data Lag	Additional Verification	Baseline availability
3.2	<p>Cohort Measure: Binary: Reduction in rate of proven offending in a 12 month period from the point of beginning a recovery intervention from a provider OR</p> <p>Frequency: Reduction in average number of proven offences in a 12 month period from the point of beginning a recovery intervention from a provider</p> <p>Individual Measure: No proven offending in a 12 month period from the point of beginning a recovery intervention from a provider. It will be possible to 'reset the clock'⁸: i.e. if a proven offence is committed inside that 12 month period then the 12 month period restarts on release into the community from prison or from commencement of any type of CJS disposal. This reset would be allowed up to 12 months after discharge from structured treatment.</p>	All clients aged 18 or over at time of initial engagement with provider regardless of previous offending history	<p>This would be a measure capturing both offending and re-offending levels. This has the advantage of not paying for outcomes that would have been hit anyway (deadweight) such as those who had never offended continuing to do so.</p> <p>It would be based on a reduction (for a cohort), or no proven offending (individual) over a 12 month period of engaging with a treatment provider, therefore building on the initial outcome.</p> <p>Anecdotal evidence suggests that engaging with a recovery provider will in itself produce a reduction in offending behaviour. Work is ongoing to consider different implications associated with 'starting' the clock at different times in the offending domain.</p>	DIRWEB NDTMS PNC	<p>Cohort: ⁹34 Months (12 month for cohort + 12 month follow up period + 6 month for court conviction +4 month data lag)</p> <p>Individual: 22 months (12 month follow up period + 6 month for court conviction +4 month data lag)</p>	None required	Subject to MoJ/ HO/ NTA calculation – work ongoing

⁷Where the wording is the same in the final outcome definition as in the interim, previous footnotes apply but have not been repeated.

⁸ The 'clock reset' is included to avoid the perverse incentive for a provider to cease work to tackle an individual's offending behaviour once the individual has committed an offence

⁹ There are options to shorten the 'follow-up' period in the time lag, in exchange for a degree of risk of over-paying providers. However, there will always be a minimum lag of 10 months to allow for court convictions and data updates.

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Outcome Domain 4:

Health and Wellbeing – Initial Outcomes

Option	Outcome Domain	Measure	Eligibility Criteria	Comment	Data Source	Minimum Data Lag	Additional Verification	Baseline availability
4.1	Injecting	Of those injecting at the start of treatment, those who reported 0 days injecting during the recall period at their last two review TOPs within the last 12 months	Clients 18 or over who indicated that they were currently injecting at the start of treatment (as either indicated at their start TOP, or had an injecting status of 'currently injecting', or a route of administration of 'injecting' in their latest treatment journey)	Cessation of injecting is a key step on a recovery journey and will have a significant impact in reducing wider health harms, including the prevalence of HIV. England has consistently had one of the lowest rates of HIV infection amongst this population of any country in the world.	NDTMS	4 weeks	LASARS Case note audit	2009 – present
4.2	No Fixed Abode (NFA) / Housing problem	Of those NFA or with a housing problem at the start of treatment, those who no longer had any housing problem at their latest review TOP where this was in the last 12 months or at their exit TOP ('no' to both housing questions on TOP i.e. no longer NFA or with a housing problem)	Clients 18 or over who were recorded as having been NFA or having a housing problem at the start of treatment (as indicated at their start TOP, or had an accommodation status of NFA in their latest treatment journey)	Housing was an issue identified as significant in supporting a sustainable recovery during stakeholder discussions at the co-design period. Evidence suggests that sleeping rough or having no fixed abode can have a negative impact on an individual's recovery journey.	NDTMS	4 weeks	LASARS Case note audit	2009 - present
4.3	Hep B Vac	Of those eligible, those that had completed appropriately a course of Hepatitis B vaccinations within the previous 12 months.	Clients 18 or over at time of presentation who were assessed as requiring a hepatitis B vaccination (i.e. they had not already been vaccinated nor had acquired immunity)	For those who are injecting drugs, the risk of contracting Hepatitis B is high. Including this as an initial outcome will have wider benefits such as supporting improvements in a client's wider health as well as limiting the impact on wider health services.	NDTMS	4 weeks	LASARS	2009 – present

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4.4	Health and Wellbeing	Client achieves a norm of health and social functioning in the last two TOP reviews where this was in the last 12 months	Clients aged 18 or over whose TOP scores for health and social functioning are in a range that would be classed as the normative score for drug users that have begun the journey to sustained recovery.	<p>Whilst overall improvement in an individual's health and wellbeing is a desirable outcome, there is no functional norm for this at present that would indicate a client has reached a 'happy' outcome. In order to achieve this, and therefore pay an outcome, a threshold would need to be identified. This is not currently available however ongoing to determine this threshold and would be prioritised if this measure was adopted.</p> <p>As an individual progresses through treatment, for some they may feel worse before they feel better. For example, someone dependent on heroin as they reduce their consumption and detox is likely to become aware of wider health issues that the opioid would have hidden that would lead to a reduced score – dental pain is the most common.</p> <p>If an individual came in at a high score, there would also then be no-where for them to progress to.</p>	NDTMS	4 weeks	LASARS	
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**PILOTING PAYMENT BY RESULTS FOR DRUGS RECOVERY - THE CO-DESIGN GROUP
OPTIONS ALSO CONSIDERED BUT NOT RECOMMENDED**

**Outcome domain 1
Free from drug(s) of dependence - Initial Outcome**

Option	Measure	Eligibility Criteria	Comment	Data Source	Minimum Data Lag	Possible Additional Verification	Baseline availability
1.3	<p>Abstinent from all such presenting substances at the last two Treatment Outcomes Profile (TOP) reviews where this was in the last 12 months.</p> <p>If this outcome has not been achieved then a lesser payment to reflect progress could be made for those least reliably improved (i.e. reduced their consumption by statistically significant levels) for all listed substances at their last two review TOPs within the last 12 months.</p>	<p>Clients 18 or over who cited as a problematic substance any of opiates, crack cocaine, powder cocaine, alcohol, cannabis or amphetamines in their latest treatment journey – still in structured treatment at the end of the specified payment period</p>	<p>This option would allow the early success of cessation, or a significant reduction, in the use of the drug(s) of dependence to be reflected.</p> <p>Reliable change would be determined by the treatment worker based on the individual's progress in reducing their drug use.</p>	NDTMS	4 weeks	LASARS Biological testing Case note audit	2009 - present

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Outcome Domain 1:

Free from drug(s) of dependence - Initial Outcome

Option	Measure	Eligibility Criteria	Comment	Data Source	Minimum Data Lag	Possible Additional Verification	Baseline availability
1.4	Planned discharge from the treatment system, free from drug(s) – including alcohol – of dependence (including abstinence from heroin and crack cocaine)	Clients aged 18 or over at time of presentation, not in structured treatment in past 21 days. Assessed as having a dependency on drugs/alcohol that would benefit from structured treatment	<p>This is the proposed measure that has been out for consultation as part of the Public Health Outcomes Framework and would therefore be consistent with the wider system.</p> <p>It would represent a significant step in an individual's recovery journey, but would mean that earlier progress would not be reflected.</p> <p>However, we proposed this is used as an initial measure for the employment outcome.</p>	NDTMS	4 weeks	LASARS Biological testing Case note audit	2005 - present

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Outcome Domain 2: Employment – Initial Outcome

Option	Measure	Eligibility Criteria	Comment	Data Source	Minimum Data Lag	Additional Verification	Baseline availability
2.2	<p>Substance Misuse is no longer a barrier to employment</p> <p>Planned discharge from the structured treatment system in a client's latest treatment journey during the last 12 months, free from drug(s) – including alcohol - of dependence (including abstinence from heroin and crack cocaine in all cases).</p> <p>Ongoing misuse of drug(s) of dependence is no longer a barrier to finding work. Neither would the job seeker be hampered by the need to attend regular treatment appointments or pick up medication etc.</p>	<p>Clients aged 18 or over who have completed a course of structured drug treatment.</p> <p>Note: This outcome would require individuals to have ceased taking any prescribed substitute medication (e.g. methadone) as this would constitute ongoing structured treatment.</p>	<p>This would be an initial outcome based on substance misuse no longer being a barrier to employment based on a discharge from the treatment system.</p> <p>Issues would be:</p> <ul style="list-style-type: none"> - not able to reflect employment achievement whilst in treatment - those on a substitute prescription would not be eligible despite evidence that this can support employment - this could be seen as duplication with the free of drug(s) of dependence outcome. 	NDTMS	4 weeks	LASARS Biological testing, case note audit	2008 - present

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Outcome Domain 4:

Health and Wellbeing – Initial Outcomes

Option	Outcome Domain	Measure	Eligibility Criteria	Comment	Data Source	Minimum Data Lag	Additional Verification	Baseline availability
4.4	No Fixed Abode	Of those NFA at the start of treatment, who no longer had a housing problem at their latest TOP review where this was in the last 12 months or at their exit TOP ('no' to both housing questions on TOP)	Clients aged 18 or over who were recorded as having been NFA at the start of treatment (as indicated at their start TOP, or had an accommodation status of NFA in their latest treatment journey)	This would require two separate outcomes for housing, which could risk the provider being paid twice for the same outcome. It is therefore suggested that the NFA and housing problem outcomes are combined	NDTMS	4 weeks	LASARS	2009 - present
4.5	Housing Problem	Of those who had a housing problem at the start of treatment, those who no longer had a housing problem at their latest TOP review where this was in the last 12 months or at their exit TOP ('no' to both housing questions on TOP)	Clients 18 or over who were recorded as having a housing problem at the start of treatment (as indicated at their start TOP, or had an accommodation status of 'housing problem' in their latest treatment journey and were not classed as NFA)	This would require two separate outcomes for housing would could risk the provider being paid twice for the same outcome. It is therefore suggested that the NFA and housing problem outcomes are combined	NDTMS	4 weeks	LASARS	2009 - present

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Annex A: Co-Design Group members

Central Government

- Department of Health
- Home Office
- Ministry of Justice
- Department for Work and Pensions
- National Treatment Agency for Substance Misuse

Local pilot sites

- Bracknell Forest
- Enfield
- Kent
- Lincolnshire
- Oxfordshire
- Stockport
- Wakefield
- Wigan