



**Ministry of
JUSTICE**

C/O Department of Health
Drugs Policy Team
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DH Gateway reference number 17355

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To: LA chief executives

Copies: Chief Constables, Prison Governors, Probation Trust Chief Executives

Dear colleague,

Building Recovery in local Communities

In April 2013 upper tier and unitary local authorities will take on responsibility for commissioning the full range of drug and alcohol prevention, treatment and recovery services. Also, from 22 November 2012, newly elected Police and Crime Commissioners will be responsible for cutting crime and improving community safety. This note highlights the new opportunities for joint working to improve outcomes and use resources more efficiently. It outlines the support that will be available to help you meet the needs of your community.

The 2010 Drug Strategy highlighted the importance of tackling dependence on drugs and alcohol which are key causes of crime, family breakdown and poverty¹. Promoting recovery is central to addressing drug use. A key element of government reforms is to give local areas the freedoms and powers necessary to develop a holistic, joined-up recovery system that goes beyond drug treatment and addresses the wider needs of those with dependence on drugs and/or alcohol.

As highlighted in the recent Alcohol Strategy, an effective approach to tackling substance misuse requires partnership working between local authorities (public health, social care, housing, community regeneration and other services), health bodies (Clinical Commissioning Groups and local providers) and criminal justice agencies (including probation, prisons and police) and Job Centre Plus and the Work Programme. The object is to prevent misuse, and to ensure that those who become dependent are supported to

¹ Drug Strategy 2010 – *Reducing Demand, Restricting Supply, Building Recovery: Supporting People to Live a Drug-Free Life*

recover, be in employment, have stable accommodation, look after their families, and cease committing crime and anti-social behaviour.

Supporting people to recover from dependence is a key area where the public health system and the criminal justice system have common cause and can work together to deliver shared objectives. Improvement in an individual's health and a reduction in their offending go hand-in-hand². Police and Crime Commissioners will be able to work with CCGs and local authorities to promote the achievement of shared objectives and deliver a more effective, efficient system and will set out their vision in local Police and Crime Plans.

The government is delivering a significant devolution of financial controls which maximises the scope for aligning local approaches and using budgets in a smarter way. The key budgets, many of which already exist, will include the Public Health Grant, the Early Intervention Grant, Local Authority programmes which meet housing, social care and other needs for people with multiple problems, NHS Commissioning Board resources, Community Safety funding, Probation Service resources, and Job Centre Plus and the Work Programme.

An integrated approach

Commissioning for recovery is most successful where it is based on local need and delivered as part of an integrated local response. This will be identified through the Joint Strategic Needs Assessment (JSNA) and prioritised in the new local Joint Health and Wellbeing Strategy³. These provide the framework for determining the quantum of local spend and how it is used.

Government is working with eight areas over two years to pilot Payment by Results as an approach to contracting. These pilots are being formally evaluated. In addition, a number of other drug partnerships are incorporating a PbR element into their contracts with providers, and there is increasing use of PbR for other public services. The skill of local authorities and their partner agencies in developing new forms of contracts and in managing the interface between PbR schemes for different services will be crucial to the success of this approach.

Health and Wellbeing Boards are envisaged as being the forum where many such discussions should take place, but local partners will need to determine the best mechanism for coordination in their locality, bearing in mind that some services – such as prisons – may be out-of-area. As healthcare in prisons and other places of detention will be the responsibility of the NHS Commissioning Board, it is intended to draw up a formal agreement between the Department of Health and the NHSCB to ensure that prison drug and alcohol treatment is commissioned in a way which promotes coordination both with other aspects of prison healthcare and with community substance misuse treatment.

² *The Impact of Drug Treatment on Reconviction*. NTA 2012

³ The NTA has sent detailed JSNA support materials to all local drug partnerships

The principles of successful recovery

Five key principles underpin an integrated recovery system:

- all relevant partners, such as the drug and alcohol sector, the criminal justice system, employment, housing and education, collaborate to commission services based on outcomes for individuals, families and communities.
- recovery is initiated by ensuring drug-dependent people have prompt access to appropriate interventions, and ensuring that the transfer of drug-dependent offenders between prison and community settings is managed seamlessly.
- treatment services are high-quality and deliver a broad range of effective interventions, which prepare service-users for recovery while continuing to protect them and communities from the risks of drug misuse.
- treatment services provide individually-tailored packages of care and recovery support that are regularly reviewed, to encourage service users to successfully complete treatment without putting them at risk.
- treatment services join with community support networks and local partners to support people in sustaining long-term recovery, so they reintegrate back into society and do not need to return to treatment.

Local solutions can make increasing use of networks of support and other assets within the community, such as mutual aid groups like Narcotics Anonymous, families and carers, and other peer-led alliances. A key function is increasing the visibility of recovery to local residents and providing an important source of enduring support for individuals after treatment. Local recovery champions have a key role here.


Local areas and their partners have until the end of March 2013 to establish these new mechanisms and agree how they will operate. During this period the National Treatment Agency for Substance Misuse will provide support with transition. In addition, between now and November 2012, Police Authorities will prepare briefings for prospective PCCs, and will produce the first drafts of Police and Crime Plans and their budgets in order that they can be cleared by March 2013. From April 2013, support for local recovery systems will be provided by Public Health England, an agency of the Department of Health.



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