



# Draft EADP Commissioning Plan: Commissioning for Recovery 2011 – 2014 Summary

- 1.1 This is a summary of the Draft Edinburgh Alcohol and Drug Partnership (EADP) Commissioning Plan: **Commissioning for Recovery 2011 – 2014**. It aims to give an overview of the full commissioning plan and to encourage you to read it and give us your views. You can do this by visiting [www.edinburghadp.co.uk](http://www.edinburghadp.co.uk) or by emailing responses to [hsc.eadp@edinburgh.gov.uk](mailto:hsc.eadp@edinburgh.gov.uk).
- 1.2 The closing date for sending us your views is Friday 21<sup>st</sup> October 2011.
- 1.3 The commissioning plan sets out how EADP proposes to commission services to support people with alcohol and drug problems achieve recovery. The draft plan explains the priorities and outcomes we are seeking to achieve, and sets a framework for future service planning.
- 1.4 Our vision is that more people achieve sustained recovery from problem alcohol and drug use. This is complemented by three supporting outcomes:
- More people will access treatment services so that 50% of people with drug problems and 20% of people with alcohol problems who need treatment receive it. This is in line with recognised good practice.
  - More people complete treatment programmes.
  - More people move into recovery.
- 1.5 We are proposing that services are commissioned on an outcome basis, which means we measure them on their effectiveness at supporting service users.
- 1.6 We feel that the following outcomes are effective measures for supporting people to achieve sustained recovery:
- 1.7 It is proposed that the following outcomes will be applied to help measure the positive effect and achievements that services deliver with service users:
- A reduction in risk taking behaviour related to overdose and blood borne viruses.
  - A reduction in dependence on drugs or alcohol.
  - The controlled use of drugs or alcohol.
  - A reduction in criminal activity including re-offending.
  - Sustained employment.
  - Ability to access and sustain appropriate settled accommodation.
  - Improved mental and physical health, and wellbeing.

- Improved relationships with family members, partners and friends.
- The capacity to be a caring and effective parent.
- Ability to maintain a broader social network with those in recovery.

1.8 We think that the most significant gaps in provision currently are in the following areas:

- Existing capacity does not meet the demand on treatment and recovery services.
- People receive different types and levels of service provision depending on where or how they access the system of care, despite similar levels of need.
- Linkages between treatment and support services and other services that enhance recovery are not always strong and in places capacity within some specialist services is low.
- There is not equity of access to psychosocial interventions that support people to detox, change behaviours and move on from problem alcohol and drug use.
- There does not appear to be a common understanding of and approach to recovery across professionals working with people with problem alcohol and drug use.
- Service users are not consistently involved in the design, development and delivery of services.

1.9 We think that we need to improve the way people access alcohol and drug services so that they access the right services at the right time. We intend to do this by developing a single means of access to treatment and support.

1.10 We think we need to improve the approach we have to supporting people through a treatment journey by:

- Reducing the number of organisations involved in people's care.
- Setting clear access and exit criteria for services based on achieving outcomes.
- Developing the right multi-agency arrangements so that when people need to access more than one service their care is coordinated.
- Giving people access to a care coordinator when they have needs that require a number of services to respond to their need.

1.11 People with alcohol and drug problems tend to have a number of other problems in their lives. These tend to be around accommodation, family and other relationships, and access to employment, training and education. We want to make sure that treatment and support services are clear about their role in addressing these issues.

1.12 We want to support the development of the existing recovery communities so that people in recovery have a network which will support them to sustain their recovery.