Substance Use Commissioning Forum – Commissioning for Recovery

Tuesday 28 February 2017, Manchester

Introduction

This event was facilitated and organised by Adfam in cooperation with Collective Voice, on behalf of the Recovery Partnership. It brought together a group of substance misuse commissioners from across the country to share good practice, challenges and concerns. The focus of the day was commissioning for recovery – how holistic services can be commissioned to facilitate the recovery of those with drug and alcohol issues, and their communities and families. Given the varied and individualised nature of recovery for service users this necessarily means the pursuit of such a system at a time of immense financial hardships is difficult.

The meeting was designated a 'safe space' for attendees to openly discuss any worries and problems they have – consequently the whole day was conducted under the Chatham House rule, with no points or quotes attributed to individuals. Please note that all points below represent an overview of discussion on the day and are not attributable to any individual, nor can they be taken to represent a consensus opinion of the entire group.

1. **Mark Webster: Acceptance and Commitment Therapy Peer Recovery – Mutual Aid Model**
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   - Mark Webster, founder of the ACT Mutual Aid Model introduced it as a useful way forward at a time of austerity
   - The ACT Mutual Aid Model™ was developed in Portsmouth in 2013 and is based on behavioural science. It is recognised by Public Health England (PHE) and is trans-diagnostic (can be used by those suffering from various problems including addiction, diabetes, mental health, etc.). The ACT Mutual Aid Model is complementary to all other methods.
   - The model focuses on recovery in community: People come to meetings and set challenges, and then go back into the community to tackle them in a place where they are likely to continue this behaviour. The Model is community and peer-run and not allied with providers; it aims to differentiate recovery from treatment, and to bridge the gap between treatment places and dependent users.
   - The Model has already been introduced in some areas, and is spreading country-wide.

2. <u>Chris Lee: ' Commissioning for Recovery ' – Structured Discussion of Priorities</u>

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- Chaired by Chris Lee is a commissioner in Lancashire County Council
- This is a safe space for discussion – in a time of austerity it's a place to get people together and discuss the sector frankly and confidentially
- Main issues: cuts in funding; unrealistic expectations of what providers are capable of providing; outcome measurements; partnerships; common standard; data and evidence-base is lost; loss of expertise; restricted market; future.

Issues:

- Due to the cuts in funding (but at the same time rising expectations and same specifications), service providers are not always able to deliver. However, they are still bidding which can lead to an extension of contracts despite underperformance. Is this setting providers up to fail? Discrepancy between the 'gold standard' and funding.
    - Might need to significantly reduce requirements.
- What kind of outcome measures do we think are important?
- There is a lack of up-to-date data, and a loss of evidence-based policymaking.
- Harm reduction expertise being lost - ?
- The market is restricted because of the formation of alliances and partnerships, and the dominance of lead providers. This distorts the market effect.
- Essential elements of treatment and evidence-based clinical models could be risk due to lack of funding.
- There is a need for a critical mass of people to continue to advocate for recovery-oriented services.
- Decrease in frontline staffing, but more staffing at executive level in some areas as a result of political decision making
- Digital technology and more place-based system a way to cope with increasing financial constraints and rising demand?
- There must be a change in the attitude of commissioners as the system changes to reflect changes in funding
- NHS vs third-sector providers: third-sector providers are generally more innovative in their approach, but at the same time more risk-averse

Future of the meetings:

- Everyone is keen on future meetings to alleviate some of the pressure discussed as some of the 'last people standing' in the sector, and to share concerns and good practice.
- Perhaps future meetings can be more centrally located, including commissioners from a variety of regions in order to get an even wider range of opinions and concerns
- There is a need – 2-3 meetings per year
- Perhaps we can also bring in people to teach us about new things in the sector, much like Mark Webster did today. E.g. on how to incorporate technology

3. <u>Paul Hayes: Drug Strategy and Policy Update</u>

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- Paul spoke on behalf of Collective Voice
- Delayed Drug Strategy currently planned to be linked to the new Green Paper on Social Justice with publication pencilled in for end march. He suggested it's expected to stress the importance of evidence based treatment and move away from simplistic unhelpful indicators towards greater segmentation of the population which reflects the likely recovery trajectory of different groups, without writing anyone off. It will emphasise the significance of jobs, houses, mental health etc, but the test on this will be more about the plan for delivery than the expressed aspiration.
- Family policy and the impact on children has the potential to be the next driver of drug treatment investment and a powerful "invest to save" narrative, just as crime and HIV were in previous eras. However even if we can unlock continued investment on this basis the level of spend and the associated political priority will be significantly less than was the case 10/15 years ago.
- Struggles with funding are in large measure a price for success. We need to be alive to the potential for a new heroin epidemic spinning off spice use among vulnerable populations: specifically street homeless and offenders, and shifting patterns of use among migrant groups. Although the potential for a 1980s style crisis is limited by the changing shape of the labour market we urgently need an updated heroin prevalence estimate to check the current scale and shape of the problem.
- Business Rate Retention: Ring fence will stay on the public health grant until it is absorbed into the new BRR regime in April 2019. Becoming clear that central gov't will expect reassurances from local authorities that sufficient investment is available to deliver core public health functions which will include drug and alcohol treatment.
- The localism tide may be turning as gov't gets drawn into actively supporting increased spending on Social Care with increasing appetite for them hold localities to account. The new BRR landscape will have some form of "equalisation" formula built in - as ever the devil will be in the detail. Overall the shift to BRR is looking more like another risk for the sector rather than a cliff edge some thought.
- Providers need to collectively refuse to bid for undeliverable contracts to put a floor in the market and prevent a race to the bottom.
- To some extent the straitened times have driven efficiency and innovation but there has to be a point beyond which safe effective services can't be provided and we need to be prepared to say so.
- One potential benefit from this could be a "value for money" argument for breaking down silos between drugs/alcohol/mental health/homelessness/offending to truly deliver person-centred care. There are major cultural barriers to this, not least the NHS bureaucracy which too often prioritises its institutional interest over the health and well-being of the community.

4. **Emilie Frijns: State of the Sector – Preliminary Findings**

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- Policy intern at Adfam, working on the State of the Sector report
- Collected data can be divided into four themes: funding, commissioning, delivery of services and partnerships - can only comment on the first two themes
- Funding:
    - Cuts in funding
        - Have allowed for more efficient working; some areas supported by elected members; grassroots organizations aim to work within sustainable environment
        - Led to massive constraints – effect on quality and number of services offered, and on staff
    - Business rates:
        - Large uncertainty
        - Welcome independence yet also concerned about responsibility for raising income
- Commissioning
    - More integrated service models
        - Concerns about smaller organizations but in some areas smaller organizations have been allowed to flourish as a result of the new model
        - Large providers are starting to diversify and integrate
    - Concerns about losing contracts
    - More adaptive to local needs?
        - Place-based systems; partnerships, cross-working and sharing of resources
        - Super-borough system
        - Case-based management system
    - Big providers as quasi-commissioners
    - Competitive tendering madness
    - Worried about reduced contract lengths
        - Funding, long-term commitment
        - Lack of security and decreased employee morale