



Tuesday 1 November 2016, Manchester

Recovery Partnership and Collective Voice: Substance Use Commissioning Summit

Introduction

This event was facilitated and organised by Adfam, on behalf of the Recovery Partnership, and brought together a group of substance misuse commissioners 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 or 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.

It 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 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 from the whole group.

1. Becky Allon-Smith: “Making it Happen” – Commissioning effective services for families affected by drugs/alcohol (r.allon-Smith@adfam.org.uk)

- Becky, Regional Development Manager at Adfam, presented a draft of the “Making it Happen” resource, which is due to be launched in the new year. MIH is a resource describing what effective support for families affected by substance use looks like.
- Report welcomed as a tool that would be very useful and could be used as a means of ensuring support is seen as essential within the eyes of the local decision makers.
- Resource works well as a description of a ‘gold standard’ best practice model but it would need to incorporate specific local needs of each area. However, it could be used as a framework and you can take the good ideas and use what works in your area.
- Important challenge identified as, in a time of great financial pressures, how this ‘gold standard’ can be met in a very political and fragmented landscape with v high regional variation.
- Becky at Adfam to add local examples of joint protocols to MIH.
- Adfam to build up regular communications around Making it Happen throughout 2017.
- The resource could benefit from increased interactivity - would also be good to use a snappier format that was easier to read, so it could be sent directly to heads of services.

2. Substance Users and End of Life Care, Dr Sam Wright, Research Associate, Manchester Metropolitan University (Sam.Wright@mmu.ac.uk)

- Presentation by Dr Sam Wright from Manchester Met University about an ongoing piece of work, funded by Big Lottery until 2018. She wants to know about the field of work covering end of life care for people with alcohol and drug problems. The team has been able to find national data on substance use and palliative care on an individual basis but not combined data.
- Reanalysing 102 interviews from Universities of Bath and Sterling's substance use and bereaved project: 66 sudden deaths (younger users overdosing or suicide), 23 anticipated deaths (older alcohol users that have died in hospital) and 7 predictable deaths (home deaths). This project is looking at: anticipated and predictable deaths and, the end of life stories, but is also focusing way back on the early impacts on family life.

Discussion:

- Substance misusing population is definitely ageing
- Sam may be able to find data on substance use and palliative care available through NDTMS – might be worth cross-matching.
- There is a need to broaden the scope of treatment providers and access their data.
- Importance of looking at health holistically.

3. "Commissioning for Recovery" discussion led by Chris Lee, Commissioner, Lancashire County Council (JamesChris.Lee@lancashire.gov.uk)

- This is the 5th or 6th time the group has met. Idea was originally to create a space, in the age of austerity and people leaving, to get people together and discuss the sector frankly and confidentially.
- Main issues: overall funding down 30-40% for local areas; variable commitment from DPHs; just not enough people to deliver

issues

- Group reported high level of variation in commitment from Directors of Public Health to drug and alcohol treatment
- The challenge of transferring from NHS to third sector provision in local areas discussed – TUPE of staff on high salaries etc.
- During the tendering process, providers are having their remit broadened and are being asked to do more with less money. Do we need to establish a cut-off point, a benchmark indicating the minimum that can be meaningfully provided by a service in relation to drugs and alcohol?
- Elected members make the decisions, so huge amount of time spend on political conversations seeking influence and decision making
- Decisions are done in a political, financial mind-set – to get things done straight away. There's sometimes no comprehension on the wider impact on communities and families. There can be a tragic ripple effect on families.

- Despite substantial spending on public health, there have been few major impacts apart from e-cigs reducing smoking (which was grassroots driven). What do we need to do to actually have an impact? Or are we preventing worse things happening?
- Huge issue with when the ring fence from public health is removed in 2019 – LAs will get business rates, but if you are in a less wealthy area (which is majority of the country) with lower business rates, you take a massive hit, and make a massive loss
- Over half of commissioners in the room are going through re-tendering processes.
- In terms of resources coming out, one has gone from 5.5m to 3m, whilst another has gone from 10-7 million and then 4.5m by 2020 (over 50%)
- The whole system works if you have the money but if you haven't got the money it's a huge struggle
- Sharp fall in staffing over the past few years, in some cases going down from teams of 10 to 2. The days of DATs with multiple commissioners and their own comms teams and admin long gone.
- Even when funding does become available it takes a massive strain on staff to bid for it and implement or monitor the work.

Future of the group

- Very helpful, and there is inherent value to see what other people are doing but it is a time commitment, Adfam (Recovery Partnership) to organise one more meeting, and then the group to decide what their future is
- Group meetings are important to identify our future vision. Good to identify key principles going forward. There is a flexible, informal model which is good rather than a set-in-stone agenda.
- PHE meetings can be useful too but this is a valuable peer space without 'official' presence.
- Next meeting **1st week in March 2017**, ideally in Manchester as it is a good location. Adfam to organise.

4. Structured discussion with: Paul Hayes - Collective Voice, John McCracken – Department of Health, Corinne Harvey - PHE

Covered: Drug strategy, funding, commissioning, drug related deaths, treatment resources, NPS. Workshop is part of wider process of consultation with practitioners and commissioners in London and Leeds. Collective Voice will be producing a written overview of all of the consultation workshops which will be published on their website.