Issues in Recovery

A Changing Landscape for Commissioning

DrugScope

Introduction

This is the third in a series of briefings by DrugScope on behalf of the Recovery Partnership which examines some of the broader issues around recovery from substance misuse problems.

This briefing paper is based on a roundtable held in February 2015, attended by drug and alcohol commissioners, drug and alcohol service managers, representatives from recovery communities, from Public Health England (PHE) and local government, and it draws also upon published research and reports. The case studies presented were developed with the relevant organisations. The briefing considers the changing commissioning environment, and the ways in which systems and services are responding to these changes by commissioning at a range of scales and for a broader set of outcomes than reducing substance misuse alone. It considers also what this changing environment might mean for people in recovery, particularly for those with multiple and complex needs.

Executive Summary

This briefing considers the place of drug and alcohol systems and services within the wider context of local public service delivery at a time of complex public service reform and austerity. It examines ways in which greater integration between substance misuse commissioning and services has occurred, in an

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attempt to provide services which are both more efficient and cost-effective, and which may offer better joined-up support for people with multiple and complex needs.

The briefing acknowledges that fulfilling the dual ambition of delivering better outcomes at a lower overall cost is challenging, but that a number of different approaches have been taken by both commissioners and service providers to attempt to achieve these aims.

Commissioning is taking place on a range of scales, from the regional to the locality level. As well as commissioning that targets a geographical area according to scale, there are also examples of commissioning that targets current or anticipated harms within a community (such as child safeguarding, crime or housing), and as such in some areas the drug and alcohol system has become a vehicle for the delivery of broader public health outcomes. Broader outcomes are also being delivered on a service level in ways which seek to better support people with multiple and complex needs, through initiatives like the MEAM Approach and the Fulfilling Lives project, for instance, or through peer-led recovery groups which offer a supportive environment for people in recovery to build a better life for themselves and to actively contribute to their community.

Context

DrugScope's *State of the Sector 2014-15* report[1] indicates that the commissioning landscape is changing. 54% of survey respondents reported that their service had experienced retendering or contract renegotiation since September 2013, 49% anticipate recommissioning or renegotiation in the next year, and 77% were working to a contract of three years' duration or less. Both community and residential services were more likely to report a loss of income rather than an increase in income since September 2013. As the recent *Review of Drug and Alcohol Commissioning*[2] conducted by PHE and the Association of Directors of Public Health (ADPH) also found, many services are exploring integration - not only the integration of drug and alcohol services, but the integration of substance misuse services with related sectors such as housing and criminal justice. *State of the Sector 2014-15* found that some partnerships remain challenging. Mental health services, for instance, had deteriorated over the last year for 22% of respondents.

In the context of a changing and uncertain environment for drug and alcohol services, a time in which services and commissioners are working within the framework of austerity, and one at which commissioners are working within broader public health structures, a commitment to maintaining a focus on the values the sector holds for people in recovery is a theme that has emerged at all levels in substance misuse systems throughout this series of DrugScope roundtables on *Issues in Recovery* - not only from policy makers and commissioners, but from staff and managers within services and recovery communities too. Responses to the State of the Sector survey suggested that a distinction can be made between financial drivers and policy drivers around commissioning and re-tendering. Similarly, roundtable participants highlighted that fear relating to funding cuts can be a key driver of policy, and that fundamental to generating positive outcomes for service users will be converting this fear into an ambition to make changes to service provision because it is the most appropriate course of action.

A key ambition identified by participants at the roundtable discussion (as well as the previous roundtables in this series), was the desire to develop systems and services that promote sustained recovery, by meeting the needs of people in appropriate ways across that journey, from the point at which they enter treatment to the time at which they move on from the recovery community into the broader community. This desire has, for example, caused substance misuse systems and services to engage with intimate partner violence, to support service users to develop the assets they need to participate in civic life, and to offer people who have multiple and complex needs better joined up support. According to the recent *Hard Edges* report, over 250,000 people in England experience problems relating to two of substance misuse, homelessness, and offending, with nearly 60,000 experiencing all three.[3] For these individuals recovery from substance misuse is closely linked to addressing the other problems they experience. It was put forward at the roundtable that supporting recovery from substance misuse problems, and particularly providing integrated support for people with multiple needs, can function at once as a values-based ambition for systems in substance misuse, and as a means to increase the efficiency of public service provision in the context of budgetary constraints.

Case Study: A NUTS 2 Area - Greater Manchester Public Service Reform

In the context of fiscal tightening, the *Greater Manchester Strategy 2013*[4] highlights the need to reform the efficiency and effectiveness of public services. The Strategy emphasises the importance of work with complex families, offenders, and health and social care to reduce unemployment. Greater Manchester has two related priorities: to generate economic growth, and to connect individuals and communities to this growth so they benefit from increased prosperity. The Strategy lays out its ambition to produce a public service reform (PSR) programme, based on collaborative working to offer an improved and coordinated response to people's complex needs in a more efficient manner.

One project initiated by the Greater Manchester PSR team aims to reduce reoffending among women offenders. The PSR team found that the profile of women offenders was closer to that of abuse and trauma victims than to that of male offenders: 50% were victims of domestic abuse for instance, and 51% had severe and enduring mental health problems, and over half were mothers. In response to this, Greater Manchester have brought together the police and probation with local voluntary and community services, such as women's centres, to offer women support at the point of arrest, sentence, and release, to support more women to serve sentences in the community and reduce imprisonment. This programme aims to reduce reoffending, improve outcomes for the women involved, and reduce reliance on the criminal justice system.

In February 2015, a memorandum was signed which delegated health and social care responsibilities to Clinical Commissioning Groups (CCGs) and local councils in Greater Manchester, agreeing to bring together health and social care budgets in the region, with an estimated budget of £6 billion per year.[5] From April 2015, shadow bodies, including a Joint Commissioning Body, will be convened to make spending decisions across Greater Manchester. According to the memorandum, the rationale underpinning the initiative is primarily values based, to 'ensure the greatest and fastest possible improvement to the health and wellbeing of the 2.8 million citizens of Greater Manchester'. It aims to offer an integrated, whole-person approach to health and social care, and to close the health inequalities gap both within Greater Manchester and between Greater Manchester and the rest of England. In keeping with the *Greater Manchester Strategy*, it aims also to support the region's economic growth.[6]

Commissioning for Scale

Participants at the roundtable suggested that within a context of significant budgetary constraints, a need to deliver public services more efficiently, and an ambition to produce better outcomes for people accessing services, drug and alcohol services are being commissioned on a range of geographical scales. This spans from Nomenclature of Territorial Units for Statistics (NUTS) 2 areas (which include large areas such as counties and groups of unitary authorities) enabling efficiencies of scale to develop, to approaches at the lower super output area level (the population of which typically stands at approximately 1,500) which focus on specific determinants of health or social inequalities in the locality.

Smaller scale approaches allow commissioning to be very specific in targeting local need. Drug and alcohol misuse is often linked to social determinants of health, and addressing substance misuse can help to deliver on related agendas. Making these links explicit can help to make the case for continued investment in the substance misuse sector.

Case study: A Lower Super Output Area – Making a Difference in Kirkholt

Making a Difference in Kirkholt is a one year Multi-Agency PSR Place Based Pilot (PBP). The focus of the pilot is a population of approximately 2,300 people in Kirkolt, Rochdale, and particularly the 'troubled families' within this population. Kirkholt has the highest concentration of troubled families across the Borough, as well as the highest number of Antisocial Behaviour incidents, domestic violence victims and perpetrators, and the highest number of Looked After Children.[7] The pilot is an 'invest to save' initiative, which emerged in response to a number of factors, including the challenging financial position of the public sector, the unsustainable increase in demand for public services, the strategic intention of delivering greater integration of services through PSR, and offering better outcomes for Kirkholt residents. The pilot will test out PSR on a small scale, build an evidence base for PSR, with the potential to roll it out across Rochdale.[7]

The pilot aims to understand and change behaviour in relation to a series of health and social areas, such as high levels of domestic violence and abuse, youth unemployment, mental health,

and high levels of hospital admissions. Substance misuse is also noted in the Project Initiation Document as an issue which cuts across all of these areas[8] It has been noted that changing behaviour of staff and local people can be challenging. Pre-pilot training was delivered to front-line workers in relevant health and social care sectors in recognition of this.[9] The pilot also aims to reduce the cost of public service provision, involve local people in service re-design, build the capacity of local people to become more independent, and deliver improved integrated interventions, selected on the strength of evidence, based on a whole-family approach.

Commissioning for outcomes

All commissioning will be done within a geographically determined area, however it is also trying to achieve positive outcomes on the markers for current or anticipated harms in a community. It was suggested at the roundtable that there has been a widening in the intended outcomes of substance misuse commissioning. This is consistent with the suggestion in the *Public Health Outcomes Framework 2013-2016* that 'services are being planned and delivered in the context of the broader social determinants of health, like poverty, education, housing, employment, crime and pollution',[10] in order to meet two overarching outcomes: increased healthy life expectancy, and reduced differences in life expectancy and healthy life expectancy between communities.

Payment by Results (PbR), whereby a proportion of service provider payments are linked to the achievement of defined outcomes representing recovery from substance misuse problems, is an explicit example of commissioning for outcomes.[11] The intended outcomes of the PbR Drug and Alcohol Recovery Pilots, which started in April 2012, include more productive and outcome focussed discussions between commissioners and providers, improved joint commissioning of services, and enhanced efficiency.[12] The interim evaluation[13] suggests that the effectiveness of PbR has been varied. It found that PbR components can lead to budget uncertainties and cash-flow issues for providers, which larger providers are better equipped to deal with. The evaluation suggested also that the clearer framework provided by PbR can encourage service users and providers to consider recovery-

Child safeguarding

According to the Department for Education's *Working Together to Safeguard Children* guide,[14] safeguarding children is the responsibility of all agencies and individuals that come into contact with families and children. 35 per cent of the treatment population live with children[15], and substance misuse can affect families and communities as well as the individual who has a drug or alcohol problem. The *Hidden Harm* report[16] cautioned that parental substance misuse can cause serious harm to children from conception to adulthood, but suggested also that effective treatment of the parent can have a significant positive impact for the child. The National Institute for Health and Care Excellence (NICE) quality standards for drug use disorders recommend that service providers establish systems which enable them to offer the families of people who use misuse substances an assessment relating to their own need, and advise that commissioners should commission these types of services.[17]

A book recently published by the NSPCC[18] suggests that substance misuse services have an important role to play in child safeguarding. It points to research[19] to show that 78 per cent of parents with a drug or alcohol problem who had not received treatment abused or neglected their children following their return from care, compared with 29 per cent of parents without drug and alcohol problems. When asked what support they needed, parents prioritised treatment for drug and alcohol problems, coupled with clarity about the consequences of taking no action with regards to their substance misuse problem. However, while approximately half of mothers and one fifth of fathers to whom children were returned were known to have substance misuse problems, only 5 per cent had been provided with treatment. This highlights the need for greater access to treatment for parents with drug and alcohol problems.

Beyond supporting parents to reduce their substance misuse, drug and alcohol services can play an important role in delivering enhanced outcomes relating to child safeguarding and families; by providing treatment and supporting recovery for parents they play a part in facilitating the safe return of children in care to their families. The *Hidden Harm* report suggests that drug services should play a crucial role in efforts to support parents with substance misuse problems and their children. It makes a series of recommendations which include enquiring about children and their care, reducing or stabilising the parent's drug use, and discussing the safe storage of drugs and needles in the home. The report cautions against drug services attempting too much single-handedly, emphasising the importance of working closely with other agencies such as GPs and the local child protection team.

oriented goals, including abstinence, however for many service users abstinence was not an outcome that was sought or felt achievable, and some service users reportedly felt anxiety and pressure under PbR to reduce their prescribed opioid substitution therapy (OST) for instance.

In addition to supporting recovery and reducing levels of drug and alcohol misuse, it was suggested by roundtable participants that drug and alcohol services should now function as vehicles for the delivery of broader public health and social outcomes. Not only was greater integration between drug and alcohol services reported, but also integration between substance misuse and related sectors, including those laid out in the Public Health Outcomes Framework. PHE's *Overarching Commissioning Guidance* relating to drug and alcohol misuse emphasises close partnership working to support successful recovery journeys, including with partners in housing, education, training and employment. The commissioning guidance also highlights the importance of effective responses for parental substance misusers, in collaboration with adult and child social care, to strengthen families and protect children from harm.

Case Study: Making Every Adult Matter – The MEAM Approach

MEAM is a coalition of four charities – DrugScope, Homeless Link, Clinks, and Mind – formed to influence policy for adults facing multiple needs and exclusions. The MEAM approach has been designed to help local areas to design and deliver coordinated support for service users with multiple and complex needs. It recognises that individuals can experience a range of problems at the same time, including homelessness, substance misuse, offending and mental health problems, a rationale which is supported by evidence from the *Hard Edges* report.[20] The MEAM approach is a non-prescriptive framework that can be used by services to help address the challenges associated with developing a coordinated approach with local partners.

The MEAM approach consists of seven elements which should be considered by areas attempting to deliver coordinated services:

- Partnership and audit - getting the relevant people together and developing a shared understanding of the problem
- Consistency - being consistent about identification, referral processes and caseloads

- Coordination - the ability to connect individuals to existing services
- Flexible responses and system change - ensuring flexible responses from all agencies and flexible services for clients who may lead chaotic lives
- Service improvement and gap filling - filling any gaps in service provision and striving for continuous improvement
- Measurement - a commitment to measuring social and economic outcomes
- Sustainability - ensuring interventions are sustainable through generating systemic change.

Several areas are now using the MEAM approach to improve outcomes for people with multiple and complex needs in their area. In Blackburn with Darwen, the MEAM approach targets vulnerable individuals living in houses of multiple occupation in Blackburn town centre. A multi-agency team provides one-to-one support for these individuals, connects them to services, and links together the services that clients are accessing to deliver more coordinated support. An Operational Group was established, members of which include representatives from the Police, Ambulance, Housing, the Drug and Alcohol Action Team, mental health services, and prisons. Partners from the Operational Group identify their most chaotic clients who undergo a needs assessment. The operations team will work with those individuals with the greatest need, who will be supported at first by a key worker, and later by volunteer support workers once a period of stability has been achieved. The insight of volunteers who are in recovery is utilised to influence policy and re-design services.

The MEAM approach in Blackburn with Darwen has enjoyed a high level of buy-in at the strategic level, and is referenced in the Health and Wellbeing Strategy and the Clinical Commissioning Group's five year plan. This helps to ensure that meeting the needs of clients with chaotic lives remains central to service delivery locally. Collaboration between a range of agencies at both the strategic and operational level has enabled the team in Blackburn and Darwen to acknowledge gaps in services, identify areas of duplication, and facilitate enhanced partnership working between providers. The impact of the MEAM approach, both on the individual's recovery journey and on the local services involved, will be regularly evaluated.

For more information on the MEAM approach, visit http://www.themeamapproach.org.uk/

For more information on the MEAM coalition, visit http://meam.org.uk/

Case Study: Fulfilling Lives Project – Inspiring Change Manchester

Inspiring Change Manchester is a Shelter led programme aiming to improve the lives of people with multiple and complex needs. The programme supports those with three or more of the following: housing issues, alcohol and/or drug misuse, offending and mental health problems.

By supporting those who are disengaged from support services, Inspiring Change Manchester makes sure that appropriate support can be provided at the right time, through effective peer engagement, person centred approaches and identifying the goals of the individual. Enabling agencies to work together and share information, means that services can be more flexible and communication is improved, enhancing the outcome for the individual.

Co-production is at the heart of Inspiring Change Manchester, unleashing the huge resource that is represented by those with lived experience of multiple and complex needs to make the system more human and more effective. Inspiring Change has a mission to innovate, share learning, give a voice and empower people with lived experience and transform the way people with multiple needs receive support in the city.

Inspiring Change Manchester includes the following elements:

An Engagement Team: a partnership between a substance misuse specialist, probation and a homelessness street outreach provider. The team includes volunteer peer mentors with lived experience. The Engagement Team is the entry point into the programme, identifying people with multiple needs, working with them in a person centred way and focussing on their assets and potential. It helps them navigate their way to support and focuses on long term and sustainable positive change.

A Mental Health Pathway: support around emotional wellbeing, promoting resilience, self-esteem via talking therapies and psychological support.

GROW (Getting Real Opportunities for Work) **Campus:** Provides bespoke support for the programme's service users around education, training, employment and volunteering. The GROW Campus helps to deliver GROW Traineeships and fixed term employment contracts for people with lived experience of multiple needs. These can include a vocational qualification. The GROW Campus also supports the programme's volunteer peer mentor scheme.

Accommodation Pathway: Establishing safe and stable accommodation is key to addressing the other needs of service users. The Accommodation Pathway provides support, practical assistance and representation with regard to housing needs.

Flexible Fund: A personal budgets fund to promote engagement and support each service user's journey to lasting positive change.

Programme Team: Hosts the Inspiring Change Core Group, the body made up of people with lived experience of multiple needs that helped design the programme, commission its service providers, recruit staff, steer delivery and evaluate its success. The programme team also promotes systems change in the city based on learning from the Fulfilling Lives programme.

A Community HUB: where people involved in the programme in any way can meet.

For more information on Inspiring Change Manchester, visit http://inspiringchangemanchester.shelter.org.uk/ and watch their video at http://tinyurl.com/m8sh5s2

Disrupting the system

Alongside attempts to offer greater integration in service provision through top-down initiatives such as PSR and joint commissioning, the ambition to deliver better outcomes for individuals with drug and alcohol problems and complex needs has led to a diversity of initiatives that have grown within services, outside of traditional commissioning structures.

Values-based initiatives, driven by the ambition to improve outcomes for service users, have also grown on the margins of the substance misuse treatment and commissioning system. It was advanced at the roundtable that voluntary organisations such as grassroots, peer-led recovery groups, are garnering increasing attention from commissioners as an area which could make a significant contribution towards achieving the dual goals of providing sustainable and affordable services in the context of budgetary constraints, whilst enhancing outcomes for individuals and communities. It

Case Study: Red Rose Recovery

Red Rose Recovery is a service-user led charity in Lancashire which provides opportunities to build recovery in community based settings thorough a range of activities. These include participation social events, peer support groups, and education and training. Red Rose Recovery also facilitates volunteering in the community on projects such as clearing up public spaces, and which not only enables individuals to learn new skills and make a valuable contribution to the community, but can also have the effect of reducing stigma around the recovery community.

Red Rose Recovery takes an asset-based approach, focusing on the skills and abilities of the recovery community rather than its needs. Trained recovery coaches work with service users to develop a personalised recovery plan, based on the assets of the individual. Red Rose Recovery recognises that service users may have multiple needs, and in response Gateways recovery coaches visit prisons to talk with offenders and help them plan map out what their recovery journey might look like upon their release. Gateways recovery coaches also meet offenders upon release, take them to their homes, and introduce them to recovery services to help break the cycle of returning to substance misuse. Key to Red Rose Recovery is the positive and welcoming attitude of staff and volunteers, and the belief that everyone has an important role and voice in the community, including families and carers of people in recovery.

While service users are at the core of Red Rose Recovery, even involved in commissioning the service and the Lancashire User Forum, Red Rose Recovery has also flourished in the context of a supportive environment fostered by drug and alcohol commissioners in the region.

For more information on Red Rose Recovery, visit their website http://www.redroserecovery.org.uk/

was suggested that some peer-led recovery groups do receive limited amounts of funding from commissioners, however that they rely primarily on assets within the group and within the wider community, and it was put forward also that recovery groups might look to a social enterprise model in order to increase their self-sustainability. It was suggested both by those involved in running peer-led recovery organisations and by some commissioners at the roundtable that engagement with these groups can be extremely valuable to people in recovery,

providing a sense of community, enhanced self-esteem, and an opportunity to utilise and develop their skills whilst giving something back to the community.

The valuable role that peer support volunteers and recovery champions can play in services, and in particular in recovery communities, is recognised, with 68% of respondents to DrugScope's *State of the Sector 2014-15* survey reporting that volunteer recovery champions are employed in their organisation.[21] However, the provision of comprehensive training and support for volunteers with lived experience of drug and alcohol problems is crucial, as is addressing the possibility of lapse and relapse with those who have been designated as 'champions', to relieve the pressure they may experience should they feel the need to re-engage with services in the future.[22]

Commissioners increasingly appear to recognise the value that recovery communities can have in supporting individuals towards sustained recovery, as well as their value for money and relative self-sustainability. However, concerns were also expressed around the practicalities of commissioning recovery groups, and the difficulties that the tendering and contracting process poses to commissioners supporting the development and engagement of peer-led projects and asset-based approaches. Roundtable participants reported that the process of commissioning a service can be complex, time consuming, and heavily bureaucratic. Roundtable participants cautioned that the nature of this process can stifle creativity in commissioning, and that small peer-led initiatives may find it challenging to comply with these requirements. However,

the will to engage with recovery groups and other grassroots organisations (women's support groups, for example) in addition to traditional service providers is encouraging.

Conclusion

As DrugScope's *State of the Sector 2014-15* report found[22], the landscape for drug and alcohol services, service users, and commissioners is changing. Budgetary constraints are an important factor driving greater integration in the commissioning of public services at all scales, from the regional level to the lower super output area. Delivering on social and public health outcomes that are broader than reducing drug and alcohol use also plays an important part in shaping substance misuse systems and services at a time of competing agendas, which continue to drive drug and alcohol commissioning today as the HIV and crime agendas have done previously. These agendas might include child safeguarding, women offenders, domestic violence and abuse, or hospital admissions. However as commissioning at the lower super output area level indicates, rather than a singular national narrative, these agendas are more likely to be localised and focussed on local needs and context.

The ambition of improving outcomes for individuals and families with multiple and complex needs also plays a fundamental role in underpinning the continued shift towards greater integration of services, both at a commissioning level and at a service level, by initiatives like the Fulfilling Lives project, and by peer-led recovery groups, which are increasingly acquiring the interest of substance misuse commissioners.

Appendix

The roundtable took place on Thursday 26th February 2015 at the King's House Conference Centre in Manchester. The roundtable had a regional focus on the North West of England, the other roundtables in this series focus on London and South East England. DrugScope would like to thank the participants of the roundtable for their valuable contribution to this briefing.

Attendees

Andrew Brown, DrugScope

Alison Connelly, Greater Manchester Police and Crime Commissioner's Office and Greater Manchester Public Service Reform (Presentation)

Paul Connery, Homeless Link

Nicola Dennison, Blackpool Council

Lauren Garland, DrugScope

Mark Gilman, Public Health England

Victoria Gould, Bolton Council

Steve Jones, ARCH Initiatives (Chair)

Chris Lee, Lancashire County Council

Vicky Maloney, Early Break

Ian Merrill, Addaction

Martin Nugent, Manchester Council and Greater Manchester Public Service Reform (Presentation)

Paul Pandolfo, Shelter

Jennet Peters, Public Service Transformation Network and Greater Manchester Public Service Reform (Presentation)

Gary Rickwood, Public Health Team Wirral Borough Council

Alistair Sinclair, UK Recovery Federation

Ian Wardle, Lifeline (Presentation)

Peter Yarwood, Red Rose Recovery (Presentation)

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About DrugScope and the Recovery Partnership

DrugScope is the national membership organisation for the drug and alcohol field and is the UK's leading independent centre of expertise on drugs and drug use. We represent around 300 member organisations involved in drug and alcohol treatment, supporting recovery, young people's services, drug education, prison and offender services, as well as related services such as mental health and homelessness. DrugScope is a registered charity (number 255030).

DrugScope, the Recovery Group UK and the Substance Misuse Skills Consortium formed the Recovery Partnership in May 2011 to provide a new collective voice and channel for communication to ministers and officials on the achievement of the ambitions set out in the 2010 *Drug Strategy*. The Recovery Partnership is able to draw on the expertise of a broad range of organisations, interest groups as well as service user groups and voices.

Further information is available at: http://www.drugscope.org.uk/

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