

RECOVERY PARTNERSHIP

(Substance Misuse Skills Consortium, Recovery Group UK, DrugScope)

Presentation to the Inter-Ministerial Group on Drugs – 23rd November 2011

Introduction

Firstly, if we could begin by thanking you for inviting us to today's meeting – we appreciate the opportunity.

We would like between us to give a short presentation to update you briefly on the work of the Recovery Partnership, our plans for the future and to highlight what we see as the key issue for achieving the ambition to improve treatment outcomes and support recovery.

Formed in May this year to provide a new collective and collaborative voice for the sector, particularly those working in treatment and recovery services, we have produced a statement of intent setting out our initial aims and purpose.

We have been keen to ensure that we build on the existing important work of sector membership and umbrella organisations and groups. The Partnership and the vast majority of the sector shares the Government's ambition for achieving a truly recovery orientated approach. There is more that unites the sector than divides it: cultural change, challenge and a new ambition are firmly on the agenda.

As a new partnership we have achieved a great deal in a relatively short space of time. We hope, for example, that the papers we have so far produced for the Inter-Ministerial Group have been helpful in setting out some key issues, challenges but also in suggesting practical steps forward and solutions.

The Partnership represents a large and broad constituency of voluntary sector, statutory sector and representative and professional bodies. However, we have worked hard to engage as broad a range of organisations, interests and groups as possible, including service user representatives and people in recovery, but we recognise that there is more to do.

We welcome the opportunity to work with the new Recovery Committee of the ACMD – we gave a presentation at the first meeting of the Committee and will soon be meeting with the committee co-chairs. Our new 'expert group' on residential rehabilitation – which met for the first time last week - is an example of how we are seeking to work collaboratively within the sector: creating a space to share information, concerns and ideas. It is also an example of our readiness to hold a mirror up to, and potentially challenge, practice and culture within the sector.

We have welcomed the Government's endorsement of the Partnership and the opportunities to meet with officials across departments – the response has been welcoming and supportive. It would nonetheless be helpful to establish clear

expectations and mechanisms for how your consideration of our papers and work is feedback to us, not least so that in turn we can inform and continue to engage the sector. To date we have consulted widely for our papers on housing and recovery; employment and recovery and on payment by results: using online surveys, forums and circulating drafts of papers – which creates an understandable expectation for feedback and whether any difference has been made. We are concerned that we have not had formal responses to the papers. We very much welcome an ongoing and constructive dialogue, informed by clarification of how often you would like us meet with us.

It would be remiss of us not to highlight that the Partnership's capacity and funding is an issue. If you were to ask us "what resources do you have", the reply would be "you are looking at it"! The support provided by DrugScope and the Recovery Group UK has been crucial, but with no new funding or dedicated resources. While being ambitious, we have also had to be careful about priorities and also managing expectations - but by doing so we have established credibility and firm foundations.

We will now will talk about the key issue we wish to raise with you this morning: the new public health service.

Public health

As has summarised, we have through our papers and also at meetings with officials looked at a number of key issues for achieving the ambitions in the drug strategy – housing, employment, commissioning and payment by results. There are many aspects to supporting recovery but looking not too far ahead, the introduction of the new public health service and the establishment of Public Health England is the most important opportunity but also potentially the biggest challenge, perhaps for a generation. On a broad canvass, there is much support for the enhanced role planned for Health and Wellbeing Boards in better integrating health, social care and public health. But there are particular issues for drug and alcohol services and recovery.

Although the allocation of funding for public health is to be confirmed, up to half of local budgets – over £1 billion – is expected to represent current investment in drug and alcohol treatment services. A combination of the removal of the nominal ring fence for drug treatment, a new commissioning environment and competing demands for an ambitious public health agenda create the potential for disinvestment in drug treatment.

While we of course support a public health and recovery focus, there needs to be a continued recognition of the importance of drug and alcohol services in community safety and tackling crime and re-offending.

We need to be alert to the risks, both for disinvestment and for delivering a recovery oriented system locally. The omens for how local authorities through the public

health service may approach treatment and recovery are so far not encouraging. Drug and alcohol misuse were barely referenced in the public health White Paper and in the update and way forward document published in July. If I was a local authority chief executive, an elected council member or a Director of Public Health – from the documents so far published by Government, I would not have a clue that as much as half of funding represents drug and alcohol treatment. For example, in the whole of the update and way forward document I think there are two brief mentions of drug and alcohol misuse – Annex A, paragraph 10, includes alcohol and drug misuse services as one of 17 potential responsibilities for Health and Wellbeing Boards – along with: tobacco control; obesity; public mental health services; accident injury prevention; preventing cancer and other long term conditions; sexual health services; reducing winter deaths, and so on.

The Health Select Committee in its recent report has highlighted the risk of local authorities ‘gaming’ the system by redesignating services as public health spending, but reading the report, again you would have no idea that funding for drug and alcohol treatment may represent up to half of local budgets.

The role of Public Health England will be crucial to supporting the recovery agenda - for example: evidence gathering and data collection to monitor and track continued spending for drug and alcohol services and the delivery of recovery outcomes; supporting innovative working and best standards in commissioning; and making the case nationally and locally for continued investment in treatment and recovery.

As our capacity allows, the Recovery Partnership will be working to support the sector in the transition to and the implantation of the public health service. This will include supporting local recovery champions – building on the good practice and inspiring examples found across the country and also sharing experiences, learning and effective practice through recovery road show events.

But there also needs to be a big response by Government. Consistent with the principles of health and public service reform – there is a need for bold leadership and clear messages to local authorities, commissioners and also the public about the importance of this agenda. Support for the sector – at a time of change, transition and uncertainty will be vital to ensure that the ambitions in the drug strategy are achieved. We cannot underline enough the potential risks. If this sounds like shroud waving, we make no apologies - evidence of local disinvestment in young people’s drug and alcohol treatment services provides a worrying precedent. The challenge, and opportunity, is to show that localism and public health is a positive in supporting recovery.