

Recovery Partnership Bulletin

Spring 2012

Welcome to the Recovery Partnership's first bulletin.

As you may know, the Recovery Partnership was formed last year to provide a new collective voice and channel of communication to government on the delivery of the aims and ambitions in the Drug Strategy. Bringing together the Recovery Group UK, the Substance Misuse Skills Consortium and DrugScope, we believe that we have made significant progress in providing a voice for the sector and supporting a collaborative approach. But we know there are many challenges and still much to do.

We hope this bulletin is helpful in updating you on our work so far. We have included the Partnership's current 'Statement of Intent' on page 6.

We would like to thank every one who has taken the time to meet with us, contributed to our consultations, provided valuable feedback and advice and those who have contributed to our expert and working groups on residential rehabilitation.

We will over the coming weeks be consulting on the issues and priorities for the sector, service users and those services and organisations which play a key role in improving treatment outcomes and achieving a truly ambitious recovery-oriented system.

Co-chairs:

Noreen Oliver MBE

Chair, Recovery Group UK &
Chief Executive,
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Martin Barnes

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Residential rehabilitation – supporting an integrated treatment system

Last summer the Recovery Partnership was invited by the Inter-Ministerial Group on Drugs (IMG) to produce a paper on residential rehabilitation. After an initial online consultation survey and following meetings with service users, service providers and officials, we decided to establish an ‘expert group’ to better inform identification of the issues and potential recommendations.

We know there are challenges facing the residential rehabilitation sector, many of which are shared by the drug and alcohol sector as a whole – e.g., localism, payment by results and the transition to public health – but there are also particular and long-standing issues related to access, funding and

Terms of reference

The group has made good progress in delivering on its agreed purpose, which is to:

- share experiences and perspectives on residential rehabilitation provision and access
- identify key issues facing the provision, commissioning and role of residential rehabilitation
- consider practical steps and action, including potentially to recommend guidance and toolkits.

Taking forward an ‘action plan’

We soon found that there was a shared appetite for practical steps forward. To support this, a smaller working group was established to agree and take forward an ‘action plan’.

commissioning. Improving choice and access to residential rehabilitation services is consistent with service user choice, a ‘whole systems’ approach and delivering a balanced and integrated treatment system – however, the debate has often been ‘polarised’ and sometimes divisive, creating a barrier to collaboration and problem-solving.

The ‘expert group’ has met regularly since last autumn. Chaired by David Burrowes MP (acting in an independent capacity) the group has brought together a range of ‘key stakeholders’, including representatives of different service providers, commissioners, officials from the Home Office, Department of Health and the NTA, service user groups and membership and umbrella organisations.

To facilitate open and robust discussion, we felt is appropriate that there was a degree of confidentiality and the Chatham House rule was applied. For this reason, we have not so far shared with you the work of the group but we hope this update on the work so far is helpful. We will be consulting widely on the strands of work summarised below.

If you would be interested in supporting the work of the group or would like to know more, please get in touch. We will update you on the work as it progresses.

The expert group is undertaking four strands of work:

1. Agreeing a definition of ‘residential rehabilitation services’

Given the range of services described as 'residential rehabilitation', there is considerable variation and difference – e.g., on the clients provided for; referral and assessment criteria; induction; length of stay; philosophy and programme of care; discharge and completion criteria; 'aftercare', and so on. This is important for service users and their families and carers, but also how services may be commissioned.

The expert group has made progress on providing a consistent and agreed definition for the range of services provided.

2. Mapping provision of services

It is surprising that there is not a full or accurate picture of what services are available or the type of support and interventions provided. In part, this is due to the issue of 'definition'.

The expert group – with support from the NTA – has begun using a questionnaire to provide a 'map' of services, but recognises that further work is necessary.

Ministerial endorsement for the 'expert group'

We are pleased that the work of the Recovery Partnership's expert group has been endorsed by The Minister for Public Health, Anne Milton MP. In her letter to the chair of the expert group, David Burrowes, the Minister wrote (April 2012):

"...I am grateful to the group for the work it is undertaking and for you for chairing it. It is vital to have a strong residential rehabilitation sector to meet the needs of people on the journey top recovery and I agree with you that it is important for services to be accountable for their outcomes

"I am happy to endorse the four strands that the group is undertaking. I agree that it is

3. Establishing a 'Quality Framework' for services

This has been identified as a priority action. Building on and utilising existing service quality standards and benchmarks, a 'common' and up-to-date service framework for residential rehabilitation services will help support and drive consistency and improvement in outcomes. It will also provide a template for informing choice and decisions by service users, their families and also commissioners and funders of services.

4 . Developing the workforce

Quality services across the sector – residential, prison and community-based – require skills and confident and supported staff and managers. The expert group will work with the Federation of Drug and Alcohol Professionals (FDAP) and the Substance Misuse Skills Consortium on how best to embed and sustain this for residential and community-based services.

important to have a clear definition of what is meant by 'residential rehabilitation' if these services are to support the recovery agenda...

"A quality framework for residential rehabilitation services sounds like a worthwhile piece of work to undertake...

"Developing a workforce and skills framework will be valuable...

"Thank you for keeping me informed of the work of this group and I look forward to hearing of its progress once some of these work streams are underway...Please do let me know if there is anything I can do to help with this important work."

Building the evidence base – the ACMD’s Recovery Committee

The Recovery Partnership has met with the Recovery Committee of the Advisory Council on the Misuse of Drugs (ACMD).

The Committee sought our views on the opportunities and challenges for recovery and the key issues.

The co-chairs of the Recovery Partnership will be meeting with the co-chairs of the Recovery Committee in May to discuss its work and how the Partnership can contribute.

Evidence and recommendations to Ministers – providing a voice for the sector

The Recovery Partnership has submitted several papers for the Inter-Ministerial Group on Drugs on particular aspects of treatment and recovery.

Although we had relatively little time to produce each paper, we tried to consult as

widely as possible. The papers on housing and employment were informed by online surveys and questionnaires – a draft of each paper was circulated to an average of 80 individuals and organisation for comment and feedback. The IMG stipulated that the papers should be no more than two sides!

Payment by results

We welcomed the emphasis in the drug strategy on improving treatment and recovery outcomes. However, we noted that PbR is not the only means by which outcomes can be incentivised and improved. The practice and quality of commissioning is key.

Key messages:

- Supporting recovery: The evidence so far raises concerns about whether PbR will incentivise local integration and holistic recovery. We highlighted the absence of national employment, training or education-related outcome
- Cash-flow: The impact of PbR on cash flow is a significant issue particularly

(but not exclusively) for smaller organisations. Diversity and a level playing field for all providers with expertise are key

- Innovation: There needs to be a balance between local freedom and flexibility and ensuring services are evidence-based, effective and safe. There needs to be careful monitoring to identify and address indications of ‘system failure’. It is important to ensure co-ordination and consistency of approaches to PbR
- Service user choice: PbR must have sufficient flexibility to facilitate choice and the goals of individual service users.

Employment, education and training

The emphasis on supporting routes to recovery in the drug strategy and ensuring that the benefit system supports people to engage with treatment and recovery was welcomed.

For some, employment may be an unrealistic or very distant aspiration. – a premature return to employment could set back recovery.

Key messages:

- Jobcentre Plus: Jobcentres have an important role, but many remain reluctant to reveal drug or alcohol problems
- The Work Programme: Concern about the lack of engagement by prime providers – progress overall is variable and slow
- Benefits system: Volunteering can be a positive step in recovery, but there

Housing and recovery

Although we welcomed the recognition in the Drug Strategy of the importance of housing, there was concern that it could become a 'weak link' in recovery frameworks.

Our survey highlighted the difficulties accessing housing in many areas – nearly 90 per cent of respondents said that safe, secure and appropriate accommodation was difficult or very difficult to access.

Key messages:

- Supporting people: a need for transparency and accountability in SP funding
- Welfare reform: concern, in particular, about the impact of housing benefit changes on recovery

are concerns about the effect on benefit entitlement. The new Universal Credit may help address this

- Employers: 'Recovery Champions' should be encouraged. We called on public sector employees to take a lead in promoting opportunities. We can, and should, invest in addressing stigma.

Since producing the paper, there has been some progress for people in treatment and recovery to access the Work Programme. However, this remains patchy and variable – and some providers of drug and alcohol services still report difficulty in engaging with 'prime providers'. The Recovery Partnership continues to monitor the situation – please do get in touch with your experience and that of service users.

- Payment by results: housing outcomes should be included
- Engaging landlords: national policy to better support social and private sector landlords to work with marginalised groups
- Workforce development: training needs identified on housing in treatment services and on substance use in housing services
- Specific groups: particular concerns about access for people with 'dual diagnosis', single working (including those escaping domestic violence) and ex-prisoners.

Ministers welcomed the paper and were clear that 'housing is pivotal' to recovery.

The Recovery Partnership has met with officials at the Department for Communities and Local Government (DCLG) to discuss access to accommodation and housing for people in treatment and recovery. Our paper

was the catalyst for a DCLG 'roundtable' in December 2012, attended by officials across government and external contributors, including treatment providers, the Local Government Association and commissioners.

Recovery Partnership - Statement of Intent

Shortly after forming the Recovery Partnership we produced a 'statement of intent' to describe our purpose and our approach to working together and with the sector. We are currently reviewing the statement and would welcome your comments and feedback.

"The Government's Drug Strategy sets out a welcome new ambition for improving outcomes and supporting recovery that we all share.

The Recovery Partnership is comprised of the Substance Misuse Skills Consortium, the Recovery Group UK and DrugScope. It seeks to be a new collective voice and channel for communication to Ministers/Government on the achievement of the ambitions in the drug strategy.

However, whilst building on existing initiatives and the important work of sector membership, umbrella organisations and other stakeholders, we believe that more needs to be done to support, champion and drive forward a truly recovery-oriented system. Consequently, in shaping the work of the Recovery Partnership it is vital to remember that its creation is based on a powerful desire to unite the field in achieving a sea change in the treatment system, focusing efforts on creating genuine opportunities for problem drug and alcohol users to recover from dependency and make a positive contribution to society.

The scale of the transformation from a system that has concentrated on engaging and retaining people in treatment to one that is capable of delivering recovery outcomes should not be underestimated. Arguably the greatest challenge is addressing the attitudes and practice of all parties in the treatment system and in creating a culture that genuinely embraces change.

The Recovery Partnership is currently establishing itself within the sector and will focus initially on contributing its voice to priority issues of relevance to both the sector and Government. In addition to this 'Statement of Intent' we will develop a key summary of recovery values, terms of reference, a 'partnership protocol' and agree criteria for impact, 'added value' and effectiveness.

The strength of the Partnership is that each member has a broad and established constituency and can collectively represent the voices of organisations, services, professions and interests in the sector, and also engage with many in related sectors (such as housing, training, criminal justice and health).

Each of the Partners will draw on the experiences and views of its respective memberships, constituencies, and networks, supported by specific consultations and evidence-gathering to ensure the robustness of our views on the issues and concerns, and

of any recommendations the Partnership makes to Government and others (for example as in the 'Housing & Recovery' paper considered by the IMG at their July 2011 meeting).

We will identify any gaps in our respective memberships and constituencies to ensure maximum engagement and participation in informing the evidence gathering, 'voice' and communication to Government. In addition, relevant organisations, groups and individuals will be offered the opportunity to meet with the Partnership and/or make representations on particular issues or concerns as necessary.

The Partnership has offered to work with the new recovery committee of the Advisory Council on the Misuse of Drugs to share learning, information and evidence on supporting and driving forward recovery.

The Partnership may independently advise, inform and comment as needed on what can

be described as implementation matters - such as improving commissioning practice, ensuring service user choice, effective local partnership working and so on, but will not

seek to act as a quality assurance, regulatory or accountability body. These will be the responsibilities of - for example - Public Health England, NICE and other statutory, regulatory or delivery/support bodies (including the Skills Consortium and sector membership/umbrella organisations).

We have considered the case for establishing an entirely new group or organisation to provide support for recovery and a voice to Government. Our clear view is that the energy, commitment and engagement of the sector will be best achieved and maximised by building on existing strengths, expertise and constituencies. We welcome the challenge and the opportunity."

May 2012
Recovery Partnership