

Healthy Lives, Healthy People: Our strategy for public health in England

Adfam consultation response



Background

Adfam is the national umbrella organisation working to improve the quality of life for families affected by drug and alcohol use. We do this by working with a network of organisations, practitioners and individuals who come into contact with the families, friends and carers affected by someone else's drug or alcohol use. We provide direct support to families through publications, training, prison visitors' centres, outreach work and signposting to local services, and work extensively with professionals and Government to improve and expand the support available to families.

Key points

Some key themes recur in this consultation:

- the need for all commissioning plans around the future of drug and alcohol services to be systematically inclusive of small third-sector providers
- the important role infrastructure and umbrella organisations have to play in sharing good practice and linking government and grass-roots organisations
- the importance of engaging local people in decision making processes which decide the nature and level of public health services that are delivered in their area
- the importance of supporting families to recover from the stress and demands of having a loved one use drugs and alcohol
- the need for public health professionals to be routinely educated on substance use and the needs of families affected by substance use.

Consultation response

1. Role of GPs in public health: Are there additional ways in which we can ensure that GPs will continue to play a key role in areas for which Public Health England will take responsibility?

- With drug and alcohol use defined as a public health issue, policy on substance use will exist under the new Public Health Service, although clarity is still lacking around exactly how drug and alcohol services will be commissioned and who will commission them. The paper states that *'As NHS commissioners, GP consortia will have responsibility for the whole population in their area, including registered patients, unregistered citizens and visitors requiring urgent care'* (p62). Adfam is encouraged by this commitment to fairness and equality and believes that those who end up with responsibility for commissioning drug and alcohol services under the new system should have appropriate information and resources to adequately and effectively commission services to meet the needs of both substance users and their families.

Adfam also supports awareness-raising for GPs and other healthcare professionals around the needs of the 8m estimated adults and children affected by a family member's substance use¹. Too often the families of problematic drug and alcohol users struggle without support with many suffering mental and physical health issues, financial problems and stress. The individual drug or alcohol using patient that the GP treats does not exist in a vacuum – each person exists within a social network of friends and family members who may be suffering as a result of the substance use. GPs should be encouraged to 'think about the family' at every opportunity.

One way to do this is to encourage the sharing of information and good practice to meet outcomes for vulnerable patients, including substance users and their families. *'Top down targets will be replaced by a new outcomes framework'* (p52) the strategy states, and Adfam welcomes this new measure as long as its implemented efficiently and sensitively, with appropriate outcomes for families identified. Substance users and their families may not be the most visible of patients but their needs must still be met.

2. Public Health evidence: What are the best opportunities to develop and enhance the availability, accessibility and utility of public health information and intelligence?

- On-going education (for instance in PHSEE in schools) for young people may help build up the life skills and knowledge they need to deal confidently with issues around substance use – confidence, social skills, knowledge of health and physical wellbeing and the ability to develop a supportive social network of friends. Having access to accurate and appropriate information on substance use will help improve outcomes for young people by empowering them to make informed decision using the skills and knowledge detailed above. It is of crucial importance that this education and the

¹ Velleman and Templeton (2007), <http://apt.rcpsych.org/cgi/content/full/13/2/79>

resources associated with it are produced in a fitting and realistic way. It should be rooted in a reality the young people can understand and relate to – if they are told that all drugs are dangerous and potentially life threatening and know people who have taken drugs and not suffered any adverse effects then the authority of the information is likely to be undermined. Young people need something that is believable and credible, guidance and information that talks to them about the issues in a recognisable vocabulary, tone and style.

Parents and families should also have access to clear and robust sources of information about the realities of substance use and the resources available to support those affected by it. Teachers and other professionals working with young people should be given the training and support they need to ensure they can recognise the signs and impact of substance use and make appropriate early interventions when needed.

- The sharing of information and good practice between practitioners and organisations whether statutory or voluntary may also benefit from improvement. Improved communication and joined-up working may increase the level and quality of public health information. Evidence² suggests that in some cases the expertise and information to efficiently support vulnerable people exists within the services of a local area and no new services need to be commissioned, rather the links between existing services strengthened.
- Adfam as the national umbrella organisation for families affected by drug and alcohol use continues to play a valuable role in sharing good practice and building networks of organisations around England. Infrastructure organisations such as Adfam have strong and valuable links with some of the most vulnerable families and communities. Adfam has a network of supporters through which evidence of robust interventions is gathered and examples of good practice disseminated.
- An improved public health information campaign concerning both the needs of families affected by substance use and the support that already exists within communities for them could raise awareness and help families affected find support and empathy through family support groups. Sometimes there is a risk that these services exist locally but other agencies are not aware of their remit or scope. Often the stigma experienced by families accessing these services is also still high³ and can act as a barrier to receiving effective support. Information placed in doctor's surgeries, community spaces and other shared or civic buildings such as libraries and council offices may go some way in increasing awareness.

² Adults with Multiple Needs and Exclusions – The challenges for government and public services, Making Every Adult Matter, <http://www.meam.org.uk/wp-content/uploads/2011/01/IfG-MEAM-Briefing-Final.pdf>

³ Detailed in Supporting the supporters: families of drug misusers, UKDPC, http://www.ukdpc.org.uk/resources/UKDPC_Supporting_the_supporters_Policy_Briefing.pdf

3. Public Health evidence: How can Public Health England address current gaps such as using the insights of behavioural science, tackling wider determinants of health, achieving cost effectiveness, and tackling inequalities?

- Adults with multiple needs sometimes fall through the gaps in local service provision and end up costing the state a large amount in criminal justice or emergency health processes. Often the capacity to meet the needs of this very vulnerable group does exist in services and improved joined-up working between agencies rather than some expensive new initiative is enough to make the difference. [Making Every Adult Matter](#) (MEAM) have identified four key good practice guidelines for services and are running pilots in three areas to test how improved coordination and communication can improve support around multiple needs. Adfam believe that support for innovative projects such as MEAM would go a long way in improving how people affected by multiple needs can be most effectively be supported for their own benefit and that of their families and the communities in which they live.

These gaps in provision are mirrored by the gaps in provision for family members involved. For family members affected by the multiple needs of a loved one the challenges are especially significant – as well as the problems normally associated with a family member using drugs or alcohol they may have to deal with the void of support between mental health and drug and alcohol services, homelessness, the police and the criminal justice system. As one family member told Adfam *‘The frustration can be massive – going around in circles, being pushed from here to there, waiting for weeks between appointments, unanswered letters, unreturned calls and all the time being told ‘ we can’t talk to you – it’s confidential’⁴.*

Improved joined-up working between existing services and the other measures outlined by MEAM could therefore increase positive outcomes for both individuals and family members affected.

- Early interventions targeted according to wider social determinants of health and wellbeing can be effective in improving outcomes for children and decreasing the likelihood of substance use later in life. Well directed interventions can target vulnerable children and ensure they receive support before their needs become severe. Graham Allen MP’s report [‘Early Intervention: The Next Steps’](#) (pdf) outlines and explores the options and effectiveness of early interventions. It states that early interventions represent *‘a real opportunity to make lasting improvements in the lives of children, to forestall many persistent social problems and end their transmission from one generation to the next’* and concludes with some excellent recommendations and evidence to encourage their commissioning⁵.

Evidence suggests that anti-social behaviour of all types (of which substance use is defined as one) is likely to decrease as a result of whole family interventions as delivered

⁴ Adfam, InPractice, January 2011, Families and multiple needs

⁵ Graham Allen, Early Intervention: The Next Steps, 2011, available at <http://offlinehbpl.hbpl.co.uk/NewsAttachments/PYC/early-intervention-7th1.pdf>

by Family Intervention Projects (FIPs). The National Centre of Social Research⁶ suggests that whilst 61% of families at the start of the FIP process were engaged in four or more types of anti-social behaviour this had been reduced to just seven per cent by the end. Outcomes for children specifically were also good – rates of truancy, exclusion and bad behaviour fell from 57% to 24% and child protection concerns from 24% to 14%⁷.

For this reason Adfam welcomes the statement in the paper acknowledging the '*crucial role that early year's development plays in setting up children for a healthy life*' (p60). We feel that this crucial role should be capitalised upon by using early intervention where appropriate to maximise the protective factors that exist early in life.

- Severe inequality sometimes exists in populations of children, caused by a variety of social and economic determinants including parental substance use. Adfam applauds the commitment of the paper to use the NHS and PHS to tackle inequality in health outcomes and believes that children affected by parental substance use are a group where this inequality is especially evident.

They are less likely to achieve positive outcomes through their childhood, and may also be exposed to criminal behaviour⁸. There are likely to be problems around behaviour and schooling - as one of our supporters said '*they often get labelled at school with problem behaviour when the problem is not theirs, it's more of a consequence of the parents*'. The PHS and the NHS could play a role in helping target groups who are adversely affected by various social and economic inequalities through effective commissioning, early interventions and public information campaigns.

- Evidence suggests that having adult family members informed and involved in the treatment process increases the likelihood of drug and alcohol users entering and remaining in treatment⁹ and achieving recovery. It also means that family members feel empowered and in control – something the paper clearly calls for - '*individuals should feel that they are in the driving seat for all aspects of their family's health, wellbeing and care*' (p24). This feeling of empowerment and the idea that family members and carers should be treated as experts of their own experience with something to give benefits everyone involved – the substance user gets appropriate support from their family, the family members are in a better and more informed position and the government saves money because family members provide care that the state would have to otherwise. It is estimated that carers of substance users save the state £740m annually.¹⁰

⁶ Family Intervention Projects: An Evaluation of their Design, Set-up and Early Outcomes, 2008, available at: <http://www.education.gov.uk/research/data/uploadfiles/ACF44E.pdf>

⁷ Natcen, ASB Family Intervention Projects: Monitoring and Evaluation, National Centre for Social Research, available at: <http://www.natcen.ac.uk/pzMedia/uploads/Downloadable/e3e97aca-4d52-40fd-8ccb-5c11b7bd49a8.pdf>

⁸ Advisory Council on the Misuse of Drugs, Hidden Harm, 2003

⁹ National Treatment Agency, Supporting and involving carers, 2008

¹⁰ UK Drug Policy Commission, Supporting the Supporters: families of drug misusers

Having drug or alcohol using parents in treatment and on the road to recovery improves outcomes and reduces the impact of inequality for children by enabling the parents to parent more effectively and contribute to a more stable situation at home.

4. Public Health evidence: What can wider partners nationally and locally contribute to improving the use of evidence in public health?

- A spirit of localism and listening to people's local and community expertise exists throughout this strategy and is something Adfam welcomes. Throughout the country voluntary and community organisations exist to support families affected by drugs and alcohol, often set up by family members because statutory provision did not meet their needs. At their most efficient these groups have all the best characteristics of grass-roots organisations – evidence and experience driven, flexible and welcoming, locally knowledgeable, expert and passionate and with low running costs. These qualities need to be preserved and the PHS has a key role to play in this.

Adfam believe that when it comes to commissioning services the playing field should be levelled. Measures should be taken to ensure that the process is open and accessible to all service providers, regardless of sector, size, origin or marketing acumen, who can best provide a local service to help meet the needs of substance users and their families, including those entering recovery. This openness to all services should be encouraged and embedded through good practice for commissioners. For this to happen a policy steer from a national level may be needed, with clear guidelines provided for commissioning bodies on what they are and are not expected to do.

As well as measures to improve the opportunities for good voluntary organisations to be commissioned, Adfam believes that communities should have a greater say in setting commissioning priorities. The development of an open, accessible platform for local people to give input to local decision-making, including commissioning decisions, is therefore critical. The commitment to consulting local people on their own services and communities needs to move from policy to reality. The families of substance users may feel excluded from involvement in services by the stigma they feel, so a sensitive and appropriate path of interaction should be created that allows them to feel involved and empowered in local decision making.

- The stability brought to VCS services by effective commissioning and sustainable funding can then encourage the sharing of evidence and allow a focus on what really works with local organisations and networks. Family support organisations in the Adfam network currently do a huge amount of work in their communities, have years, sometimes decades, of experience supporting families and are therefore very well placed to provide evidence around what works. The challenge is getting this knowledge and evidence from small voluntary organisations, nurturing good practice through intelligent commissioning and then embedding it more widely in services generally whether voluntary or statutory.

- Adfam as the umbrella organisation for family support organisation is well placed to share evidence and good practice of what really works in supporting families. Infrastructure organisations such as Adfam are best placed to gather evidence from these community groups and share the evidence on both local and national levels.

5. Summary: What do you think the top 5 issues are in implementing the White Paper vision and related strategy and proposals?

- New plans must be **systematically inclusive of VCS** organisations. '*Local communities will be at the heart of improving health and wellbeing for their populations and tackling inequalities*'(p4) the report states and Adfam urges the government not to lose sight of this pledge. Adfam suggests that specific guidelines should be created for those responsible for commissioning services under the new PHS. It should be remembered that small community based voluntary organisations may not have the same experience in tendering processes possessed by larger third sector organisations or those from the private sector and every effort should be made to keep the commissioning process open and accessible to small organisations which may be best placed to provide a community service to the most vulnerable. Safeguards should be in place to ensure that the market is not dominated by a small number of large third sector providers which are able to offer economies of scale. We need to ensure that any funds provided by the government for the VCS organisations are correctly and appropriately used.

Mirroring this commitment to making the commissioning environment accessible to voluntary organisations should be a greater commitment to involving local people in the process that surrounds commissioning and local decision making. A platform that is open and accessible to all and takes into the account the stigma family members may feel about publicly attending or accessing services is therefore needed.

- The plans should be **inclusive and leave no person behind** whether child or adult, man or woman, substance user, family member or other. We need the provision of comprehensive support for everyone regardless of their visibility in the community or patterns of behaviour. People affected by multiple needs, for instance, exist at the most demanding end of service need and often fall through the gaps of service provision. The paper's statement that '*funding will incentivise recovery outcomes*' (p42) for substance users should not obscure the fact that family members need to recover too. It is also worth remembering that having family members involved and informed in the recovery process can significantly improve outcomes for the drug or alcohol user. The new PHS should be comprehensive and rigorous enough in its workings to provide a service to meet the complex or multiple needs of the most vulnerable families.
- **Prioritised budgets** for drug and alcohol services, including family support organisations. With such radical reform occurring in the creation of the PHS and the revising of commissioning structures, efforts should be made to ensure the focus that existed previously under ring-fenced drug and alcohol budgets is not lost. The paper makes it clear both that Public Health England should '*be responsible for funding and*

ensuring the provision of services such as...recovery from drug dependency’ (p59) and that ‘the Government will ring-fence public health funds from within the overall NHS budget’ (p26). Adfam believe that within this ring-fenced public health budget, the budgets for providing support for those affected by drugs and alcohol, as a pressing public health matter which touches many people, should be prioritised.

- On-going **workforce development** of professionals remains a priority. Adfam believes that mandatory training for public health professionals in working with drug and alcohol and families would be a positive step to both increasing levels of effective early intervention and dealing with the impacts of drug and alcohol use. It may help professionals with a great deal of expertise and experience recognise how substance use can negatively affect families and individuals. Similarly, we suggest that family workers, Sure Start workers, health visitors and parenting practitioners have a basic knowledge of drugs and alcohol through mandatory training in order to support and inform family members. This increased knowledge might better allow a practitioner to discern the source of a person’s stress or changed behaviour and identify appropriate support.

Adfam is carrying out a workforce development project as part of the [Drug Sector Partnership](#) which aims to help tackle this issue. We have developed resources and a qualification for practitioners supporting families affected by drugs and alcohol based on a role-profile written after extensive consultation with stakeholders.

- The **role of umbrella or infrastructure organisations** in supporting the public health agenda. Organisations such as Adfam have strong networks with local and national partners, and can facilitate the sharing of evidence and good practice and improve communication links between government and the third sector. Support and acknowledgement for the role these organisations play, especially in maximising the potential of the voluntary sector, is therefore essential in supporting the Government’s public health agenda.

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