

# eATA e-bulletin

## Chief Executives' Update

In what is the first newsletter since the festive period, which for many of us I suspect is now a distant memory, I would like to take the opportunity to wish all our members a Happy New Year.

We start the year by bidding sad farewells to both Katie Hill, who leaves eATA after more than two years, to forge a new career in the PR and communications sector, and also to Walsingham House in Bristol, which closed the doors of its residential service for the last in January. On a more positive note, we join Action on Addiction in welcoming the Duchess of Cambridge as their new patron, and also the positive press coverage for the sector that accompanied this, particularly in terms of combating stigma.

Over 60 residential providers came together on 26<sup>th</sup> January in an event hosted by the NTA, Recovery Partnership, eATA and the Concordat to discuss the challenges facing the sector. The event was well received in the main by providers, and the tone was one of collaboration and partnership, as we explore on page 2 of this newsletter.

eATA continues to progress its Public Health project stream on behalf of the Drug Sector Partnership, and we share the findings of a comprehensive analysis of the make-up of Shadow Health and Well Being Boards later in this newsletter. In particular, what is clear in the emerging arrangements for Health and Wellbeing Boards is that, despite the fact that funding for Drug and Alcohol Services will form a significant chunk of local authority public health budgets, this agenda, along with wider reintegration services, does not currently feature prominently in either the membership or work plan of these new bodies.

Finally, I was delighted to be asked to lead a seminar on the implications of the Recovery Agenda for service delivery to Addaction North West Regional team leaders and service managers on 1<sup>st</sup> February in Liverpool. It is always good to spend time with practitioners and I would like to thank them for their warm welcome.

Colin Wilkie-Jones



## RSA release short film on “the role of GPs in the recovery process”

The RSA have co-produced a short film looking at the role of GPs in the Recovery process in conjunction with Arun EXACT in west Sussex and SMMGP, as part of their Whole Person Recovery Project.

The film can be viewed on [YouTube by clicking here](#), and is the precursor for a new addiction and recovery e-module that has been developed for Royal College of General Practitioners (RCGP) and will be used in training sessions

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## **Residential Rehabilitation Providers Meet and Emphasise the Need for Continued Collaboration and Improvements in both Service and Data Quality in Response to Challenges Facing the Sector**

On Thursday 26th January, more than 60 residential rehab providers came together at an event in London jointly hosted by the NTA, the Concordat, The Recovery Partnership and eATA. This event, which was welcomed by all parties, was both informative and productive and marked the beginning of what is hoped will be an era of constructive collaboration between the NTA, providers and sector representatives.

In the opening address, Paul Hayes emphasised the important role residential rehabilitation has to play in any balanced recovery-oriented system and, indicated a willingness on the part of Government and the NTA to work with providers to safeguard the future of the residential sector, in what he recognised as being challenging times.

Paul also outlined the reforms that, from April 2013, will see local authorities take full responsibility for commissioning drug and alcohol treatment, supported by a new national body, Public Health England, which will take over key functions of the NTA. He also shared the fact that, in future, local areas will be able to demonstrate improvements by achieving progress against a new indicator that measures the proportion of those in treatment who overcome dependency and do not re-present to treatment within six months.

Noreen Oliver, representing the Recovery Partnership, emphasised the importance of collective and unified representation on behalf of the sector. She also described how the Recovery Partnership, eATA and the Concordat had come together under the auspices of a Residential Rehab Expert Group chaired by David Burrowes MP to

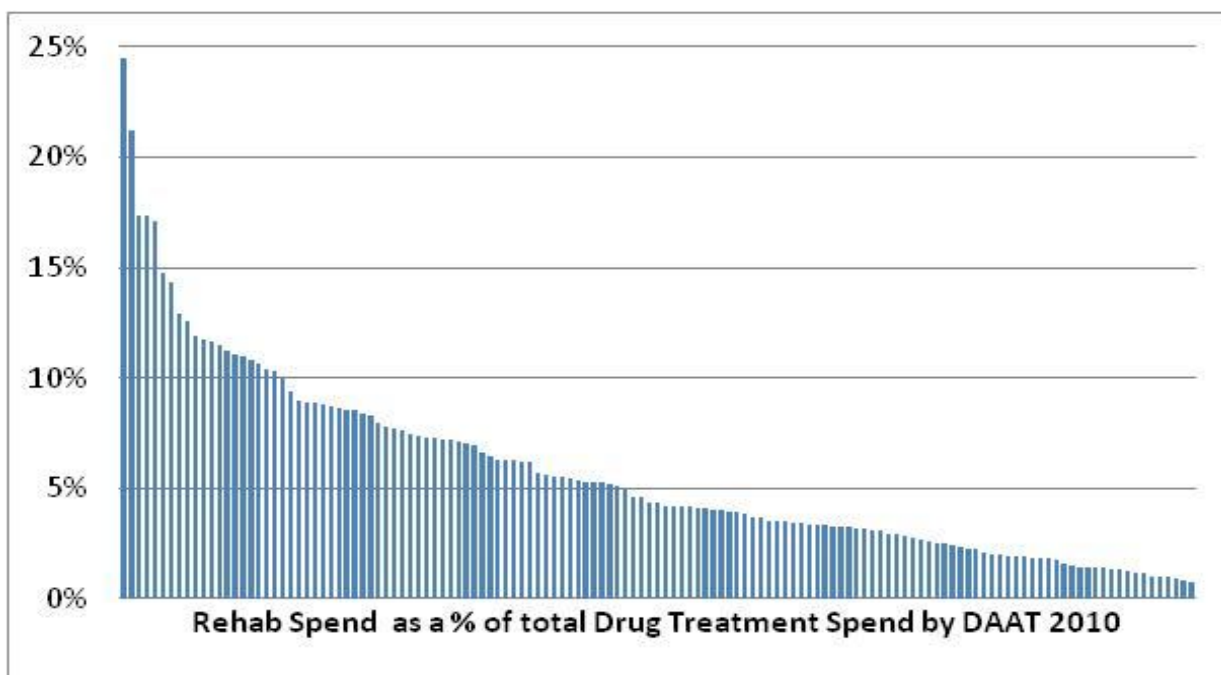
discuss the challenges facing the sector with Government.

The NTA then shared a preliminary analysis of data from the National Drug Treatment Monitoring System (NDTMS) about current levels of residential activity, treatment outcomes and comparative performance in England. Workshops were held to discuss the issues raised in the analysis and providers had the opportunity to discuss NDTMS in more detail.

As a result of discussions between sector representatives and the NTA in the lead up to the event, it has become clear that there is a great deal of inconsistency from provider to provider in their understanding and completion of NDTMS returns. As a consequence, the NTA will be working with residential providers to carry out an audit of all NDTMS outcomes data submitted over the last two years. The deadline for this audit will be the date by which April 2012 NDTMS data must be submitted by providers, and we are grateful to the NTA for agreeing to extend this exercise in order to allow more time to complete it.

eATA have indicated to the NTA that we feel that a key element of the support that providers will need during this data audit will be materials that facilitate a greater and more consistent understanding and reporting of treatment outcomes on NDTMS. We will be working with the NTA over the next few weeks to ensure that providers get the information that they need.

In the next few weeks, in response to issues raised during the conference workshops, eATA, Recovery Partnership and Concordat will also be working with the NTA to carry out a rapid consultation with providers on the introduction of greater detail in the reporting of residential treatment outcomes. The intention being that such a change, which will be introduced in time for NDTMS data set J, will improve data quality and consistency.



In an era of payment by results and increased pressure on local authority finances, it will be imperative for residential providers to evidence the successful work they do with clients, and to demonstrate value for money. Central to this will be the delivery of services that are of a consistently high quality.

eATA recognise that, as in the community sector, even after controlling for issues such as data quality and client complexity, success rates vary widely from provider to provider. In order to address this eATA plan to work with the Recovery Partnership and the Concordat to bring providers and the NTA together to take forward a strand of work that will see the development of minimum quality standards, building on the work of that both CQC and eATA have already done in this area.

This will compliment work that the NTA have indicated that they would like to do with the sector to develop individual provider level reports that will give both clients and commissioners the information they need to more effectively exercise their choices as consumers.

Finally, eATA will also be asking the NTA to give greater profile to a related strand of work that they are currently taking forward, which was not discussed at the conference. That is to say ensuring greater consistency in the commissioning of residential rehab because, as the chart above shows, the percentage drug treatment budget spend on residential rehab varies significantly from one local area to another.

If you have any queries about any of the information contained within this briefing document then please don't hesitate to get in touch on [colinwj@eata.org.uk](mailto:colinwj@eata.org.uk).

### **Closure of Walsingham House**

eATA is sorry to note Walsingham House, a residential serviced that formed part of the St James Priory project in Bristol, closed down in January. Just before Christmas, it was closed to new admissions on a voluntary basis having failed a CQC inspection and, once it had reopened, failed to attract enough referrals to continue to be financially viable. The Board of Trustees are currently exploring alternative funding and operational options with a view to reopening the service at some point in the future.

## Focus on Health and Well Being Boards

eATA is undertaking a project on behalf of the Drug Sector Partnership (Drugscope, eATA, Adfam, The Alliance) looking at the impact of Public Health Reform in the sector. This summary of Health and Wellbeing Boards draws on this work.

The Health and Social Care Bill will require the establishment of HWBs on a statutory basis in every upper-tier local authority in England. They will operate in shadow form from April 2012 (with over 95% of LAs on target to meet this deadline), and take on their statutory functions from April 2013.

DoH envisages that HWBs will be a forum for local commissioners across the NHS, public health and social care, elected representatives, and representatives of HealthWatch to discuss how to work together to better the health and wellbeing outcomes of the people in their area.

Health and wellbeing boards will assess local needs and develop a shared strategy to address them, providing a strategic framework for commissioners' plans and HWBs are also encouraged to consider how commissioning of services related to wider health determinants such as housing, education or employment can be more closely integrated with the commissioning of health and social care services.

### **Powers and Duties**

The Health and Social Care Bill sets out the statutory functions of HWBs, which are to:

- Undertake a joint strategic needs assessment
- Develop a joint Health and Wellbeing Strategy between the Council, the GP Commissioners and the NHS Commissioning Board.
- Encourage integrated working between providers, including the use of pooled budgets and other financial arrangements
- Have regard to JSNA and Health and Wellbeing Strategy when making commissioning decisions.

The Bill also makes it clear that, in terms of accountability, Health and Well Being Boards are a formal Council Committee.

## **Membership of Health and Wellbeing Boards**

The Health and Social Care Bill defines a minimum statutory membership as follows (noting that councils can appoint other members as appropriate):

- The Leader of the Council, or at least one councillor appointed by the Leader.
- Director of Adult Social Care
- Director of Children's Services
- Director of Public Health
- Local Healthwatch representative (when established, to represent consumers)
- Representation from (or on behalf of) each local GP commissioning group
- A representative of the NHS Commissioning Board (when established)

### **Composition of HWBs in practice**

An analysis of 124 HWBs for whom eATA have information shows that the chair is:

- the leader of the council or elected mayor in 50% of cases;
- another councillor, (most usually the portfolio holder for health or social care) in 60% of cases; and
- a council official, director of public health, PCT representative or an independent in 15% of cases.

An analysis of the membership of a representative 15% sample of 24 boards showed that:

- in 2/3 of cases, the model was restricted to the minimum statutory requirement, or a close variant thereof – i.e. very health focused;
- housing representatives were included in 6 (25%) of cases and criminal justice or employment reps were included only once respectively ;
- local community/voluntary sector partnerships or providers were represented on 50% of boards;
- Councillors are usually well represented, as are district councillors in the case of county councils
- No board contained a DAAT representative.

The above analysis calls into question the extent to which HWBs are likely to link health strategies to wider health determinants. It also shows that drug and alcohol services do not currently have a strong voice, with the likely relationship with commissioning arrangements as yet unclear.

## Toolkit: Real voices in volunteering

Adfam, on behalf of the Drug Sector Partnership, has developed a 'Real voices in volunteering' toolkit for use by any volunteer, prospective volunteer, volunteer-manager or prospective volunteer-manager.

It represents an important new resource - the first time that both the generic volunteering material and the background information on drugs, alcohol and families has been brought together into one place, illustrated by the real life experiences of recovering substance users, family members and volunteer managers. Throughout the creation of the toolkit these groups were consulted and their knowledge and expertise used to help make something practical and resonant for the sector.

Adfam hope and believe that this toolkit will aid those already involved in volunteering, encourage those thinking about becoming a volunteer and reassure organisations worried about employing someone with a history of substance use. We hope that you will, as one contributor said, 'be brave – step out there!'.

The toolkit is available to [download](#) from the Adfam website.

### About the Drug Sector Partnership

Adfam, alongside DrugScope, eATA and the Alliance, is a member of the Drug Sector Partnership (DSP). Funded by the Department for Health the DSP exists to improve working between government and third sector drug organisations. Through 2010 and 2011 Adfam has delivered three strands of a workforce development Project. This toolkit is the third and final part of the project.



The drug sector PARTNERSHIP

## NTA Parental Substance Misuse Survey

Families affected by substance misuse remain a key priority, both within substance misuse services, where around a third of service users are parents, and within children and family services, where drugs/alcohol feature in around half of child protection cases.

The NTA published guidance on the development of local protocols between drug/alcohol services and children and family services (2009) and supporting information (2011).

Now, in partnership with The Children's Society, the NTA wish to explore the realities of frontline practice with families affected by substance misuse, both from the perspective of drug/alcohol services and children and family services.

The survey aims to find out from frontline workers what their understanding is of the local response to families affected by parental substance misuse, from identification and assessment to partnership working and importantly workforce development. We envisage the survey findings will highlight good practice as well as identify the gaps and barriers which we hope to tackle. If you work within treatment services, or within children and family services, then please spare ten minutes to complete the [survey](#)

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## Upcoming Events

The DDN 5th National Service User Involvement Conference 'Together We Stand'

Date: 16 February 2012  
Venue: Birmingham NEC

RCGP 17th National Conference:

Managing Drug & Alcohol Problems in Primary Care - "Going for Gold 2012: Right Treatment, Right Time, Right Place"

Date: Friday 11 May 2012  
Venue: City Hall, Cardiff

## Other Member News

- As many of you will be aware, Action on Addiction was one of the first four charities of which the Duchess of Cambridge has chosen to be a patron. She has made private visits to both Hope and Clouds Houses, and will be making an official visit to The Brink, a recovery café/bar set up by Addaction in Liverpool as a social enterprise, on 14<sup>th</sup> February.
- CRI have recently won the contract to deliver an integrated Drug and Alcohol Service across Hertfordshire from 1st April 2012.
- In December 2011 it was announced that Cranstoun and Addaction won the contract to jointly deliver support and recovery focused treatment for people affected by drug and alcohol misuse in Coventry and Warwickshire.

## *Member of the Month*



In recognition of the positive publicity generated for the sector through being fortunate enough to secure the Duchess of Cambridge as their new Patron, for which we congratulate them – Well Done!

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<http://twitter.com/eATAUK>  
<http://www.facebook.com/group.php?gid=106426484779>

## eATA Staff UPDATE

eATA would like to bid a fond farewell to Katie Hill who has recently left us to work for Cratus Communication Ltd, a PR and communications agency, after having been with eATA for nearly three years.

Having joined eATA as Communications Officer in 2009, Katie was very quickly thrown in at the deep end, after being asked to serve as Interim CEO when her new boss left shortly after she arrived. Unfazed, she took on this role with her usual professionalism and enthusiasm and gave the organization some much needed stability at a difficult time.

In January 2011, Katie went on a 6 month round the world tour, taking in South East Asia and Australia amongst other places on her travels. She then returned to eATA as Head of Policy and Communications in July 2011.

Katie will be much missed by eATA colleagues and members alike, and we are sure you will join us in thanking her for her hard work over the last few years and wishing her every success for the future.

Colin Wilkie-Jones, Interim CEO, has gone from 3 days a week to full-time to cover Katie's responsibilities between now and the end of the financial year.



The monthly e-bulletin from the European Association for the Treatment of Addiction (eATA) to keep our members up to date on the latest developments and news in the drug and alcohol treatment and aftercare sector. If you have any comments or questions about our articles, don't hesitate to get in touch.

020 7820 8130  
secretariat@eata.org.uk  
www.eata.org.uk