

Adfam consultation response

Healthy Lives, Healthy People: Towards a workforce strategy for the public health system

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.

In this response Adfam has responded only to the questions relevant to its work. A general point Adfam would like to stress is the importance of ensuring there is a significant commitment under Public Health England to continue the provision of funding for the development of public health practitioners working around drugs and alcohol. By March 2013, the current nominal ring-fence around drug and alcohol treatment money will be removed and £5.2bn is to be allocated to meeting all public health outcomes. It is currently unclear how much of this will be specifically allocated to meeting drug and alcohol outcomes and supporting this workforce.

Despite the fact that a significant proportion of the funding for Public Health England is coming from previous drug and alcohol specific budgets only 3 of 66 outcomes detailed in the Department of Health's *A Public Health Outcome Framework for England*¹ mention substance use of any kind, and none consider families affected by it. Sixteen government departments have a stake in reaching the outcomes listed, and whilst Adfam welcomes the joined-up working this should bring, we are also keen to ensure that focus is not lost on facilitating the recovery of both service users and their families, especially in light of the substantial financial contribution made by this area to the total public health budget.

¹ Available at www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_132559.pdf

Key points

- Adfam welcomes the creation of a public health workforce strategy in this time of transition
- It is essential that the contribution drug and alcohol budgets will make to the overall funding for Public Health England is recognised and sufficient energy and resources devoted to delivering support for service users, their families and communities
- The contribution of the Voluntary and Community Sector (VCS) should be recognised and supported wherever possible
- The key role volunteers play in the public health workforce, often motivated to work because of personal experiences, should be recognised and supported
- Health and Wellbeing boards will be a crucial platform from which the interests of families affected by substance use should be represented
- Basic training in working with people affected by substance use and their families should be implemented for all universal public health services.

Question 1 (Para 1.7): Do you agree that a public health workforce strategy should be reviewed regularly?

Yes. The consultation acknowledges that ‘the current changes to the public health system will have a significant impact on the public health workforce and will lead to a new system of delivery that will need new skills and new ways of working’, and at this time of massive reform it is very welcome that the Government provides recognition of, and a strategy for, the development of the public health workforce.

New opportunities and new roles will be created by the transition and the chances must be taken to fill in the skills gaps that have existed up until now. The workforce will have to be more adaptive and flexible than ever, so to have a central strategy to confirm priorities for organisations, and provide evidence both services and practitioners can use to inform their choices in work and training is invaluable.

Question 2 (Para 2.5): Are these four groups a useful way of describing the public health workforces?

Generally yes. We welcome the consultation’s acknowledgement that it does not set out to ‘prescribe what the public health workforce should look like or who will be employed by which organisation’. Most of Adfam’s supporters would fall into the fourth category (wider workforce) rather than the first three (public health consultants and those training to be consultants, specialist public health practitioners and practitioners with some public health component to their work), with many of the family support groups around the country created by the family members of drug or alcohol users. These invaluable support groups are run by passionate people motivated

by their own experiences and with a high level of local expertise, empathy and flexibility; these are often parents-turned-practitioners. They will not necessarily have come through any formal public health education or training and some may be volunteers.

Adfam would encourage the expansion of the fourth 'community engagement' category to explicitly include volunteers and those people who, having lived through problems, set out to use their experiences to provide solutions for themselves and their peers.

Adfam also echoes the statement that 'data is less informative and reliable for most of the practitioner workforce' than for those employed in organisations whose functions will transfer directly to PHE. The type of grassroots, informal or peer-led support discussed does not have much accurate data available, making it hard to map and measure. Measures should be taken to improve support around outcome measuring and data collection for all organisations, including this type of third-sector support group - training and resource building aimed at the VCS would be the ideal opportunity to build these skills.

Question 5 (Para 3.14): What further actions would enhance recruitment and retention of truly representative public health workforces?

It's important that the role the voluntary and community sector (VCS) plays is understood and recognised. Adfam believes that the VCS has a key role to play in promoting public health in the UK. Family support groups for people affected by drug or alcohol use provide essential support for people whose needs typically have not been well met by statutory provision. Many areas of public health are supported by the VCS in some way (drug treatment and social interventions for instance), and all future commissioning plans for drug and alcohol services should therefore be made systematically inclusive of small third-sector providers.

Volunteers have historically provided a great deal of work around substance use and family support. Often this is not recognised, with their contribution not grouped with that of other practitioners and not being seen as 'professional'. Many volunteers are people in recovery from drug and alcohol problems – this commitment should be recognised. As well as playing an important part in their recovery, these people are able to bring personal insight and empathy to their roles. The acknowledgement that people who have once been on the receiving end of public health services can themselves become part of the public health workforce is essential.

The advent of Health and Wellbeing Boards is also a major step which could be seized upon to ensure a representative workforce. Ideally, there should be family and VCS representation on these boards so they can contribute to internal conversations and decision making to promote the needs of families affected by drugs and alcohol. However, if this is not possible, Adfam strongly encourages members of the board to develop knowledge of the VCS and the needs of families to support commissioning decisions.

Partnerships within the sector will be also instrumental in helping to support the workforce. The Skills Consortium, for example, is a sector-led, wide ranging partnership of organisations in the drug and alcohol sector which works to equip practitioners (including managers) with the skills

they need, creates initiatives to attract and retain people into the workforce and in general supports the workforce to promote recovery for service users, their families and communities. Currently supported by the National Treatment Agency (NTA), the Skills Consortium will in the year 2013/14 become truly 'by the sector, for the sector' with funding having been awarded to a partnership of three VCS organisations (including Adfam) to run the Skills Consortium. With the NTA ceasing to function at the end of March 2013, the consortium will more than ever be essential in representing the needs and wishes of the workforce to Government, and every effort should therefore be made provide strategic support and a commitment to develop its reach and influence.

The Recovery Partnership is another consortium within the drug and alcohol sector which can play a similar role. Composed of the Skills Consortium, Recovery Group UK and DrugScope, the partnership 'seeks to be a new collective voice and channel for communication to ministers/ Government on the achievement of the ambitions in the drug strategy' and could play a useful role in supporting the public health agenda.

Question 6 (Para 3.25): Are there workforce challenges and opportunities we have not identified? What support could be put in place to help meet these challenges?

The public health workforce also has a key role to play in supporting adults with multiple needs – typically people affected by a combination of substance use, homelessness, mental health issues, domestic violence and involvement in the criminal justice system. This type of service user sometimes falls through the gaps in local service provision and ends 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 an expensive new initiative, is enough to make the difference. Making Every Adult Matter (MEAM) have identified four key good practice guidelines² for services and are running pilots in three areas to test how improved coordination and communication can improve support around multiple needs. Adfam believes 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 supported for their own benefit and that of their families and the communities in which they live.

Question 7 (Para 4.7): How can local people be encouraged to develop their skills for public health in the new system?

The 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 grassroots organisations – evidence and experience driven, flexible and welcoming, locally knowledgeable, expert and passionate and with low running costs.

² Available at www.meam.org.uk/wp-content/uploads/2009/09/MEAM-report.pdf

These qualities need to be preserved and the new public health system has a key role to play in this. The skills of these grassroots organisations would be encouraged by being routinely included in any commissioning processes under Public Health England, and the existence of a level playing field for all providers. 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 processes and availability.

As well as measures to improve the opportunities for good voluntary organisations to contribute to the public health agenda, Adfam believes that communities should have a greater say in setting public health commissioning priorities. The development of an open, accessible platform for local people to give input to local public health 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 Government's Big Society initiative, with its emphasis on volunteering, has also been welcomed by Adfam and is perhaps of relevance here. The basic idea of local people being empowered to use their own skills and experiences to provide answers to their own questions is one that chimes with Adfam and our supporters. Adfam has recently completed a project on volunteering which has resulted in the production of a toolkit for volunteers and volunteer managers who work to support families affected by drugs or alcohol³. Volunteers play a key role in the wider public health workforce, for instance in running family support groups, and Adfam encourage any measures that further their recognition and support. Likewise, any engagement with the Big Society that might result in more skills and opportunities for volunteers or start-up budgets for grassroots public health projects is to be encouraged.

Lastly, umbrella organisations such as Adfam could play a key role in supporting locally led public health VCS projects through training, developing and disseminating good practice, and representing and lobbying for the needs of the sector with Government.

³ Available at www.adfam.org.uk/docs/Adfam_volunteering_toolkit_2012.pdf

Question 8 (Para 4.11): How can the public health element of GP training and continued professional development be enhanced?

Adfam would encourage the inclusion of awareness-raising training for GPs and other healthcare professionals around the needs of the 8m estimated adults and children affected by a family member's substance use⁴. 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.

Question 10 (Para 5.14): What benefits would multi-disciplinary training bring to the public health workforces?

Adfam strongly supports increased drug and alcohol training for GPs to improve their awareness of the problems faced by both substance users and their families. Adfam's recent projects covering how substance use related stigma and domestic violence affect families have made it clear that whilst families often present to GPs with anxiety or other related problems the real underlying problem is the family member's substance use which in some cases has caused years or even decades of worry and stress. If GPs were to have a greater awareness of how families suffer they may consider underlying issues when faced with family members presenting. GPs should also be encouraged to build up links with local VCS family support groups so they can signpost affected family members to them when appropriate. Too often family members report their trouble to GPs who are unaware of local service provision for families.

In addition, Adfam believes that those public health practitioners who routinely support families should have access to training on substance use issues. As with GPs, they will often come into contact with family members affected by these issues but they may not have the confidence or knowledge with which to help their clients. Correspondingly, those practitioners who work primarily with drug or alcohol users should have a basic awareness of how families may be affected by the behaviour of an individual. As well as a basic confidence in dealing with families and substance use, Adfam believes that all public health practitioners should be fully versed in safeguarding concerns related to drugs and alcohol and aware of their responsibilities to protecting the safety of any child they may support or become aware of.

A possible beneficial result of these strands of the workforce working more closely together would then be improved mutual understanding and joined-up working.

Lastly, Adfam believes that all wider, universal services that come into contact with families (such as social workers, teachers, the police and housing services) should have a basic training in drug and alcohol awareness and in how these issues can affect families and children. Only a small amount of good quality training or awareness-raising would be needed to make a real difference and provide this huge part of the wider workforce with the basic skills and confidence they need to recognise the signs of substance use affecting families and make appropriate referrals.

⁴ Velleman and Templeton (2007), <http://apt.rcpsych.org/cgi/content/full/13/2/79>

Question 13 (Para 5.31): How can flexible careers for public health specialists best be achieved?

Question 14 (Para 5.38): What actions would support the development of strong leadership for public health?

Question 15 (Para 5.43): What actions can be taken, and by whom, to attract high-quality graduates into academic public health?

Adfam believe that more needs to be done to encourage GPs and other health specialists to pursue a specialism in drugs and alcohol. Adfam has received anecdotal evidence to suggest that currently the high level of transition and uncertainty in the sector, brought about by the imminent abolition of the NTA, the creation of Public Health England and the Health and Social Care Bill, is discouraging junior GPs from attaining specialism in substance use. The drug and alcohol sector may be perceived as unstable.

In some areas the NHS is losing contracts to deliver frontline services to private or third sector organisations. This may in the long term run the risk of NHS staff and specialists becoming de-skilled in drugs and alcohol as less NHS doctors and nurses are involved in providing direct drug and alcohol services. Efforts must be made to ensure that over time this knowledge of drugs and alcohol does not become a niche area perceived to lie outside the remit of the NHS and squarely with 'specialist' VCS or private providers. Keeping NHS staff skilled on drugs and alcohol and how they affect both individuals and their families is essential – it's a problem far too wide reaching to assign to specialist silos outside the NHS.

Contact

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Adfam's original [Healthy Lives, Healthy People White Paper response](#) (pdf) can also be viewed online.