



Adfam Submission

Lloyds Foundation Consultation: Poor Commissioning

August 2016

About Adfam

Adfam is the national charity working to improve the lives of carers of and family members affected by drug and alcohol use. We want anyone affected by someone else's drug or alcohol use to have the chance to benefit from healthy relationships, be part of a loving and supportive family and enjoy mental and physical wellbeing. Drug and alcohol use can threaten and ultimately destroy family relationships and wellbeing. We empower family members and carers, support frontline workers and influence decision-makers to prevent this. As a national umbrella organisation, Adfam does not deliver frontline services, but works closely with local family support organisations to raise awareness and improve practice in substance misuse family support.

Small / Medium-sized organisations in the family support sector

In the substance use family support sector, small grassroots community services are often the pioneers. Some of the most well-developed and effective services began as small groups started by the mother of a drug user. Over the past 30 years, these groups and individuals have pioneered the concept of support for families affected by drugs and alcohol. It is in the local areas with these services that family support is most established and its benefits most clear; where no such community advocates have existed there is sometimes little support for families.

The impact of detrimental commissioning practices in this sector is therefore significant, not just for the community sector, but for the very survival of support services for those affected by substance use as we know it.

Adfam contribution to this consultation

Adfam is aware of at least six grassroots family support organisations around the country which have been adversely affected and lost out on local authority funding in the kind of way identified in Lloyds' report, 'Expert Yet Undervalued and on the Frontline'. Adfam does not have precise figures on the number of such services which exist nationally so we are unable to say what percentage have so far lost out in this way, but it is thought to be a quarter or more.

Although some services continue to survive with other sources of funding, in an increasingly challenging funding environment, Adfam is concerned that if commissioning practices do not change, local family support services with strong community links and years of valuable experience are in danger of being completely wiped out.

Adfam is aware that organisations in our sector have already made submissions to this consultation. Where there are services we know of who had not done so, we have encouraged them to do so.

The reason for this submission is not to duplicate such detailed case examples, but to draw out key points to summarise the ways commissioning processes are affecting this key group of stakeholders. Adfam brings a national perspective and is in a position to identify common themes in this particular sector. We also wish to add our voice to those of the services with which we work, endorse the view that many small and medium-sized community organisations are, indeed, being adversely affected by commissioning practices, to the detriment of clients and the wider community. We, nevertheless, acknowledge the anecdotal nature of much of this information.

It is also important to recognise that Adfam's role is not only to champion the voices of the community sector. Commissioners are also vital strategic partners for Adfam and we acknowledge the challenging funding and governance context that exists for them too in this situation. In many instances Adfam is the 'middle man', seeking to provide a bridge and support to both community organisations and commissioning teams to improve family support provision.

Consultation Questions

What is going wrong and how can we make it better?

We want to know the detail of the processes that are excluding you...What are the specifics of the requirements that are challenging you? What are the conditions that make you unable to bid? How could the process be improved?

The above questions assume that small and medium-sized providers are frequently excluded from the bidding process by virtue of complex requirements they are unable to meet. To an extent this is reflected in the feedback we received from services. They told us:

- 'The large treatment provider which won the contract had a very slick, professional presentation which we did not'
- That they do not have the time or expertise to compete with professional bid-writers
- That tenders are increasingly for integrated contracts, of which they would only be qualified to deliver a small part

However, some of the challenges services shared with us did not stem from them failing to bid or being excluded from the process itself. Rather, many had submitted bids believing that they had a chance of winning. However, as events unfolded they have come to believe that they 'never really had a chance'. These circumstances include:

- Contracts which were advertised as separate opportunities being awarded, instead, to one provider as an 'integrated' service (the service believes that this was always the intention but commissioners weren't transparent, leading to wasted time and false hope)
- Being told by contacts at the council that there would be the opportunity to approach the contracted service about a sub-contracting arrangement once the tender had been won – the

successful organisation then having no interest or intention of subcontracting any part of that service

- A large treatment provider winning a contract and assuming that they would absorb the community family support service (and tupee staff). The family service was independent and not under contract, although they received a small amount of funding from the council. It was only on the first day of the contract, when the new provider rang the family support service to say that they would come in the afternoon to speak to staff, that this misunderstanding came to light.

The family support service still does not know whether they were used as 'bid candy' to help win this contract, or whether commissioners had also been under the impression that their local knowledge and experience would be retained within the winning contract. No one had discussed it with them in advance and no attempt was then made to discuss a sub-contracting arrangement. Instead, the new service was without family support provision for a year, and in the meantime continued to refer clients to the community service which had lost funding.

Summary of key characteristics of poor commissioning practice in substance use family support shared with Adfam:

- Poor communication including: no opportunity to ask questions or discuss options; poor communication of commissioning intentions e.g. services feeling they have wasted their time by submitting bids when a large, integrated service was always the commissioning intention
- Being swayed by slick, perhaps unrealistic applications and claims at the expense of local knowledge, experience, community contacts and a valued existing service
- Lack of sector knowledge on the part of commissioning teams which are therefore unable to probe beyond the headlines, ask difficult questions, challenge, evaluate or monitor services effectively
- Failure to recognise that support of families affected by drugs and alcohol is a necessity in its own right and not just a supplementary process to improve treatment outcomes
- Deeming an integrated contract to be better 'value for money' and removing small sums (often around £25,000) from small organisations achieving great impact in favour of large providers where such a sum may be swallowed in large overheads or used to fund a single salary of someone with no experience in family support.
- Lack of effective monitoring on family support outcomes – we have been told of commissioning teams which have awarded a contract and then 'lost interest' - 'that's up to the provider; we are not specifying what they should do'. In family support this means that organisations can claim to provide support that they, in reality, do not, and win contracts to provide services in which they have no experience of expertise, let alone local knowledge or community trust.
- Local Authorities entering into discussions with large providers prior to awarding contracts, in direct violation of stated protocol.
- Lack of opportunities for local services to collaborate

- Failure to monitor effectively. Family support is often a tender requirement and winning organisations claim they will provide it; commissioners believe that it is taking place but there are no effective monitoring requirements so, in reality, little of value is happening and commissioners remain unaware.

Our feedback suggests that commissioners are beginning to be aware that large gaps are developing in services as a result of these processes, and that commissioning changes intended to improve services are having the opposite effect.

Some services have felt that commissioning processes are designed to make things easier for commissioning teams, not to improve the services for clients on the ground, with value provided by the service less important than overall cost.

The emphasis on outcome-based commissioning represents a huge cultural shift for community services which may describe the value of their work in terms of benefits and value to the client. Some community services are not familiar with the terminology and mechanisms around reporting and tell us they are bamboozled by jargon. Whilst it is of course essential that services can robustly demonstrate effectiveness, and consequently good value, it is the local services that often have to do all the work to bridge the gap by learning to 'speak the language' of commissioning, sometimes in the face of hostility and condescension. There is clearly a cultural 'gap' of sorts; and a need to ensure organisations with incredible experience, local knowledge and skills, are supported to develop, learn and grow in line with this evidence, rather than be pushed out by organisations able to use facts and figures to great effect, but not necessarily to provide an effective or valued community service.

Adfam plays a role in bridging this gap, providing support to community organisations to help them access tender opportunities and develop in line with best practice, and championing community providers to commissioners.

Good Practice

Adfam knows of two local community services which are working successfully with commissioners and receiving commissioned funding. The characteristics in these cases are:

- Local service is very vocal at the local level, attending meetings and fora to consistently make the case for family support and demonstrate service value
- Local service has been smart in capturing outcomes data and learning to 'speak the language' of commissioning
- Local service works hard to maintain a good reputation and profile and to build strong personal relationships with commissioners
- Leader of local service is personally self-confident in order to achieve the above

In this respect, personality and personal experiences play a significant role. Leaders of many local family support services simply do not have the skills, confidence, contacts or time to spend on these activities. They are often passionately focused on service delivery and need support if they are to effectively 'play the game' that they say seems to be demanded by commissioners.

The Commissioning Environment

It is easy for services to lay the blame at the door of commissioners for changes in commissioning practice. However, it is clear that some of the changes implemented have been the knock-on effects of vast reductions in funding and changes in local structures.

Previously, most local authority had a Drug Action Team / Drug and Alcohol Action Team (DAT/DAAT) which included specialist substance misuse commissioners with the capacity and mandate to take an active role in commissioning and monitoring service delivery. With absorption of drug and alcohol commissioning into wider Public Health commissioning, this specialist knowledge has been lost in many areas. Commissioners with growing, increasingly diverse portfolios, do not have the capacity to intensively commission as they once did and, instead, take a more arms-length, pragmatic approach. Commissioning practices are streamlined for those who oversee them, but this can bear little relation to the effectiveness of services to support those in need in the community, for whom the services exist.