



Minutes from the AGM and 45th All Party Parliamentary Group on Complex Needs and Dual Diagnosis meeting on 'Drug Policy and Complex Needs – Professor Dame Carol Black

Address

Wednesday 10th March, 1pm-2:30pm

Virtual Meeting

Chair – Lord Adebawale CBE

Lord Adebawale (VOA) opened the meeting. **VOA** explained how APPG has been running for 14 years now and during the that time it has covered a diverse range of important topics which seek to tackle the gaps in provision for those with complex needs.

VOA set out the agenda for the meeting. As it was the AGM there was a couple of items of formal business to attend to at the start. Activity that has taken place over the past year would be reviewed and the election of officers to the APPG would take place.

Review of APPG activity over the past year

VOA announced that everyone should have received a copy of a brief report which provides an overview of the topics the APPG has looked at over the past year. **VOA** then outlined the key topics we had covered over the previous year.

- **In January 2020 we held a meeting discussing Integrated Care Systems, health inequalities and complex needs**
 - Given the NHS Long Term Plan set out an ambition for the whole of the UK to be covered by Integrated Care Systems by 2021. We wanted to delve deeper into this salient issue and explore how the NHS are factoring health inequalities into their plans for the future, as well as how this links in with the move towards Integrated Care Systems.
 - We heard from Lead Chief Executive of the West Yorkshire and Harrogate Health and Care Partnership, Rob Webster as well as Co-Chair of Surrey's Independent Mental Health Network who outlined their perspectives on the role of ICS'
 - These discussions were incredibly important then and even more so now given their statutory footing in the NHS white paper
- **In July 2020 we heard an address from lead clinician of the Homeless Hotel Drug and Alcohol Support Service, Dr Emmert Roberts.**
 - Created in response to the COVID pandemic this is first pan-London commissioned drug and alcohol service providing alcohol, tobacco and drug support to those individuals experiencing rough sleeping temporarily housed in hotel accommodation across the capital. The initiative brings together all the treatment providers in

London and provides a single point of contact for professionals working in hotels where someone needs support.

- **At our most recent meeting we discussed how COVID-19's impacts on the economy and unemployment will impact the mental health of the country.**
 - To discuss this issue we were joined by Nick O'Shea, Chief Economist at the Centre for Mental Health.
 - He outlined the scale of the unemployment issue facing the country and the impact this will have on the nation's mental health.
 - He presented an informative model which predicted an extra 10 million people having a mental health need as a result of the pandemic

Election of APPG officers

VOA announced that himself and **Jane Stevenson MP (JS)** are very happy continue as co-chairs for the upcoming year and continue supporting the great work of the APPG.

The group then elected elect the officers for the upcoming parliament, these are:

- Lord Adebawale CBE
- Jane Stevenson MP
- Baroness Armstrong
- Baroness Finlay
- Debbie Abrahams MP
- Jeff Smith MP

Approval of income and expenditure

VOA noted that there was no income or expenditure above £5000 in the last parliament, which meant no publication is necessary.

Introductory remarks - Lord Adebawale CBE

VOA Gave some background on Professor Dame Carol Black (**DCB**) and her review:

- Professor Dame Carol Black was the Principal of Newnham College, Cambridge until 2019. From 2006 to 2016, she advised the British Government on the relationship between work and health.
- She has an illustrious career in public service and as a result in February 2019, the Home Secretary appointed her to undertake an independent review of drugs. This was to inform the government's thinking on what more can be done to tackle the harm that drugs cause.
- Dame Carol's response to phase one of the commission provides a detailed analysis of the challenges posed by drug supply and demand, including the ways in which drugs fuel serious violence and this was published in February 2020.
- Over the past year Professor Dame Carol has embarked on phase 2 of this review. This second phase considers the provision of treatment and recovery services for drug users, as well as a focus on how to prevent the misuse of drugs among adults and young people.
- The importance of this review can't be understated, notably in the context of recent data which shows that there were 4,115 deaths last year due to drug poisoning. The figures show another record high in England and the seventh year in a row of increases.
- Professor Dame Carol will talk about some of her findings from her review for the group.

Guest speaker – Dame Carol Black

DCB explained how phase 2 of the Independent Review on Drugs was close to completion and the plan is for it to be published in April.

DCB went on to give a broad summary of the review. Notably that addiction is a very complex issue and a very stigmatised problem. There is a lack of accountability at a national level, with addiction sitting solely in one departmental area.

DCB went on to give some further background on Phase 1 of her review. This phase detailed the supply and demand of drugs around country and the impact of the drugs market e.g. county lines.

DCB reflected how we need to tackle these problems but also, we need to focus on the provision of treatment and recovery services for drug users, as well as how to prevent the misuse of drugs among adults and young people. **DCB** outlined 4 key areas her review focused on in terms of reforming these areas:

Radical reform of funding, commissioning and leadership

DCB noted reform of funding, commissioning and leadership were long overdue.

From a funding perspective huge amounts of SM funding has been cut over the past 10 years and austerity has eroded the protective factors to stop people using drugs. This was the case in her phase 1 review where drugs have increased in supply and in phase 2 where wider support for people which prevents people developing substance misuse problems has been reduced.

DCB highlighted how commissioning has been fragmented with little accountability from government. Ministers and departments have not worked well enough together in a sustained way with a feeling that it was no one's particular agenda but a cross governmental problem. **DCB** also acknowledged that investment in drug treatment is politically unpopular and we need to tackle that.

DCB said that Government must strengthen its national leadership of work and hold departments accountable. It requires at least 6 Secretaries of State to form a collective voice.

A rebuilding of services and developing integrated systems of care and support

DCB highlighted 2 key issues: A lack of partnership between different services and a demoralised workforce.

DCB explained that addiction requires a cross sector approach from a number of different areas. As we further develop the drug treatment sector we need to develop an integrated system. To create this **DCB** is advocating that addiction be seen in the same light as chronic conditions. The co-morbidities that are very common with drug addiction need factoring in the service provision.

With regard to the workforce **DCB** described a situation where funding cuts have led to increased caseloads for frontline staff which has had a demoralising effect. This has resulted in high turnover in the sector and lower quality provision. **DCB** also described situations whereby treatment was being delivered by people with very few qualifications. People who are working in this field need to feel like they have a professional home. **DCB** said that we need to turn this tide and make this an area and specialty people will want to work in.

DCB said the review paid particularly attention to recovery. Communities of recovery must be an integral part of every treatment service – not an add on. **DCB** also said there was a need for a treatment package, this includes safe housing and the potential for work or training.

People with addiction told **DCB** that once you get clean you see a very big black hole with nothing to do. We need to improve pathways for these people.

Increased focus on prevention and early intervention

DCB outlined how treatment must be prioritised by need. Understandably this means that our services and evidence base for heroin and crack must be a top priority due to their addictiveness and harm. But we must be able to provide a service to non-opioid users – especially psycho-social interventions.

This needs to be done by professionally qualified people who can provide a quality service across the whole system.

Improvement to research and science and how it informs policy

DCB highlighted how the UK is woefully behind on research – e.g. when compared to US and Australia. This is as the UK has not sufficiently invested in or paid enough attention on this. Dr. Ed Day (a psychiatrist and the UK government's drug Recovery Champion) has a particular interest in this.

DCB also noted how research needs to be more responsive to changing patterns of drug use such as the rising use of cannabis and NPS.

Conclusion

DCB finished highlighting that how without a wide interest and the will from central government this agenda will not be possible, there needs connection between the centre and periphery. This area has been neglected for so long and so across different sectors we need to persuade the treasury and government to support this agenda.

Questions comments for the speaker/whole group discussion

VOA thanked **DCB** for her presentation. **VOA** noted that he was sure it reflects the thoughts of many people in the group already. **VOA** highlighted the importance of the review being undertaken.

JS thanked **DCB** for her thoughts and asked how common it was that someone who was having treatment for addiction was living with other substance users. Also, how we address the fundamental issue that people's whole lives are based around drugs,

DCB agreed and said it was a very good point. She has spoken to people who've grown up in families where addiction is the norm.

DCB described how she's worked with Ministry of Housing, Communities and Local Government to understand the problem further. She said that unless we can find a way to provide safe housing where people are going through a difficult period then you're reducing their chances of recovery by 40 percent. None of us could survive those environments. **DCB** stressed the importance of working with the person at the place they are in their journey and to go onto the next leg of their journey.

Lord Ramsbotham (LR) thanked **DCB** for her words asked who from central government should take the lead on this.

DCB expresses the need for all 6 Secretaries of State. This issue is that none of them would at present put drug dependency in their top 5 priorities.

DCB hopes that in an upcoming spending review there will be thematic funding approaches which could cover addiction across departments. **DCB** says that the PM has been very supportive.

VOA asks how the review looks at these issues in the context of population health. The costs that drugs bring to the NHS and the wider population.

DCB says that they haven't looked at the issue through that lens, instead they have looked at what it has done crime wise. But the chief analyst on the review has done modelling that if you invest X in one area, this is what you get back in another area.

Mark Knight (Strategic Lead for Substance Misuse at Greater Manchester Combined Authority) asked for insight into where co-occurring conditions features in phase 2. Is there any thinking in there around co-occurrent commissioning?

DCB agrees with the need to work in this integrated way. **DCB** mentions that she has seen far too often people with mental health and substance misuse issues only receiving treatment for one. **DCB** explained that this would not occur with other co-occurring conditions, such as Arthritis and Cancer. Mental health is a huge part of the problem of drugs and must be treated as such.

DCB also stresses that there is the need for mental health support to be given in drug and alcohol services as well as vice versa. This could be done alongside a JSNA for an area regarding the levels of drug use and need.

Julie Bass (JB) (Chief Executive, Turning Point) thanked **DCB**. **JB** asked whether **DCB's** perspective on addiction as a chronic condition could be used in recovery as a means of tackling these issues in a holistic way.

DCB said that framing addiction as a chronic condition means that DHSC will take some ownership of the issue. Also that these issues have to be managed and can't always be cured. People with chronic conditions need balances and this is the same for addiction – they need to take their own journey. **DCB** explained that you don't get every diabetic under perfect control but you're always aiming to get to that place where they can lead a fulfilling life.

For this reason **DCB** criticised the current performance management system which is very focussed on 'successful completions'. This would not be done with diabetes and shouldn't be with drugs.

Well supported peer led and a recovery community all feed into this throughout the journey. This can't just be a tick box exercise.

JB asked **DCB** about specific areas of research where there are gaps.

DCB explained how there was large research bases into heroin treatment but much less for cannabis and NPS. Policymaking needs to be underpinned by an understanding of which service methods are the most effective.

Kate Hall (Head of Operations - Substance Misuse Division - GMMH NHS Foundation Trust) commented how in her 25 years of experience much has changed. In the past drug treatment was much more aligned to the health agenda, however she felt now it is too aligned with the criminal justice system which can lead to stigma. Also contracts are tendered so often that continuity can be hard to establish.

DCB agreed that short term contracts are a bad idea, and this has been addressed in the review.

DCB said she wants to work with the justice department. Far too often experience in the prison can be a nasty one – improving the prisons will improve recovery rates.

In terms of stigma, **DCB** highlighted that a key way to tackle stigmatisation is the problem being owned by ministries. This will force them to fund it properly and have it on parity with other conditions – to do things differently and provide high-quality services.

Richard Ings (Relationship Manager - Arts Council) discussed the potential role for social prescribing in this agenda. How projects like those in the arts for example can help engage people and work through their wider issues.

DCB agreed with the importance of this in providing holistic support to people and truly listening to them. Additionally **DCB** noted the success of this work in engaging with BAME communities.

Dr Tony Rao (TR) (Consultant Community Old Age Psychiatrist – SlaM) commented on how the ageing cohort of people living with drug addiction and co-occurring mental disorders needs a different mindset to assessment, intervention and recovery. He noted that we are already seeing this population growing and under mental health services. TR asked **DCB** what considerations will there be to provide integrated care for this population?

DCB stressed the importance of using resources effectively and ensuring that all cohorts including elderly people can access the services they need. The most important question is, what is the best way to enable them to get these people to services and not feel rejected.

John Graham (Therapeutic Counsellor) highlighted the difficulty of delivery or application of mental health treatment for people in residential settings due to the lack of time you have. Often, you're dealing with very complex issues with insufficient time.

DCB agreed with the importance of making interventions once and making them effective. **DCB** described a young prisoner she met who took a very strong form of cannabis every day. When asked about whether he'd stop, he said that as long as it "blocked out" what had happened to him, he'd take it.

VOA agreed with these points and commented that transactional systems focused on time-based outputs will not lead to good outcomes. You need an outcome driven approach which is backed by the professionalisation of the workforce. This professionalisation should focus on trauma-based approaches.

VOA also stressed the need for a person centred not belief centred approach.

Derrett Watts (DW) (Consultant Psychiatrist - North Staffordshire Combined Healthcare NHS Trust) highlighted that when he started in a unit 25 years ago there was 3 weeks to deal with service users however now it is only 1 week. This is not long enough to make suitable interventions.

DW also highlighted examples of workforce difficulties where staff have had to change numerous times and are attracted into other fields. This leads to knowledge and skills leaving the sector.

DCB agreed with these comments and stressed the need for change. She also suggested that these changes could not be rushed and would take not 1 year but much longer. **DCB** also comments the review was very strong view on the long term need for a more qualified workforce.

Jan Larkin (Head of Psychology – Turning Point) questioned what the review had concluded about commissioning support for family members of those with addiction.

DCB stated that the review hasn't focused on that and it is something to think about.

Luarina Nash (Dual Diagnosis worker) echoed some previous sentiments regarding funding and the issues and workforce. She also raised the point about the debts that the workforce accrue during training, and this is accompanied with low amounts of funding.

DCB agreed and commented that she had discussed these issues with DHSC and HEE. A way to tackle lack of training and overburdening of debt on staff is a more specified training budget.

VOA agreed that you need to create the professional cadre and once you have this, you can focus further on training.

VOA thanked **DCB** for her words and said that it was good of **DCB** to field so many questions to inform her work. **VOA** finished the meeting by stressing the need for systemic thinking on this issue. **VOA** also said that the review can be a further step in seeing addiction as a health issue and promoting coordination and investment in the area.

Attendees

Lord Adebawale CBE	Peer	House of Lords
Jane Stevenson MP	Member of Parliament	House of Commons
Baroness Armstrong	Peer	House of Lords
Jeff Smith MP	Member of Parliament	House of Commons
Lord Ramsbotham	Peer	House of Lords
Sir Paul Beresford	Member of Parliament	House of Commons
Tommy Sheppard	Member of Parliament	House of Commons
Abby Hunter	Health and Wellbeing Manager	PHE - Midlands
Adam Clayton	Operational Manager	GMMH Homeless Services
Aeilish Geldenhuys	Head of Public Health Programmes	Medway Council
Amanda Payne	Public Health Manager	Somerset County Council
Andy Meakin	Director	Voices of Stoke
Burcu Borysik	Policy Manager	Revolving Doors
Cathy Lovatt	Service Manager	Unity, Addiction Services Cumbria
Christopher Fieldhouse	Consultant Nurse	North Staffordshire Combined Healthcare NHS Trust
Clare Taylor	National Director of Operations	Turning Point

Dani Collins	Senior Lecturer - Mental Health	Middlesex University
Dean Spruce	Communication & Media Manager	Voices of Stoke
Derrett Watts	Consultant Psychiatrist	North Staffordshire Combined Healthcare NHS Trust
Eilish Burke	Clinical Psychologist	Greater Manchester Mental Health NHS Foundation Trust
Eleanor Levy	Co-Chair	Surrey's Independent Mental Health Network
Ellie Atkins	Senior Social Worker	Manchester City Council
Emma Cookson	Senior Policy and Public Affairs Officer	St Mungo's
Gail Sawyer	Recovery Hub Manager	The Edge Cafe
Gaynor Driscoll	Head of Commissioning Substance Misuse and Offender Health	RBKC & WCC
Hannah Bowes Smith	Office of Baroness Finlay	House of Lords
Jan Larkin	Head of Psychology	Turning Point
Jennie Corbett	Policy Manager	Homeless Link
John George Graham	Therapeutic Counsellor	
Jon Shorrock	Primary Care Lead & substance misuse training	NHS South West
Julie Bass	Chief Executive	Turning Point
Kate Hall	Head of Operations - Substance Misuse Division	GMMH NHS Foundation Trust
Kate Morrissey	National Implementation Lead - RECONNECT	NHS England & NHS Improvement
Kayte Dixon-Thompson	Senior Commissioner Public Health	Herefordshire County Council
Kirsty Tate	Learning and Development Lead	Nelson Trust
Kirsty Walton	Public Health	Leicestershire County Council
Larissa Sherman	Director of Psychological Therapies and Wellbeing	Mind in the City, Hackney and Waltham Forest
Laura Potter James	Lead Manager	Martha Jones House
Luarina Nash	Dual Diagnosis Lead	Turning Point

Lee Wilson	Director of Leeds	Humankind
Lindsay Laidlaw	Commissioning Manager	Manchester Health & Care Commissioning
Lydia Duncan	Team Manager	Salford Dual Diagnosis Homeless Team
Lynn Emslie	Head of offender health development	NHS South West
Maggie Boreham	Principal Public Health Specialist	Hackney and City of London Corporation Public Health Team
Mark Holland	Consultant Nurse	Manchester Dual Diagnosis Liaison Service
Mark Knight	Strategic Lead for Substance Misuse	Greater Manchester Combined Authority
Musa Sami	Clinical Associate Professor of Psychiatry	University of Nottingham
Natalie Travis	National Head of Service	Turning Point
Nicola Davern	Alcohol Nurse	Achieve Trafford Alcohol Liaison Team
Oliver Standing	Director	Collective Voice
Professor Dame Carol Black	Lead	Independent Review of Drugs
Raffaella Milani	Course Leader for Addiction Studies	University of West London
Richard Hanford	Co-ordinator	Drugs, Alcohol & Justice Cross-Party Parliamentary Group
Richard Ings	Relationship Manager (Combined Arts)	Arts Council
Robert Stebbings	Policy and Communications Lead	Adfam
Sam Carruthers	Group Manager Quality, Governance and Performance	Leicester City Council
Seamus Manley	Service Manager	Hopkinson House, Complex Needs Hostel
Stephen Parker	National Head of Service	Turning Point
Tatter Amolak	Commissioning Manager	London Borough of Barking and Dagenham
Tim Kendall	Consultant	Consultant in Mental Health and Criminal Justice
Tony Rao	Consultant Community Old Age Psychiatrist	SLaM
Vivienne Evans	Chief Executive	Adfam