Dame Carol Black Review part 2: Call for evidence

Making Every Adult Matter (MEAM) is a coalition of national charities – Clinks, Homeless Link, Mind and associate member Collective Voice. Together MEAM represents over 1,300 frontline organisations across England. Working together we support local areas across the country to develop effective, coordinated services that directly improve the lives of people facing multiple disadvantage. We use our shared knowledge and practical experience from this work to influence policy at the national and local level.

People facing multiple disadvantage experience a combination of problems including homelessness, substance misuse, contact with the criminal justice system and mental ill health. They fall through the gaps between services and systems, making it harder for them to address their problems and lead fulfilling lives.

MEAM supports 42 partnerships across the country to develop effective, coordinated approaches to multiple disadvantage that can increase wellbeing, reduce costs to public services and improve people's lives. 31 of these areas are using the MEAM Approach – a non-prescriptive framework to help local areas design and deliver better coordinated services – while twelve are part of the Big Lottery Fund's Fulfilling Lives programme.

Introduction

People facing multiple disadvantage experience a combination of problems simultaneously, with substance misuse often being one of their primary issues. Across our network we are aware of numerous services providing excellent support for people facing multiple disadvantage.. However, we are equally conscious of the fact that accessing harm reductions and substance misuse support services can still be exceptionally difficult for these individuals. We focus our responses to the questions below on this group, answering those that are most relevant to them.

Our responses are based on the expertise and experiences of our network of 42 local areas, individuals with lived experience, operational front line staff and service managers, and that of our coalition members and the organisations they support.

In order to inform our responses we:

- Carried out surveys across our network.
- Held in-depth online discussions with strategic leaders, experts by experience and other expert organisations working around multiple disadvantage.
- Conducted an online consultation event for members of Clinks focused predominantly on criminal justice and substance misuse treatment.

Additionally, we held a webinar last month focused on multiple disadvantage and substance misuse attended by over 150 individuals. Some of our findings are reflections from polling carried out during that event and analysis of surveys circulated to the group afterwards.

Finally, earlier this year we conducted research and detailed analysis on alcohol and multiple disadvantage. During that process we spoke to over 20 expert practitioners on the issue. A large

amount of our findings in the alcohol research related to drug misuse and treatment support, particularly around detox and residential rehab.

2) What interventions are most successful at reducing harm, particularly within vulnerable groups? Please give examples of what has worked well and which vulnerable group they relate to. i. What helps to implement them? ii. What makes implementation difficult?

Opioid Substitution Treatment (OST)

A large proportion of individuals experiencing multiple disadvantage have chronic opiate issues. Some areas in our network estimate that almost 80% of their local multiple disadvantage cohort have or have recently had heroin problems. As a result, their dependency requires them to spend most of their time accessing sufficient heroin to prevent withdrawal symptoms developing. Aside from the serious risk of overdose that this presents it also exacerbates mental health issues and increases the likelihood of offending behaviour. It reduces their ability to address other issues they may be facing such as homelessness or physical health problems. The provision of OST helps individuals to stabilise. It prevents the development of withdrawal symptoms and dumbs cravings, which means they don't have to spend the majority of their time trying to acquire heroin. This enables people to address some of the other issues affecting their wellbeing, putting them in a better position to want to engage with services and access support.

Needle exchange

Needle exchange provision is vital to reduce the risk of harm to individuals facing multiple disadvantage. People frequently resort to consuming drugs in risky locations, due to their poor housing situations, using dangerous methods such as sharing needles. Needle exchanges provide people with the equipment to minimise chances of contracting blood borne viruses, in particular Hepatitis C, as well as offering advice to reduce the risk of dangerous injecting. Needle exchanges also provide a regular point of contact that can help better link individuals to health services which will prevent sores from developing or becoming infected. Increasing the availability of needle exchanges will benefit people facing substance misuse problems and particularly people facing multiple disadvantage, who are not able to travel as easily as others and will need access outside of traditional 9-5 hours. Innovation is needed to address this. For example, we are aware of the work carried out in parts of Lincolnshire to enable vending machines in certain pharmacies to operate like needle exchanges dispensing the various equipment paraphernalia required, meaning operating times can be more flexible and the service open for longer.

Naloxone

Naloxone should be as widely available as possible. People experiencing multiple disadvantage come into regular contact with services and agencies, including the police, ambulance, housing or community safety wardens. The more of these that equip their staff with naloxone the higher chance they will have of preventing fatal overdoses. Individuals leaving prison with heroin issues are particularly prone to overdose due to decreased tolerance. It is imperative they are provided with naloxone on release. Unfortunately, there has been regular issues with this provision. Peer-to-peer provision of naloxone would potentially be very effective for people facing multiple disadvantage who may not be engaging with services at certain periods of time or might be quite distrustful of them.

Detox and rehab

Access to residential detox and rehab facilities are particularly effective for reducing harm of people facing multiple disadvantage with substance issues. Unfortunately they are relatively inaccessible to these individuals, something we discuss in more detail below.

Coordinated intervention in local areas
To best support people facing multiple disadvantage, substance misuse services and commissioners need to ensure that their work is coordinated with other services and commissioners working across local systems. This is the core focus of areas in the MEAM Approach and Fulfilling Lives networks. We say more on coordination and collaboration under question 12 below.

Recommendations: Quicker access to personalised OST support. Wider provision of needle exchange and naloxone, particularly for individuals leaving prison.

9) What are the barriers to implementing evidence-based drug treatment guidelines and interventions? Answers can relate to specific interventions or services, such as in-patient detoxification or residential rehabilitation.

Funding
Over the past five years there has been substantial disinvestment in the substance misuse treatment sector, with an estimated 25% overall cut in funding.[1] In some local areas up to 50% of their budget has been cut over this period. As a result local services have had to significantly increase staff caseloads across their teams and develop group work programmes, both of which are discussed in more detail below.

Staff therefore have less time to spend supporting individual clients and developing personalised support plans. This prevents relationships being developed, something particularly important for individuals experiencing multiple disadvantage. Evidence-based guidance that focuses on addressing the underlying causes of substance misuse and individuals circumstances can be difficult to follow in this environment, particularly as key performance indicators become prioritised.

Detox and residential rehab
We have recently undertaken research on substance misuse and multiple disadvantage, with a particular focus on detox and rehab. There is excellent guidance around the particular importance of detox and rehab for individuals facing multiple disadvantage[2].

Our research found that residential detox and rehab was seen as being particularly important for people facing multiple disadvantage. It takes them away from their current surroundings and circumstances, which may be a driver for their use of substances. It is also very difficult for people who are rough sleeping to attempt to detox while living on the streets or in inappropriate unsupportive accommodation. Withdrawal can be very painful and distressing, not something to be done while trying to struggle with tasks such as finding enough food to survive. Residential detox and rehab provides individuals facing multiple disadvantage with the right environment and space to confront the underlying issues that have led to their alcohol and other substance issues.

However, when we surveyed areas across our network professionals and experts repeatedly said that very few individuals were able to access these residential services. The vast majority of areas we talked to across the country said that detox and rehab had become significantly more difficult for this group to access over the past five years.

Funding cuts have disproportionately impacted detox and rehab budgets meaning many areas simply cannot follow best practice guidance. This has increased pressure and competition for detox and rehab spaces with some areas resorting to the introduction of further eligibility criteria. In some

[1] Collective Voice analysis of resources available to fund drug treatment shows a 25% reduction since 2013.
[2] Drug misuse and dependence UK guidelines on clinical management 2017.

areas people have to demonstrate motivation by attending several sessions before being entitled to apply for detox, which can be a particular issue for people facing multiple disadvantage. We repeatedly heard that when budgets and resources are tight, people living chaotic lives are often likely to be towards the bottom of the list. Doctors and others making those decisions will prioritise those that are less chaotic who they see as being more likely to stay in the facility and move on towards recovery.

One area told us that to access detox and rehabilitation services, people need to attend groups twice a week for two months to prove their willingness to engage in order to be eligible. This can be very difficult for people facing multiple disadvantage, who can find it challenging to keep regular appointments for that length of time. Something that we know from our work generally around multiple disadvantage is that creating a competition for places, without specific safeguards, often means people facing multiple disadvantage lose out.

Those experiencing multiple disadvantage, who could most benefit from these services, are those most likely to lose out as more 'stable' individuals are prioritised ahead of them. In a recent survey of our network and substance misuse professionals over 60% said it was very difficult for people facing multiple disadvantage to access residential rehab and over 80% said it was difficult for them to access detox.

Recommendation: Protected funding directed towards allowing individuals facing multiple disadvantage to access residential detox and rehab support.

10) What could the government do to better support the implementation of evidence-based guidelines and improve the effectiveness of drug treatment and recovery interventions to help it realise its ambition to 'level-up' communities?

We support the submission of our member Collective Voice in regarding the steps government could take to assist the implementation of evidence based guidelines and practice. The most important steps from government should be effective, inter-departmental leadership from the centre to drive forward the agenda of substance misuse support and recovery, with sufficient structures to guarantee accountability regards implementation of policy; an increase in funding for delivery of evidence based interventions, and total protection for that funding; and support of the workforce through the development of an externally accredited qualification hierarchy

12) What are the most effective ways of commissioning, designing, and providing integrated services for people with multiple and complex needs? Particularly for those who experience rough sleeping and co-occurring substance misuse and mental health conditions?

We don't believe there is one prescriptive method that should be undertaken when commissioning and designing services for people with multiple and complex needs. However, there are numerous principles that commissioners and others should follow which we set out below.

Coproduction

People with lived experience should be involved in all stages of the commissioning process. If support services are going to reach and provide appropriate support to their target groups, helping them address their substance issue in the way they want, they need to be heavily informed and directed by the views of those likely to use them. In order to design the right support for people it's important to involve the people who require the support directly.

People with lived experience should be involved at the beginning of the commissioning model, continue to service design, and be embedded in monitoring and review processes.
A substance misuse service commissioner in the South East of England created a panel of experts by experience to support and improve their commissioning process. This was made up of current and former services users and families. Staff worked with them to develop skills and confidence that they thought would be required to be involved in certain commissioning processes. This panel has helped to determine what good service provision should look like and how it could be monitored by those using it. When the treatment contract was renewed through a tendering process the panel was heavily involved, working up questions which those tendering had to present on and helping to score the results.

It is particularly important that people with lived experience are involved in determining whether or not services are performing well. This should not be restricted to community substance treatment services, it is equally important within prison settings.

People with lived experience should be seen as equal partners throughout the process. Systems for involvement should be designed to involve people at all different stages of their recovery journeys. All groups, including those not yet engaged with services, should have an opportunity to voice their expertise.

Treating the views of people with lived experience as equal to other professionals when commissioning demonstrates to local treatment providers the importance of themselves placing emphasis on the views of experts in how they deliver support. It promotes an assets-based environment in which the strengths and skills of individuals supported by services are prioritised and integral to the support offered.

Trauma-informed
Trauma is often at the heart of the issues experienced by individuals facing multiple disadvantage, frequently the underlying cause of their substance misuse. Trauma-informed services allow staff to pause and consider the role trauma and lingering traumatic stress plays in the lives of their clients. Commissioning substance misuse services that are trauma-informed is therefore vital for this group. The process for commissioning and managing contracts must also be similarly trauma-informed.

Substance misuse treatment services can play a part in perpetuating trauma, inadvertently causing further harm to some of the most vulnerable people they work with. For example, asking individuals questions about themselves and their past without appreciating that this may be very difficult for them can be retraumatising unless done in an appropriate manner through trained staff.

Ensuring providers understand the impact of trauma on individuals before commissioning services to them is therefore fundamental to providing effective support. For people repeatedly directed towards multiple services this makes a real difference to their lives as individual disengagement will be viewed more as a failure of the service, not of the individual, making the service conform to the individual in future and what best suits them and their circumstances.

Focus on well-being and relationships
Services generally want to improve the lives and wellbeing of those they are supporting. Commissioning should focus on this overarching aim of improving an individual's general wellbeing, allowing for greater flexibility and encouraging collaboration.

Placing too much emphasis on narrow outcomes, performance management measurements and data collection rarely leads to individuals receiving the bespoke and personalised support they want

and need. Substance misuse services are required to record huge amounts of information under the National Drug Treatment Monitoring System. For staff with high caseloads fulfilling duties under this requires a substantial amount of time and reduces their opportunity to build relationships with clients

Focusing more on wellbeing will help staff to work with each individual depending on their issues, circumstances and the changes they wish to make. It will allow them to concentrate on building relationships and generating trust, often most valued by people experiencing multiple disadvantage, and support them to learn and improve on how they can meet the needs and circumstances of individuals. This means responding quickly to what is and isn't working immediately on the frontline, rather than waiting for often inaccurate outcome measurements to tell them.

Encouraging staff autonomy through broader and more meaningful outcome goals will promote staff learning and help create working cultures in which staff have more time to explore underlying issues with clients, build relationships and determine what other support they could benefit from. In the future, when setting substance misuse outcomes, reviewing progress and determining success there should be a balance between specific measurements and a focus on overall wellbeing.

Collaboration

People facing multiple disadvantage are often failed by services and systems that focus on singular issues. They can be viewed as too complex, less likely to achieve singular outcomes than other less chaotic individuals and therefore can be less likely to receive the appropriate support to address their problems.

Commissioners and services should appreciate that the outcomes they wish individuals to achieve are produced by whole systems rather than individual organisations or programmes, particularly the case for individuals living chaotic lives, and experiencing multiple issues simultaneously.

Substance misuse commissioners should work with services, and with commissioners/services in other sectors, to help create a shared purpose across local agencies. Developing shared goals across a local system – rather than narrow 'silo-based' targets - will help partnership working and in turn the level of support individuals experiencing multiple disadvantage can receive. As we have seen in response to the current crisis, having one galvanising goal will encourage staff across organisations to be more willing to work 'beyond their remit', to do what they can to help colleagues in other agencies in order to protect the welfare of this group.

This is particularly important for substance misuse services who deal with an extremely complex group of individuals. They cannot support every issue that their clients have, such as housing, benefits, mental health and criminal justice to name but a few. The better links they have with other support services and the more effective they are at working together to achieve certain shared goals, the better the impact on people with multiple and complex needs.

Commissioners working together to create 'healthy' systems in which people are able to coordinate and collaborate more effectively should be prioritised. The MEAM Approach that we developed has proven to be a valuable tool that supports this. It helps local areas better deliver effective and coordinated services across partnerships.

Knowledge and analysis of local need

Without a good understanding and analysis of local need there is a risk that certain groups of individuals may be excluded from services or receive inappropriate support. It is fundamental that commissioners ensure that all individuals have equal access to services and support. That means

that different demographics of individuals should be able to access services equally and that their experience of support in those services is sensitive to their own backgrounds and circumstances. More focus needs to be directed at ensuring that individuals from different genders, ethnicities, religions and races feel equally comfortable approaching services for support.

Commissioners in particular need to do more to understand how different ethnic groups use substances, what substances they consume and their willingness to come forward to seek support if they develop issues, as this is often heavily influenced by their backgrounds and personal identities.

Commissioners should not rely solely on data that comes from local treatment providers and those engaging in services to measure local need. Proactive steps must be taken to engage those locally who have substance issues but are not engaged with local treatment and efforts made to understand why they are unwilling or unable to access support. Unless efforts such as this are made, services will continue to be designed to predominantly support those who are most willing to come forward to access services and be easily identified as needing support, meaning the more marginal groups will continue to be forgotten and find services are less responsive to their circumstances and needs.

For example, for some nationalities consuming certain substances through certain methods can be even more stigmatising than for others, such as injecting heroin. As a result, individuals from these backgrounds who do so will be far less likely to come forward to access support as they fear it may lead to their issue being found out within their communities and lead to social shaming. Relying on treatment statistics would not identify this issue or help provide an understanding of how to address it.

In order to get a better understanding of the substance issues among local individuals experiencing multiple disadvantage there are several actions commissioners can take. In one area in the South of England commissioners utilise recovery champions[3] to carry out research in their local communities of those with substance issues who services have no contact with. These individuals are better known by and willing to speak to their peers than treatment staff. Through this process they can build a better understanding of the true level of substance support need and how they might improve access to treatment.

Ensuring there is a comprehensives and accurate Joint Strategic Needs Assessment regularly carried out locally with a dedicated section focused on multiple disadvantage is something local areas should aspire to, something that Nottingham has managed to achieve through the help of Opportunity Nottingham (part of the Fulfilling Lives programme).

13) How does the way the drug treatment market, in terms of the tendering of services and contracts, impact on outcomes for people and effective service delivery? i. What measures could improve how the market works?

Recommissioning and innovation

Frequent recommissioning takes a substantial amount of provider's focus up to 18 months in advance of the contract coming to an end. Instead of continuing to learn and develop how to work with individuals they can become focussed on developing their tender and invest resources in that which could be better directed on delivery and improving outcomes for clients. Staff and clients can become anxious and concerned for a significant period of time due to uncertainty.

[3] Individuals who have made significant progress in their substance use recovery but are still receiving treatment support.

There is a risk that the process in some areas offers commissioners the opportunity to prioritise value for money, rather than quality of service, due to limited and shrinking budgets. Unfortunately, this does not always equate to better service provision.

Recommissioning can in particular threaten the support offered to individuals experiencing multiple disadvantage. Unless express provision is made towards this group in contracts and tenders the support elements they most benefit from can be seen as the first things to cut in order to offer a less expensive and more 'cost effective' service.

If treatment providers are continually concerned about retaining their contract they will be more likely to closely adhere to existing specifications and provide relatively generic offers of support. In order to avoid continual anxiety around recommissioning and the upheaval it can have on staff and service users longer term contracts should be the norm with safeguards in place should poor service provision be found.

This would allow better trust to be built between commissioners and treatment providers and a continual gradual improvement in services. For people experiencing multiple disadvantage this is particularly important. Their circumstances are regularly changing so too should the support they receive. Providers will feel less compelled to follow contract specifications that might become outdated and instead react to the changing needs of their clients, developing innovations to meet them.

Recommendation: Substance misuse funding should be for a minimum period of 5 years.

14) Why do some drug users who need treatment not access it? i. What can be done to address this? We'd particularly like to hear answers about specific groups such as black, Asian and minority ethnic (BAME) communities and women.

Despite substance treatment being particularly important for people facing multiple disadvantage, they can at times find it particularly difficult to get access and receive appropriate support. In some areas, although they are often most in need of support they can be the least likely to access it. Below we highlight the main barriers.

Outreach

Individuals experiencing multiple disadvantage regularly have a lack of trust and faith in the system, often as a result of past experiences of support services or simply a sense of being let down repeatedly by those who were supposed to protect them. As a result, they don't always want to come forward and ask for support in the same way that the general population might. Therefore, providing assertive outreach is vital, staff going out into communities to engage directly with individuals and demonstrate to them the support they can offer and that they can be trusted. This kind of assertive outreach and relationship building is key to work developed using the MEAM Approach.

There have been substantial cuts to substance misuse services over the past few years. In some places this reached up to 50% of their budgets. This has resulted in cuts being made to service provision, with a significant impact on assertive outreach. The ability for staff to go out into communities and actively look to engage with individuals in places that suited them best has been significantly reduced, ultimately having a disproportionate impact on those experiencing multiple disadvantage.

Recommendation: Protect assertive outreach provision within substance misuse treatment services by ensuring they are a core element of any existing or new funding.

Lack of flexibility

At times, substance misuse treatment providers can be relatively inflexible to the needs and circumstances of an individual. People may be provided generic support without appreciation of the chaotic nature of their life, often the result of high caseload numbers. Vulnerable people with complex needs and chaotic lifestyles find it difficult to comply with criteria set by some services for commencing and maintaining treatment support. They may not be in a position to keep appointments or follow all the set rules, and are therefore discharged from services. Again, inflexible provision disproportionately impacts people facing multiple disadvantage.

Group Work

Treatment support services often provide very limited face-to-face key working support due to high caseloads. Therefore a large proportion of support is offered through group work. Many people thrive in those environments, appreciating the peer support that the surroundings can offer. However, these spaces can be very intimidating to people experiencing multiple disadvantage. They may not feel comfortable or in a position to share with others, finding it too traumatic in certain cases. In many services, in order to get specific structured support you need to attend a certain amount of group work sessions first, which may deter individuals.

Recommendation: No individual should be compelled to attend group work sessions in order to access additional support. They should have the option to choose individual support if they are uncomfortable in group settings.

Key Performance Indicators

There is a risk that substance misuse support contracts heavily based on KPIs can be detrimental to people experiencing multiple disadvantage. If a service is due to meet certain outcomes, such as a proportion of people engaging with services for a period of time and successfully addressing their substance misuse issues, there is less of an incentive to work with more chaotic individuals. There is an assumption that these individuals are potentially less likely to stop consuming, and more likely to take more time and resources than other individuals. This is not to suggest that staff consciously decide to work less with this group, but over time it might naturally occur as the demand and pressure to reach goals and outcomes increases.

Inadequate provision for women

Women facing multiple disadvantage who have children are often hesitant to come forward to access substance misuse support. They are frequently frightened that they may be referred to social services and risk having their children removed from them. There is also the issue of trying to find childcare support whilst attending services. Women often face more stigma around substance issues than men, and this is heightened further for mothers.

Women facing multiple disadvantage will often have experienced serious past traumas which may be the reason for their substance issue. This trauma is frequently due or related to physical abuse from men. Despite this, substance misuse services very rarely provide women-only spaces or groups.

Recommendation: All treatment providers should provide safe spaces for women and an offer of support that is gender appropriate, with routine offers of women only groups.

BAME communities

National and local statistics on the prevalence of drug use and misuse in BAME communities are still poor. National treatment figures show that BAME communities are underrepresented. This may signal a lower level of use of some drugs but is also likely to point to unmet need in some areas due to increased stigma around drug use in some communities and a lack of culturally specific services creating barriers to treatment.

To appropriately and effectively support BAME communities local treatment providers and commissioners must get a better understanding of the how individuals from different ethnicities and backgrounds wish to access services and receive support alongside a culturally specific analysis of local need. Specialist BAME led voluntary organisations should play an important role engaging with some communities because they better understand needs and are more likely to be trusted by service users. In many areas this will mean services adapting their general offers of support by working in partnership with specialist organisations to ensure they are more culturally tailored and appropriate for all communities while simultaneously developing specific programmes of support for certain groups which again should involve specialist BAME voluntary organisations.

17) What are the most effective ways of meeting the physical health needs of people in drug treatment? i. What can prevent their physical health needs being met?

Individuals experiencing multiple disadvantage often have chronic health conditions, frequently the result of but also exacerbated by their substance misuse issues. Unfortunately, they often have very poor access to both primary and secondary healthcare services. Due to negative past experiences, inaccessibility and inflexibility, they will often only interact with health services when they are at crisis point and through the use of emergency services.

Substance misuse services provide an excellent point through which individuals facing multiple disadvantage can access healthcare. They will be more likely to turn up to substance misuse appointments, incentivised by the support being provided and OST, than healthcare appointments. The opportunity needs to be exploited further by developing stronger links with both primary and secondary healthcare services. For example, Hepatitis C treatment can be provided directly through substance misuse services by funding specialist nurses and seconding them across to treatment providers, something which Cornwall has been successfully able to do. Having the nurse placed in the substance misuse treatment provider and being able to provide the Hepatitis C treatment in a non-hospital environment has considerably improved both take up and the proportion of people completing their treatment successfully. Similarly, work can be done around screening COPD and providing support to reduce symptoms and risk, as demonstrated in Liverpool. Both of these health issues have a serious impact on a significant proportion of people experiencing multiple disadvantage.

Recommendation: Stronger links need to be built between substance misuse treatment services and local healthcare services. Healthcare professionals should regularly provide treatment and appointments around substance related harms, such as Hepatitis C and wound infection cleaning, at substance misuse services.

18) What are the most effective ways of meeting the mental health needs of people in drug treatment? i. What can prevent their mental health needs being met?

We know that a very large proportion of individuals who have substance misuse issues will have co-occurring mental health issues. Research shows that mental health problems are experienced by the

majority of drug users (70%) in community substance misuse treatment[4]. It could potentially be higher for those not in treatment.

The vast majority of individuals that our local networks support have experience of both, with several areas directly reporting that over 90% of those on their local multiple disadvantage cohort experience both substance misuse and mental health problems. Despite there being excellent national guidance[5] on this issue accessing appropriate support for both of these issues simultaneously is still reported as one of the primary barriers to effective support by staff and individuals themselves when discussing their wellbeing.

There are excellent mental health services working to provide support for people with substance misuse issues. However, far too many mental health services fail to adopt best practice guidance, applying borderline blanket bans to people with substance misuse issues, regardless of whether or not individuals are consuming drugs in a stable manner. This is something particularly concerning in regards to IAPT services. From the experience of the local areas across our network, numerous IAPT providers will not accept referrals from local substance misuse treatment services and therefore people struggle to access support for anxiety or depression issues. Secondary mental health services such as community mental health teams can struggle to work with this group due to the chaotic nature of their lives. We have been informed by numerous MEAM Approach areas and by nearly all programme leads in Fulfilling Lives areas that it can feel that the eligibility and dismissal criteria that are put in place by mental health services prevents those facing multiple disadvantage accessing support.

Over the past year we have talked to numerous mental health professionals specifically on this issue. Several psychologists have suggested that mental health services should take a less medicalised view of the problem and adopt more of a formulations approach to people who have both substance misuse and mental health issues. Formulation is the process of making sense of a person's difficulties in the context of their relationships, social circumstances, life events, and the sense that they have made of them. This would require mental health professionals looking beyond an individual's substance consumption when determining if they could and would benefit from mental health treatment. That would be one aspect of an assessment which would also include the individual's background and general circumstances.

Building positive links and official referral pathways between substance treatment providers and mental health services is vital. Creating opportunities so that individuals can get support for both issues in one setting, such as GP surgeries, should be exploited and help build relationships between both services. The creation of specialist roles such as dual diagnosis workers or specialist mental health nurses is welcome. It helps a certain portion of people access services they may not otherwise have been able to do. Creating evidence and incentives necessary to convince Clinical Commissioning Groups and Mental Health Trusts to use their resources and structures to co-commissioning these services helps. For a full assessment of the issues around mental health services and multiple disadvantage see the Fulfilling Lives report on the issue.

[4] Weaver et al (2003) Comorbidity of substance misuse and mental illness in community mental health and substance misuse services. The British Journal of Psychiatry Sep 2003, 183 (4) 304-313.

[5] Public Health England (2017) Better care for people with co-occurring mental health and alcohol/ drug use conditions: A guide for commissioners and service providers.

Recommendation: The Department of Health and Social Care, NHS England, Public Health England and the Care Quality Commission should ensure that national guidance on co-occurring mental ill-health and substance misuse is followed locally

19) What current approaches are effective in meeting the employment and housing needs of those in treatment, including people experiencing rough sleeping?

Individuals who are rough sleeping or homeless and living in unstable and inappropriate housing are likely to find it very difficult to address their substance misuse issues, even with dedicated key worker support. Individuals with substance misuse issues and other complex needs will frequently struggle to maintain tenancies without some form of additional support. Substance misuse treatment providers should not necessarily feel responsible for directly addressing their clients' housing needs. However, they should feel responsible as part of a local support system to build links with housing and homelessness teams to help address housing problems. Substance misuse providers were not given any duties under the Homelessness Reduction Act but should attempt to refer people as soon as possible to local authorities when they are concerned about a client's housing status.

Individuals with substance misuse issues and complex needs will often be among the most vulnerable people in local communities. The ability for treatment staff to advocate on their clients' behalf to help access adult social care and safeguarding teams can be invaluable. In some circumstances it can help people acquire the additional support they need to maintain their tenancies.

It is vital that individuals have access to benefits if they are going to begin to address their housing needs. Making sure that they can manage money is extremely important, particularly under Universal Credit. Failing to do so can risk rent arrears and potential evictions. Treatment providers do not need to be experts in benefits but should be well aware of all the relevant policies. They should have strong links with local Job Centres and work coaches as well as Universal Support services.

Housing First is particularly effective for meeting the housing needs of this group and was designed with people with multiple disadvantage in mind[6]. Housing First has been shown to stabilise or reduce substance misuse, improve anti-social behaviour and generally improve health and wellbeing for people facing multiple disadvantage.

22) What needs to be done to help those in custody address their drug misuse and continue their recovery?i. How can we improve the pathways between prison and community-based drug treatment, including 'through the gate' services when people are released?

Through the gate

Currently far too many people leaving prison with substance misuse issues fail to connect with community support services upon release. Approximately only one third (34.2%) of individuals do so nationally, although this drops even further in some regional areas (20.7% in London region). This is extremely serious as at the point of release they are most susceptible to overdose due to tolerance levels reducing during their period in custody. The statistics and rates of overdose among this group are extremely alarming. Research by King's College London found that in England and Wales male prisoners are 29 times more likely to die in the first two weeks following their release than the general public. For female prisoners this figure increases to a staggering 69 times more likely. The

[6] Our member Homeless Link is responsible for Housing First England

primary cause for both men and women is heroin overdose. A substantial proportion of those individuals are like to be facing multiple disadvantage.

In order to help those transitioning to community support, considerably more attention needs to be given towards through the gate services. There must be more done to prepare an individual receiving substance misuse support in prison to engage with a community service on release. Prison based services need to be much better linked to local community substance misuse treatment support with very clear lines of communication, pathways and information sharing protocols consistently in place.

There are parts of the country in which there is the same provider for both community and local prison services. In these areas there seems naturally to be better links and transfer of release procedures between the prison and the community services and a better proportion of people engaging with community support on release. From discussions with several operational staff working in prison and community treatment support the reasons for this is increased trust between the two, simplified communication channels and referral pathways, and information sharing protocols in place.

Providers of prison support services, particularly substance misuse, should be seen as part of local support systems and treated as such. There is a particular issue around individuals leaving prison homeless, something that was not addressed during the Covid -19 crisis, with thousands of people still leaving custody with no fixed abode throughout the lockdown. Without access to suitable accommodation these individuals will find it much more difficult to access community support and more likely to return to drug use.

Recommendations: Community and prison substance treatment providers must be encouraged through funding to build better links, in particular having simple communication channels and information sharing protocols automatically in place.

Friday releases

One issue that has been highlighted regularly in the past around prisons and needs to be reemphasised here is Friday releases. National statistics show that more than a third of custody leavers are released on a Friday. In the areas we support we routinely hear complaints about the impact it has on individuals experiencing multiple disadvantage when they leave prison. They have numerous issues they will need to try and address or seek support with as soon as they are released, such as housing, probation and mental health. When released on Friday they may not have time to engage with a community service and pick up their script. They will be unable to wait three days until Monday to get their script and as a result may obtain heroin through illegal means, jeopardising their health and license conditions.

Steps have been taken to try and reduce the threat of this by providing people leaving with temporary scripts during Covid. This must be continued in the future with all individuals with heroin issues provided a temporary script on release as well as naloxone.

Recommendation: *Prison governors should exploit the opportunities that Release on Temporary License presents for certain individuals. When somebody with a substance issue has a planned release for a Friday ROTL could be used earlier in that week to allow them to connect to support services such as community substance misuse treatment.*

Integrated care

There are integrated health care models within prison. In theory these can provide people facing multiple disadvantage the opportunity to address their multiple issues, such as mental health and substance misuse, simultaneously. Unfortunately, what can end up happening is that neither issues are addressed appropriately because both elements of the service, substance use and mental health, are overwhelmed. Providing a greater focus on individuals' needs through psychological interventions and recovery focused programmes would be a more suitable approach.

Probation leads
The introduction of regional probation directors next year offers an opportunity to improve links between prisons and directors of public health. They should be encouraged to consider RECONNECT care after custody and how they can broker links utilising this service. This programme seeks to prevent individuals being released from prison from returning to poor health and reoffending through robust reconnection with health services in the community. It does so by providing a navigator service upon release.

23) How can treatment work better with the criminal justice system? Including through diversion by police using out of court disposals and community sentence treatment requirements as an alternative to custody?

Community sentences
There is substantial room to increase the use of community alternatives to prison sentences. Evidence clearly demonstrates that a high proportion of individuals coming into contact with the criminal justice system have substance misuse issues, for example 42% of women and 28% of men said they had a drug problem when they came into prison. However, only a very small percentage (less than 4%) benefit from drug treatment requirements. A concerted effort to increase their use would have a big impact on those experiencing multiple disadvantage. Every time an individual goes into prison any support connections they've developed or progress they've made around housing will be lost once they enter custody. The community or residential rehab and detox support is a far better environment for addressing the underlying issues behind the substance issue.

Treatment services should be incentivised to engage with local magistrates and district judges and provide evidence of the benefits of receiving treatment support in the community or residential rehab as opposed to prison and the efficacy of doing so. The more trust and confidence sentencers have in community services the more likely they are to use them. Under the new probation model being introduced next year it will be imperative that the National Probation Service informs local courts of the benefits and availability of possible treatment requirements and services.

Recommendation: The Community Sentence Treatment Requirements (CSTR) programme was established to reduce reoffending and short term custodial sentences by addressing the health and social care issues of the offender by increasing the use of CSTRs. It is currently operating in 13 sites and we believe that the programme should be encouraged to expand further.

Diversion
We believe that diversion programmes away from the criminal justice system should be supported and increased. Individuals caught in possession of substances should be directed towards treatment, not the criminal justice system. Many individuals experiencing multiple disadvantage will face considerable withdrawal symptoms unless they consume certain substances. If they don't have access to support services this should be viewed as a public health issue, not a criminal justice one.

24) What lessons can be learned from the way that drug prevention, treatment and recovery services have responded to coronavirus (COVID-19)? i. Looking to the future, how do they need to respond to the impact of the pandemic?

Across our network we saw substance misuse treatment services adapt quickly in order to continue supporting individuals facing multiple disadvantage. In June, we published rapid evidence research focused on the changes made across a wide range of services, including substance misuse.

We highlight the main flexibilities in substance misuse services identified by the research below. Overall the response to the crisis has demonstrated there is the potential to create a more reactive, innovative, flexible and personalised support offer around substance misuse for people experiencing multiple disadvantage.

Speed of assessment
For individuals living chaotic lives every time they come forward to look for support the opportunity needs to be grasped. Unfortunately, too often there is a significant delay between an individual asking for substance treatment support, them getting an assessment and that assessment leading to coordinated and structured support. However, we saw that during Covid the response in some areas was rapid. Assessments were made almost immediately leading to individuals who had not been engaged with support ever before or for long periods of time connecting with services. People were linked to support after assessments quickly and provided with scripts often the very next day. If this can be achieved during a pandemic then there is no reason why it can't continue in the future.

Prescription services
A lot of individuals experiencing multiple disadvantage are receiving OST. For individuals living chaotic lives the vast majority were automatically placed on daily supervised consumption prior to Covid. After the lockdown came into force this changed quickly, in some cases individuals were placed on fortnightly pick ups, while others were managed differently. Our research found that decisions were made on a case by case basis and the clients were enabled to manage their own medication with varying levels of oversight:

"[A] significant positive that has emerged is the revelation that some individuals can be trusted to manage their own medication (and recovery) without significant oversight by professionals – due to the possible implications for large amounts of queueing at pharmacies, many individuals were moved across to 14-day prescriptions." – Local lead

For some this has made a huge difference to their lives, reducing the stigma they feel having to go to a pharmacy everyday, providing them the opportunity to manage and feel more in control of their own recovery and given them more flexibility in their day to day lives. This also came with some challenges and risks, but careful planning and partnership working ensured these were effectively managed:

"The big one for us was substance misuse service shutting down and giving people methadone for 14 days – lots of issues. We were able to deal with that really effectively – everyone was working together to manage the risks in a way where they hadn't before. Really clear escalation routes and problems were solved almost immediately." – Local lead

Of course there are risks to take into consideration such as overdose, but this period has shown that prescribing must be more personalised in the future. Sending prescriptions straight to pharmacies has been particularly helpful for this group during the lockdown. It is one less place to visit.

Recommendations: All services should provide personalised OST in which supervised consumption is regularly and routinely reviewed, informed by clinical risks as well as the views of the individual client.

Staff autonomy

Providing staff with more flexibility with how they work with individuals has enabled them to keep more regular contact with certain clients, albeit virtually. Managers were not in a position to manage and oversee all changes that had to be made. Staff were given additional trust to do this themselves, to apply what they thought would work with individuals, taking into consideration their personal circumstances. We were told:

"Staff who have always wanted to be flexible and work around the person have been given permission to do so which is great".

This has in cases allowed for a more bespoke support for individuals experiencing multiple disadvantage.

Virtual support

During the pandemic, substance misuse service staff increased the frequency of contact with their clients, checking in "virtually" on a daily basis with clients who were deemed at high risk in relation to the larger prescriptions and developing online support services. There was little face-to-face contact and most support was done through telephone calls or virtual meetings. Some staff and service users found the virtual support useful, while others had a strong preference for a return to face-to-face contact. In the future, people should be provided with the choice, so that they can engage using the methods they find work best for them.

List of recommendations and contact details