July 2022

Evaluation of the Achieve Drug and Alcohol Service

Report for the Achieve partners

Final version

SQW

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Executive Summary

The **Achieve Drug and Alcohol Recovery Service** has provided **holistic support to adults and young people experiencing substance misuse issues** in Bolton, Salford and Trafford since 2018 and Bury since 2019.

The **Achieve Partnership** comprises organisations with expertise directly and indirectly related to substance misuse and recovery: clinical expertise, outreach, training, housing, and grant funding for community groups.

ACHIEVE PARTNERSHIP

GREATER MANCHESTER MENTAL HEALTH TRUST
THE BIG LIFE GROUP
EARLY BREAK
GREAT PLACES
INTUITIVE THINKING SKILLS
SALFORD CVS
SALFORD ROYAL NHS FOUNDATION TRUST
THOMAS

In 2021 Greater Manchester Mental Health Trust (GMMH) and The Big Life Group (on behalf of the Achieve Partnership) **commissioned SQW to undertake an independent process evaluation** of the Achieve Drug and Alcohol Recovery Service. The evaluation was delivered over five months, and involved a series of semi-structured interviews and focus groups, a document review and monitoring data analysis.

Key findings

While **the COVID-19 pandemic affected delivery** of the partnership and service, **the partners displayed resilience** in adapting and continuing their frontline service delivery, supported by the leadership of GMMH.

The cluster commissioning approach (to procure the Achieve service under one contract across multiple local authorities) was considered to be effective, with benefits reported at provider and commissioner levels. These include reported efficiencies in the use of public funds and improved relationships. The success of the cluster commission depended on: the capacity and competence of the lead commissioner; commissioner behaviour and willingness to share insights; the capacity of the lead provider to work across localities; and partners' willingness to work collaboratively and flexibly depending on local needs and existing provision.

The partnership model was considered to work effectively. Partners and wider stakeholders credited GMMH with providing effective leadership and modelling the necessary culture and behaviours, and partners reported close relationships and effective communication through the partnership board. A variety of benefits were identified by partners, including access to relevant training and resources, and use of GMMH's shared service user record system 'PARIS'.

Through working together, **service partners add more value. Service users were broadly very positive** about the support/treatment they received, experiencing a joined up offer. Sustaining partner knowledge and understanding of all other partner services and developments will be key to maintaining this and continuing confident internal referrals and signposting based on informed discussions with service users.

Reporting was deemed effective, but the partnership **could consider narrative evidence of outcomes alongside numerical data,** to capture the richness of service performance. Linked to this, there was concern that externally the partnership can at times be seen as GMMH's, risking obscuring vital roles played by partners; this could be partly rebalanced by narrative reporting. Alongside this, stakeholders indicated scope for **VCS and statutory service relationships to be used more** to stimulate referrals and help exiting service users to access support in local communities.

Although this was a process evaluation of the partnership, examples of impacts were identified. Impacts on stabilising drug and alcohol recovery provision were reported. Smaller partners reported benefitting from wider promotion and delivery (of some) of the services, widened knowledge of associated services, and improved access to training. Commissioners and partners have also embedded collective working as business as usual.

Service users reported positive impacts from the holistic service, although there were variations due to the support available in different areas. **Some service users who were in recovery became volunteers** with Achieve or set up their own support services, contributing to the range of support services available in local communities.

The Achieve extension into Bury indicates the **potential for the service to be replicated elsewhere**. **Important factors in enabling replication** include: commissioning leadership from a lead local authority; a lead provider with sufficient capacity to work at scale; a partnership with diverse clinical and non-clinical services, partners with a culture of collaboration, and a local VCS with diverse expertise, capacity and resilience.

As the landscape changes, this poses opportunities and risks to Achieve. **New investment** is anticipated to be positive in enabling partners to maintain and expand services. However, there are concerns about **workforce retention and recruitment**. The **introduction of ICSs** also represents a key change and it remains unclear whether there may be implications for drug and alcohol recovery services or the provider partnerships which deliver them.

RECOMMENDATIONS

Awareness raising, understanding and training

1: Maintain partnership (and wider stakeholder) awareness and understanding of partner offers.

2: Consider introducing standardised partnership inductions for new staff.

Information sharing

3: Consider whether narrative outcomes can be captured systematically alongside other monitoring data.

4: Consider how to further expand service inclusivity to respond to the diverse needs of different service user groups.

5: In any future Asset Fund rounds (or equivalent), consider whether other CVSs could play a greater role.

6: Consider whether (and if so, how) subcontracted partners can be involved in meetings or engagement with commissioners.

Evaluation and co-design activities

7: Consider whether (and how) to capture evidence of efficiencies associated with the model/contract.

8: Consider whether there may be merit in introducing co-production activities or involving service user representatives within strategic/planning meetings.

Reflection and celebration

9: Raise partner awareness of what is funded through the Asset Fund and how it may be useful to Achieve service users.

10: Build in time and space for reflection and celebration.

1. Introduction

Evaluation Brief

1.1 In December 2021 Greater Manchester Mental Health Trust (GMMH) and the Big Life Group (on behalf of the Achieve Partnership) commissioned SQW, an independent research and consultancy organisation, to undertake a process evaluation of the Achieve Drug and Alcohol Recovery Service as delivered by the Achieve Partnership. The purpose of the evaluation was to reflect on how the partnership has functioned in delivering the Achieve service, and the challenges and enablers to collaborative working and service delivery experienced. The evaluation sought to identify the added value and benefits arising from the partnership approach, and to understand what has worked well or less well regarding partnership governance, roles, leadership, delivery and monitoring. Although not the primary focus for the study, the evaluation also sought to explore service users' experiences and opinions of the support they had received through the Achieve service.

1.2 This report presents the findings from the evaluation. The insights presented are expected to inform the future development of the partnership model, highlight potential areas for improvement, and provide evidence for future funding applications.

Achieve Drug and Alcohol Recovery Service

1.3 The Achieve Drug and Alcohol Recovery Service (hereafter referred to as the 'Achieve service' or 'Achieve') was commissioned by local authorities in Bolton, Salford and Trafford in early 2018. The service aims to provide support to adults and young people experiencing substance misuse issues. It brings together eight partner organisations with specialisms in fields both directly and indirectly related to substance misuse, including those which treat the physical and psychological impacts, as well as support with wider influencing factors such as education, training, employment and housing.

1.4 The Achieve service commission was a distinctive and intentional decision by commissioners to procure drug and alcohol treatment and recovery services under one contract across three local authority areas, using a 'cluster commissioning' approach. Salford City Council (the lead commissioning authority for the contract) managed the procurement process, with support from Bolton and Trafford Councils. Each locality contributes a different level of funding to the treatment and recovery system depending on local need. Per annum, Salford contributes £3.5m, Bolton £2.5m and Trafford £2m[1].

1.5 The lead provider for Achieve, GMMH, developed a partnership with seven other organisations to offer the Achieve service: The Big Life Group; Early Break; Great Places; Intuitive Thinking Skills; Salford CVS; Salford Royal NHS Foundation Trust; and THOMAS. Together these organisations comprise the Achieve Partnership. Alongside GMMH's clinical expertise, the partner organisations offer experience and specialist expertise in community engagement and outreach,

[1] Joint integrated substance misuse treatment and recovery service for Bolton, Salford and Trafford: Service Specification (2016)

engagement with young people, housing support, education programmes, hospital interface and voluntary and community sector (VCS) capacity building and grant management.

1.6 The partnership formed covering Bolton, Salford and Trafford in January 2018 with over £40m in funding over five years. In September 2019, the partnership was commissioned to expand the Achieve service to deliver in Bury (£1.3m per annum). The Achieve service model varies across the four localities, depending on local population needs, contract value and existing treatment services. However, the service aim remains the same:

"The service will be characterised by focusing on prevention and early intervention, providing easy access and a wide range of support and interventions to build on local sustainability and the recovery capital of individuals and communities, thus reducing reliance on specialist services".[2]
(GMMH Achieve service proposal, 2018)

Policy Context

1.7 The Achieve partnership was commissioned within a national policy context characterised by emphasis on the criminalisation of drugs, prioritisation of abstinence over harm reduction, and a period of austerity during which local authorities were being asked to deliver within increasingly constrained public finances.

1.8 The key national policy preceding the formation of the Achieve partnership was the 2017 Drug Strategy published by the Home Office. The Strategy continued many of the themes established by its 2010 predecessor, as well as the 1971 Misuse of Drugs Act, focusing on the use of drugs as a criminal issue rather than a health and social one.

1.9 In addition to its abstinence focused approach to drug and alcohol misuse, the 2017 Strategy highlighted the need for stable housing for those in recovery, as well as the challenges posed by novel drugs and chem-sex drugs[3]. However, it offered no additional funding to local authorities to tackle these issues.

1.10 Since the Achieve partnership was commissioned, the policy context at the national level has shifted to some extent, with the 2021 'From Harm to Hope 10 Year Plan' outlining plans to implement the recommendations of the Dame Carol Black Review to offer a greater emphasis on treatment, and funding increases to pay for it[4][5]. The plan includes investment of £3billion over three years, including £780million committed to 'deliver[ing] a world-class treatment and recovery system in England… treat[ing] addiction as a chronic health condition, breaking down stigma'[6]. It emphasises 'partnership working'[7] to ensure that services are 'joined up'[8], and to

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[2] GMMH Schedule 7 Award Criteria Questionnaire (proposal) (p.4)
[3] 2017 Drug Strategy
[4] From harm to hope: a 10-year drugs plan to cut crime and save lives (pp.7-8)
[5] Dame Carol Black Review of Drugs Summary (p.6)
[6] From harm to hope: a 10-year drugs plan to cut crime and save lives (p.8)
[7] From harm to hope: a 10-year drugs plan to cut crime and save lives (p.43)
[8] From harm to hope: a 10-year drugs plan to cut crime and save lives (p.43)

'provide local areas with effective substance misuse treatment, mental and physical healthcare, housing and employment'[9].

1.11 This represents a broader approach which places emphasis on treatment and care for drug and alcohol users, yet the plan retains a focus on addressing drug-related crime. Retaining the focus on drug related crime has implications for the ways in which additional investment can be used to develop drug and alcohol recovery services, with targets on treatments which contribute to crime prevention and increasing referrals from police, courts and probation to drug support services, alongside expectations to expand existing service capacity[10].

Regional context

1.12 At the regional level, North West funding for addiction services was cut by 30-40% in the five years to 2018[11], placing pressure on local authority budgets and incentivising efficiency.

1.13 However, Greater Manchester's approach to drug and alcohol policy placed greater emphasis on harm reduction than that outlined in the national Strategy, with local authority strategies such as Salford's Alcohol Harm Reduction Strategy (2010–2020) and Stockport's Drug and Alcohol Strategy (2014-17) emphasising the role of general health and social services (including housing organisations) in supporting harm reduction. At the time of the Achieve partnership's formation, there was no Greater Manchester-wide strategy for drugs and alcohol.

1.14 Greater Manchester Combined Authority produced their Greater Manchester Drug and Alcohol Strategy 2019-2021 setting out three KPIs: drug and alcohol harm reduction, reductions in drug and alcohol related offending, and increased numbers of people in recovery[12]. This approach, emphasising harm reduction, was implemented in Greater Manchester after consultation with local drug and alcohol services, at a time when national policy still approached drug and alcohol misuse as a largely criminal issue. The approach adopted by Greater Manchester from 2019 aligns with the more holistic approach taken by the Achieve partnership, aiming to reduce harm through a joined up service which tackles the multiple causes of drug and alcohol use, including housing issues, mental health issues, unemployment, debt, loss and trauma.

Report Outline

1.15 The report presents findings from the evaluation, and is structured as follows:

- **Chapter 2** provides an overview of the evaluation methodology
- **Chapter 3** gives a high-level overview of the Achieve service offer and snapshot of service profile
- **Chapter 4** presents reflections on the cluster commissioning approach taken to procure the Achieve service, and the benefits and challenges experienced

[9] From harm to hope: a 10-year drugs plan to cut crime and save lives (p.32)
[10] From harm to hope: a 10-year drugs plan to cut crime and save lives (p.32)
[11] Bev Humphrey: 'The underfunding of the NHS is almost conspiratorial' | Mental health | The Guardian
[12] Greater Manchester Drug and Alcohol Strategy 2019-2021 (p.5)

- **Chapter 5** explores the effectiveness of the Achieve partnership, how well it functions and what could be improved
- **Chapter 6** considers the effectiveness of the Achieve service delivery and its alignment with other services external to the partnership
- **Chapter 7** reports on the emerging outcomes attributed to the Achieve service and the partnership to date
- **Chapter 8** discusses the sustainability of the partnership and the potential implications of new investment in drug and alcohol recovery services at a national level
- **Chapter 9** concludes with key reflections and offers some recommendations
- **Annex A** presents a collection of case studies which illustrate the impact of the Achieve service on service users, as reported by the Achieve partners.

Acknowledgements

1.16 This report was compiled by an SQW evaluation team comprised of Lauren Roberts, Rhona Murray, Sheetal Parmar and Tom Boothroyd.

1.17 We would like to acknowledge the time and insights provided by the many people who have contributed to the evaluation research and supported us by providing direct insights, introductions to key people and access to relevant data and documentation. Without stakeholder inputs the evaluation would not be possible.

1.18 In particular, we would like to thank:

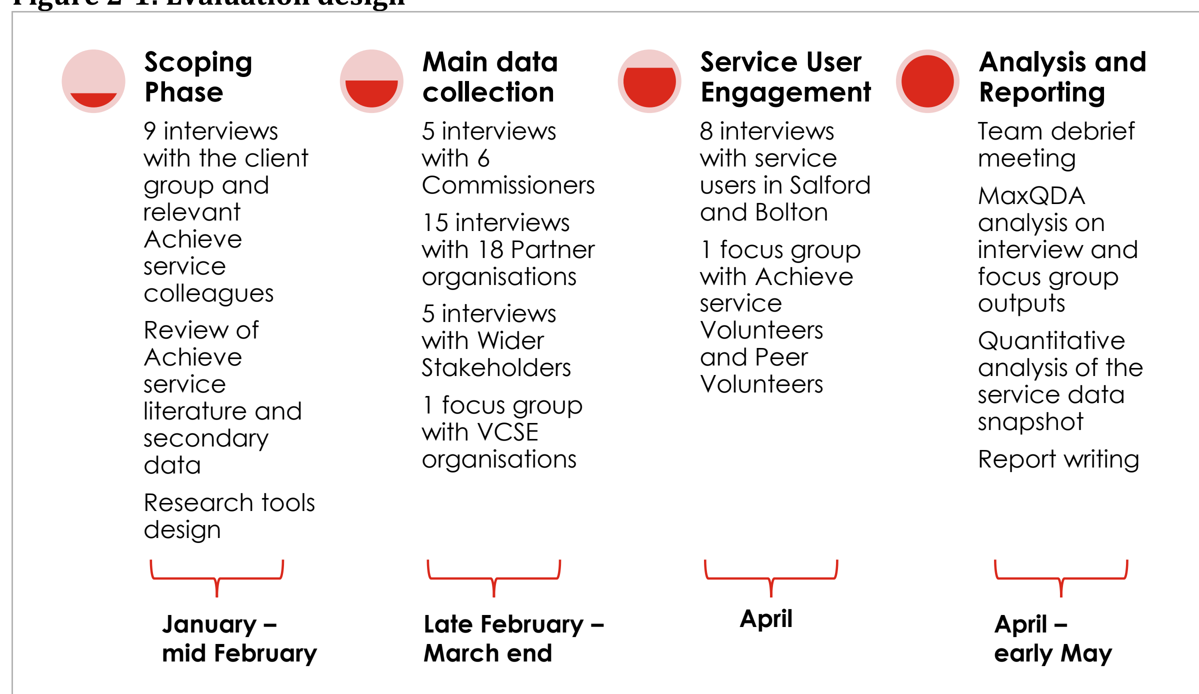
- Achieve service users, volunteers and peer volunteers for speaking to us and sharing their experiences of the Achieve service
- The GMMH and The Big Life Group client team and colleagues for engaging regularly with us, reviewing evaluation outputs, introducing us to key stakeholders, providing data and documentation, disseminating materials and recruiting participants to the study
- Commissioners, partners and external stakeholders who have taken the time to speak with us as part of interviews and focus groups, and have provided relevant documentation.

2. Evaluation Methodology

Overview of the evaluation methods

2.1 The evaluation was conducted between December 2021 and April 2022. The evaluation began with a scoping phase from January to mid-February; the main data collection phase took place from late February into April. Analysis and reporting were undertaken throughout April and into early May 2022. Figure 2-1 shows the evaluation design and timescales at a headline level.

Figure 2-1: Evaluation design



Source: SQW

Data collection methods

2.2 This was primarily a qualitative evaluation. The evaluation activities consisted of:

- A **scoping phase** to gain an understanding of the Achieve partnership and service delivery, which informed the design of research tools for the main phase of the evaluation. Scoping activities involved:
  - Semi-structured interviews with members of the client group (GMMH and The Big Life Group) who held a range of roles covering both strategic and operational aspects of the partnership and service delivery. These interviews were used to gain an understanding of the design and development of the Achieve service from inception onwards, an overview of the partnership and the delivery experience
  - Scoping calls with GMMH community development and performance colleagues, to gain insight into the service monitoring information collected and potential options for service user engagement

  - Review of Achieve partnership and service literature and monitoring data, provided to us by partners.
- The **main fieldwork** data collection exercise, which involved:
  - Semi-structured interviews with local authority commissioners (responsible for the Achieve service commission); partner organisations involved in delivering the Achieve service, and wider stakeholders (external to the Achieve partnership, but linked through service delivery)
  - A focus group with representatives from VCS organisations who had accessed the Achieve service Asset Fund
  - Service user engagement activities, via 1-1 service user interviews and a volunteer / peer volunteer focus group.
- Systematic, structured **analysis and synthesis** of the qualitative data was undertaken, and interview notes were uploaded to specialist qualitative analysis for coding to identify key themes.
- Quantitative analysis of a referral dataset from Achieve was undertaken. The data provided a snapshot of the Achieve service as it was on 10 January 2022. Further information on the analysis approach is provided in Chapter 3.
- SQW researchers held a team debrief meeting to explore emerging findings from the analysis and to consider how the findings provide insight into the research questions.

Research questions

2.3 Table 2-1 outlines the research questions which the evaluation set out to answer. The questions are aligned to three main areas of interest: the partnership model; activities and outputs; and outcomes and impacts. The research questions informed the design of the research tools and guided the data analysis process. The questions were agreed with the client group at the outset of the evaluation.

Table 2-1: Research questions

Theme	Research questions
Partnership Model	What are the strengths, weaknesses and replicability of the commissioning approach? How does the partnership function? How was the partnership developed and how has it evolved over time? Who are the key partners (and what are their roles and responsibilities)? Who else has a role to play? What are the challenges, barriers and enablers to collaborative working across the partners? To what extent is the partnership well led? To what extent are the governance, monitoring and management structures underpinning the partnership functioning effectively? What are the benefits arising from the partnership approach and structure? (with particular consideration to efficiency, shared clinical record, in-reach and interface with the acute hospital)
Activities and Outputs	What activities has the Achieve partnership delivered, i.e. services, opportunities, treatments and therapies? (considering variation by geography) Who is responsible for the delivery of activities? What activities support community development? To what extent has the delivery of services been impacted by Covid-19 or other delivery-related challenges (capacity, resource etc.) How is service user voice captured and used to inform decision making? How effective is the referral process onto the Achieve service (consider which organisations refer, visibility of the Achieve service, referral processes, suitability of referrals etc.) What signposting or onward referrals take place? How are referrals in/out of the service supported or inhibited by the partnership arrangements?
Outcomes and Impacts	What is the evidence that Achieve has resulted in improved quality of life for service users? [using evidence from case studies] Has the partnership model added value to this? What are the outcomes of the model for the partners involved? What are commissioner reflections on the model and the service outcomes? To what extent has community development been an outcome of the Achieve programme? To what extent does Achieve represent a replicable model of support? What enablers / barriers might affect replicability? What effect might recent investment in the sector have on service development and delivery?

Source: SQW

Key Considerations

2.4 While reading the report, the reader is asked to keep the following points in mind:

- The evaluation was designed to focus primarily on the Achieve partnership and how it functions. In doing so, it was necessary to explore and report on the Achieve service delivery and how the partnership approach has affected the service. However, the evaluation is not intended to be a full assessment of the performance of the Achieve service. While emerging

outcomes are reported, these are not intended to provide a complete report of the impact of the Achieve partnership and service.

- The Achieve partnership operates across four local authority areas. Achieve service delivery intentionally does not look identical in each locality. We have sought to understand where differences exist and the rationale and implications of these, as relevant.
- Stakeholders interviewed for this evaluation were nominated by the client group and relevant colleagues. Participation by those individuals was optional. As such, there may be a degree of selection bias in the findings.
- Service users, volunteers and peer volunteers were either self-selecting or approached by Achieve service staff with whom they already had a relationship. All were offered a £10 voucher for participating in the evaluation, in recognition of the value of their time and to overcome any research fatigue. All participants were assured that their feedback would be confidential, participation was optional, and would have no impact on the support they access through the service. That said, it is not possible to determine how representative their experiences may be.
- COVID-19 affected the Achieve service delivery from March 2020 to the present time, to varying degrees. A question on the impact of COVID-19 was included in the research tools to explore the effect restrictions had on partnership working and service delivery. Findings related to COVID-19 are reported in a box later in the report.
- Monitoring data was provided directly to SQW by Achieve partnership staff; SQW is not able to independently verify the accuracy or completeness of this data. It should also be noted that the monitoring data captures a snapshot period in time (referrals in the Achieve service as it was on 10 January 2022). It is not possible for SQW to confirm the representativeness of this period when compared to the overall contract period, and the data does not provide an overview of all activities during the entire contract.

3. Achieve Drug and Alcohol Recovery Service

3.1 This section of the report provides a descriptive overview of the Achieve service, exploring its aims and underpinning principles, the roles of different partner organisations, and the types of interventions delivered in the four localities. It also provides insights from a snapshot of service monitoring data from January 2022. This section is informed by interviews with programme partners and stakeholders, documentation provided to the evaluation team, and monitoring data from the Achieve service provided to SQW by The Big Life Group.

Key aims and remit of the service

3.2 As outlined above, the Achieve Drugs and Alcohol partnership spans Bury, Bolton, Salford and Trafford, and comprises a lead provider and seven partner organisations. It aims to provide a dedicated service offering advice, support and treatment to adults and young people across these boroughs experiencing problems with drugs and/or alcohol.

3.3 The key aims (as highlighted in GMMH's proposal for funding) are that the service should:

- Engage people as early as possible to reduce the impact of substance misuse, to provide timely interventions to service users and their families
- Focus on prevention and early intervention, providing easy access to a wide range of support and interventions to build on local sustainability and the recovery capital of individuals and communities, thus reducing reliance on specialist services
- Have the flexibility to be responsive through a close relationship with local communities, promoting recovery as well as supporting those with more complex needs including chronic physical and mental health problems
- Deliver services to adults and young people, providing appropriate interventions to users of all substances, including alcohol and new psychoactive substances, via effective promotion and outreach, and offer the ability to target different groups such as performance and image enhancing drug users[13].

3.4 The proposal highlighted four guiding principles that all partner organisations should follow:

- **Prevention of harm** through the provision of advice, information, outreach and brief interventions
- **Improving access** through co-locating services, a 'no wrong door' approach, and the provision of training to partners
- **Integration**, including multi-agency safeguarding and risk management, joint working and information sharing

[13] GMMH Schedule 7 Award Criteria Questionnaire FINAL.docx (sqw.co.uk)

- **Sustainability**, achieved by maximising individual and community assets, supporting the development of recovery communities and reducing demand on specialist services.

Differences in service provision across the localities

3.5 The four localities each have a combination of partners engaged in delivering the Achieve service aims and principles, as outlined below. The Achieve offer is intended to reflect the specific needs of each locality, based on needs assessments undertaken at the commissioning stage and locality plans; as such, not every partner is involved in delivery in each locality. For example, support for young people is externally commissioned in Bolton; in other localities it is provided by Achieve's partner Early Break. Hospital in-reach is also delivered externally to the Bolton Achieve service. In Bury, the Achieve service is delivered on a smaller scale with fewer partners commissioned to deliver services.

Table 3-1: Overview of Achieve services available in each locality

	Bolton	Salford	Trafford	Bury
GMMH	✓	✓	✓	✓
The Big Life Group (Assertive Outreach)	✓	✓	✓	✓
Salford Royal Hospital NHS Foundation Trust	-	✓	-	-
Intuitive Thinking Skills (education and skills)	✓	✓	✓	✓[14]
Early Break (support for young people)	-	✓	✓	✓
Salford CVS (Asset Fund)	✓	✓	✓	-
Great Places Housing Group (housing support)	✓	✓	✓	-
THOMAS (rehabilitation houses)		✓[15]		

Source: SQW

The Achieve service offering

3.6 The Achieve service covers a wide range of direct and indirect provision related to addiction, including:

- Clinical treatments targeting the physical aspects of addiction, such as managed detoxification and drug replacement programmes
- Harm reduction strategies such as needle exchanges, vaccination programmes and hepatitis C testing
- One-to-one and group talking therapies, offered both in-person and virtually, to address the underlying causes of substance misuse
- Peer support from volunteers with lived experience of addiction

[14] ITS were not initially part of the Bury offer. ITS later expanded their offer after receiving additional funds

[15] THOMAS will accept referrals from across Bolton, Salford, Trafford and Bury, however their facilities are based in Salford.

- Access to education, training, employment, housing advice, and financial support to tackle issues indirectly related to substance misuse, addiction or relapse risk[16].

3.7 By combining clinical treatment, psychosocial and therapeutic support, as well as wider support under the collective Achieve service, interviewees said the service offer was holistic.

"A drug and alcohol addiction can be massively influenced by different factors, so you need all of those elements to work together". **Stakeholder interview**

Referral, assessment and recovery coordination

3.8 Achieve services can be accessed through self-referral or referral from a third party such as a GP or medical professional; in the case of the latter the individual must agree to be referred. Following referral, the Achieve Assessment Team will contact the individual to discuss the partnership offer; this may take place in-person or virtually. A needs assessment is undertaken to assess the physical and psychological needs of those referred. This assessment seeks to establish what the individual's needs and goals are, and the assessment team will agree a recovery plan with them.

3.9 Following assessment, each individual is assigned a Recovery Coordinator. These are responsible for working with service users to identify the interventions, services and actions that will promote recovery, reduce risks, and promote health and wellbeing. The Recovery Coordinator then works with the various partner organisations to ensure that these interventions and actions are able to take place[17].

Clinical and Psychosocial Interventions

3.10 The Achieve partnership offers a wide range of clinical interventions to address the physical impacts of addiction. These include the provision of opiate substitute medicines such as methadone, access to inpatient and community detoxification, access to vaccinations and testing for blood borne diseases, access to a Consultant Psychiatrist, and harm reduction actions such as needle exchanges and safe injecting advice. The Psychosocial Interventions team provides group and individual interventions across the four Achieve localities, including clinical behavioural therapy, group and one-to-one talking therapies[18].

Other support

3.11 The Achieve partnership also offers support in areas indirectly related to addiction recovery, such as employment, training and education, as well as housing and financial advice. These are identified as often acting as barriers to recovery, or risk factors for relapse for service users, and Achieve partners such as Great Places assist with factors such as finding housing and benefits

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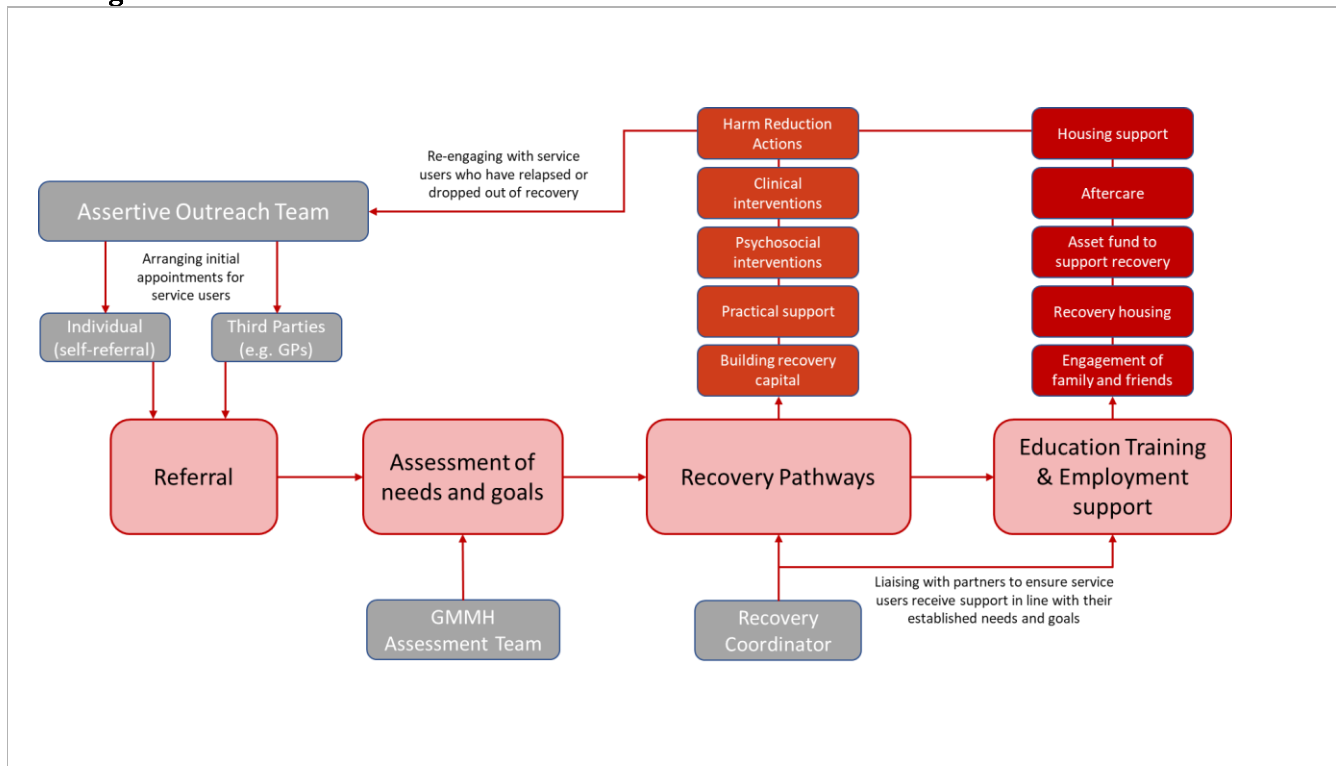
[16] SQW proposal final
[17] Achieve Service Overview
[18] Achieve Service Overview

advice. Similarly, the Recovery Fund managed by Salford CVS provides grants of up to £500 for things which may support individuals' recovery, such as laptops to help people to find work.

Figure 3-1: Service Model



Source: Adapted by SQW from GMMH proposal

Achieve partner roles

3.12 The lead provider within the Achieve partnership is **GMMH**, which takes referrals from both individuals (self-referral) and third parties such as GPs or health professionals. GMMH will undertake the needs-based assessment described above, establishing what the service user's physical and psychological needs and goals are, and creating a recovery plan. These assessments can be carried out in-person or virtually.

3.13 GMMH then offer a wide range of services including support with the physical aspects of addiction (e.g. opiate substitute medication), psychosocial interventions, access to inpatient and community detoxification, Cogitative Behaviour Therapy, access to Consultant Psychiatrists, and more. As the lead provider within the partnership, GMMH is 'responsible for all elements of the service and… the single point of contact for commissioners'[19].

3.14 **The Big Life Group**'s role in the partnership is to provide assertive outreach, to support those who face barriers to accessing treatment. The Assertive Outreach team engages people within communities who are struggling with substance misuse. They arrange initial appointments with individuals and then co-create a plan to address identified needs. They also receive referrals for re-engagement of those who have disengaged from treatment within the partnership[20].

[19] GMMH Schedule 7 Award Criteria Questionnaire
[20] Achieve Drug & Alcohol Service Overview

3.15 **Salford Royal Foundation Trust (SRFT) - High Impact Substance Misuse Team (HISMT)** provides specialist alcohol and drug nurses to give holistic care within an A&E setting and on hospital wards. Services include medicated alcohol detoxification, as well as referring on to other services or RADAR (which provides rapid access to a specialist detoxification unit for patients who would otherwise require admission to an acute hospital bed). In addition, SRFT undertakes work to identify those frequently attending hospital due to substance misuse, and active case management to reduce harm[21].

3.16 **Great Places** provides advice and support to service users within the partnership with housing needs. This includes benefit advice, housing registration, floating support (not linked to accommodation) for complex cases, and outreach for rough sleepers[22].

3.17 **Those On The Margins of A Society (THOMAS)** operates two residential recovery houses in Salford, one for men and one for women. These aim to develop contingencies of behavioural change, promoting 12 step recovery. This takes place in two stages, stage one offering 24-hour support with a 26-week programme. Stage two supports people to move to more independent living[23].

3.18 **Early Break** provides support for young people up to 21 years old. This support includes psychosocial interventions, prevention, and educational work into other teams working with children and young people. In addition, it offers individual, group and whole family support sessions to address parental substance use[24].

3.19 **Intuitive Thinking Skills** is an educational programme delivered by course coordinators with lived experience of addiction services. The programme is designed to provide skills and tools to recognise and control addictive desires. The course concludes with participants creating a meaningful plan of abstinence[25].

3.20 **Salford CVS** manages the Asset Fund which provides up to £5,000 to VCS organisations to fund activities which support the rehabilitation process[26]. In addition Salford CVS manages the Personal Support Recovery Fund which provides grants of up to £500 for specific items which may be beneficial in achieving recovery goals[27].

3.21 In addition to the core partners above, the partnership collaborates with a number of external partners covering a range of services including Probation services, homelessness and rough sleeping local authority services, as well as a variety of other organisations from the VCS sector, some of which are funded by the Achieve Asset Fund.

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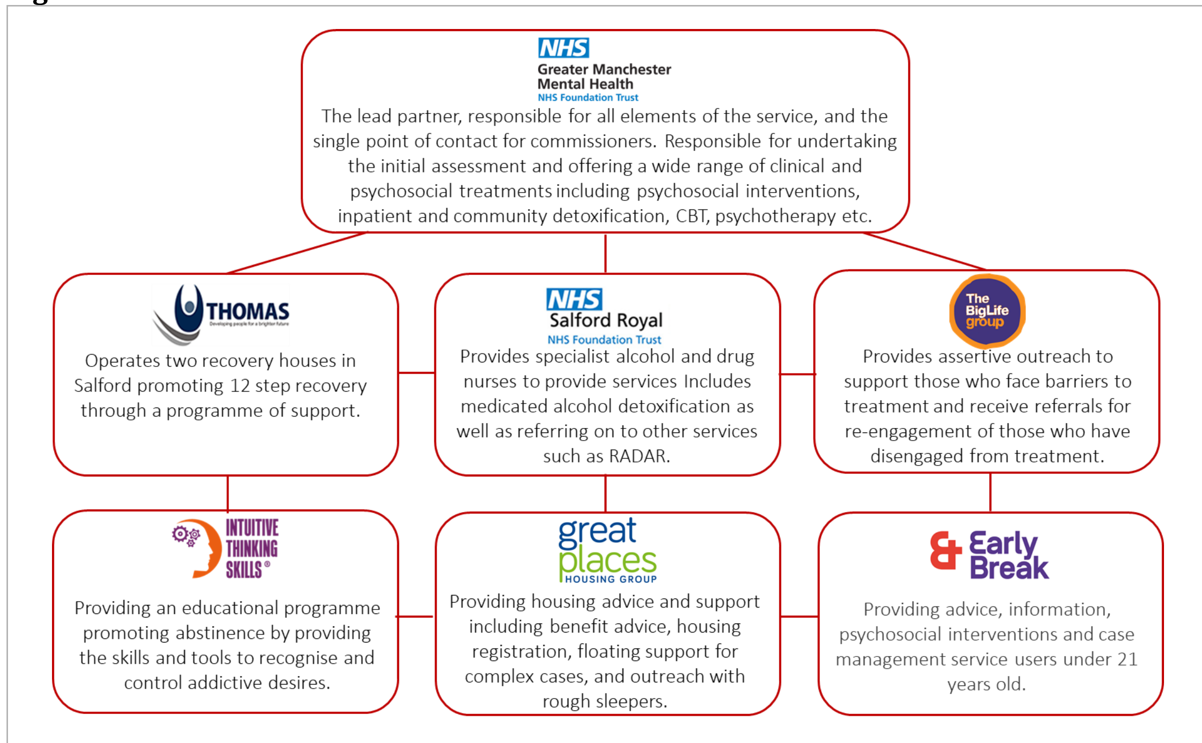
[21] Achieve Drug & Alcohol Service Overview
[22] Achieve Drug & Alcohol Service Overview
[23] Achieve Drug & Alcohol Service Overview
[24] Drug and alcohol support • Salford City Council
[25] Achieve Drug & Alcohol Service Overview
[26] Achieve Drug & Alcohol Service Overview
[27] Drug and alcohol support • Salford City Council

Figure 3-2: Achieve Partner roles



Source: [Drug and alcohol support • Salford City Council]

Snapshot: Achieve Service

3.22 This section provides a snapshot of the Achieve service as it was on 10 January 2022.

3.23 Data analysis was carried out by SQW on the direct contact report for the four localities, to illustrate the service context at the time of research. This anonymous dataset showed details of referrals live within the Achieve service as of 10 January 2022.

3.24 Given the quarterly monitoring and contractual reporting requirements followed by the Achieve service, it was agreed there was little added value in duplicating reporting submitted elsewhere. The snapshot is intended to present the profile of the service user population at one point in time and highlight points of interest.

3.25 The data only includes those individuals who had a live referral within the service at that point in time. The analysis has further condensed the data to include only those referrals with a start date between January 2018 and 9 January 2022, reflecting individuals accessing the service at that point in time who had joined the Achieve service from when the partnership was established. To contextualise the data, additional population data has been sourced from the Office of National Statistics[28].

[28] Where this is the case, readers should be aware that the data collection dates will not directly correlate as the Achieve data report is a live document.

Demographics

Locality

3.26 Across the partnership in January 2022, Bolton accounted for the largest proportion of referrals, followed by Salford, Bury and then Trafford. This scale follows the population sizes of each locality, with the exceptions of Bolton and Trafford. Bolton comprised 46% of the referrals to Achieve (while accounting to 29% of the cluster population aged 16-64) while Trafford accounted for 24% of the overall cluster population aged 16-64, but only 12% of the Achieve referrals.

Table 3-2: Locality comparison – Achieve vs wider population

	Achieve		Wider population of the cluster 2020 (aged 16-64)		PP Difference – Achieve vs population
Locality	**Referrals**	**%**	**Population**	**%**	
Bolton	1,346	46%	176,200	29%	17%
Bury	571	19%	117,000	19%	0%
Salford	671	23%	172,900	28%	-5%
Trafford	353	12%	145,400	24%	-12%
Total	**2,941**		**611,500**		

Source: Achieve Monitoring Data; ONS

3.27 There are four treatment categories to which referrals can be allocated, depending on individuals' presenting needs: alcohol; alcohol and non-opiate; non-opiate; and opiate (the latter may or may not include alcohol use alongside opiate use). Almost two thirds (62%) of referrals across the cluster were opiate referrals. The scale of this service user group varied in comparison to the others across localities, with opiate referrals ranging from 77% of referrals in Bolton to 37% in Trafford. Alcohol misuse referrals accounted for almost a quarter of all referrals within the cluster, with a higher proportion in Trafford (43%), and lower proportion in Bolton (15%).

Gender

3.28 According to the latest national adult substance misuse treatment statistics 2020/21[29], more than two thirds of people in any treatment category were men, compared to slightly less than one third being women (68% men to 32% women). Within Achieve as of January 2022, the service reflected a very similar gender split, with 898 women (31%) and 2038 men (69%) in the service.

3.29 Nationally, people in treatment for opiate misuse made up 51% of the service user population. Within Achieve, opiate misuse also accounted for the largest service user population, and a higher percentage of service users required support for this than nationally (62%).

[29] https://www.gov.uk/government/statistics/substance-misuse-treatment-for-adults-statistics-2020-to-2021/adult-substance-misuse-treatment-statistics-2020-to-2021-report

3.30 Those entering into Achieve were most likely to require support for opiate misuse or alcohol misuse. Women entering the service were more likely to be referred for alcohol misuse support than men (30% of women, 22% of men).

Ethnicity

3.31 Within the Achieve service, the vast majority of referrals were for ethnically white people (92%). This was broadly consistent across the four localities, ranging from 84% to 94% of the service user population. This snapshot is similar to the national picture, which shows 90% of referrals are for white service users. It is worth noting that Trafford had a slightly larger proportion of referrals from Asian, Black, and other ethnic groups (16%).

Employment and accommodation status

3.32 Nearly half of all referrals to Achieve were for people who were unemployed in January 2022, with slightly over a third being economically inactive. For Bolton and Salford, over half of their referrals were unemployed people, whereas the largest referral group in Bury and Trafford were those who were economically inactive.

3.33 The majority of Achieve referrals were for people living in mainstream housing. While those living in supported accommodation (with mental health care, criminal justice support or other support) and residential facilities accounted for a small proportion of referrals, it is worth noting that in 2021 these referrals were received in much larger numbers than in previous years. This suggests that outreach to individuals in supported accommodation, residential facilities and hospitals is proving effective in increasingly finding unmet need relevant for Achieve services.

Contact with service users

3.34 Contact with service users is structured by their recovery pathway and assessed risk, and the frequency is dependent on the requirements of each pathway. Those on Chaotic / Complex Lifestyle pathways are identified as needing enhanced case management with a high level of engagement to prevent them disengaging from the service, whereas those on the Making Progress or in Recovery Support pathways are reported to require less intensive case management. The largest group of referrals (46%) were considered to be 'Stable or Stuck' on their recovery pathway in January 2022, regardless of when they were first referred to the service. A fifth of referrals were for people considered to be 'Making Progress'; a further 15% were on a Chaotic / Complex Lifestyle pathway.

3.35 Around 75% of all last contacts made with service users using Achieve in January 2022 were by phone, regardless of the timing of the contact. This is likely to reflect the staggered opening of service facilities following COVID-19 restrictions easing; there is now a targeted effort to revive face to face contact with service users.

3.36 While 61% of referrals opiate misuse had very recent contact with Achieve (within the last four weeks), over 50% of service users with alcohol, alcohol and non-opiate and non-opiate support needs also had a last contact recorded within the previous four weeks.

3.37 Over 80% of all referrals for support for opiate misuse had received a Naloxone pen/spray and the relevant training in how to use it. This is part of a wider harm reduction approach and is viewed by stakeholders as a positive development for the Achieve service, in ensuring there are a greater number of people able to respond to suspected opiate overdoses. However, around 13% of referrals had refused to receive Naloxone as of January 2022, which indicates there is still a small group resistant to this approach[30].

[30] Consultees suggested that the previous reliance on injectable Naloxone was a reason for some service users declining the offer, to minimise the risk of substance misuse relapse. However, the recent introduction of nasal spray Naloxone was seen as offering a way to mitigate this.

4. Reflections on the Cluster Commissioning approach

4.1 This chapter reflects on the commissioning approach taken to procure the Achieve service. It explores the rationale for undertaking a cluster commission across Bolton, Salford and Trafford, highlights the benefits reported to be emerging from this approach, as well as the challenges associated.

4.2 Commissioning is the "process of assessing needs, planning and prioritising, purchasing and monitoring health services, to get the best health outcomes"[31]. Typically and historically, local authorities have independently procured public health services for their local populations. 'Cluster commissioning' can be defined as the process by which commissioners from different local authorities work together to procure services to be delivered by the same provider(s) across their local authority areas. The cluster commission approach taken to procure the Achieve service was considered to be a unique approach to commissioning within drug and alcohol recovery services among the three Greater Manchester local authorities (Bolton, Salford and Trafford).

Rationale for cluster commissioning

4.3 Stakeholders were asked to explain the rationale for undertaking a cluster commission approach to procure a drug and alcohol recovery service. The key reasons given are explored below.

Efficiencies

4.4 Stakeholders reported that cluster commissioning offered a cost-efficient way to procure substance misuse treatment and recovery services for their local populations. This was seen as particularly important given financial pressures on local authority budgets. Previously each of the local authorities procured treatment and recovery services independently, which was reported to be a resource intensive process which distracted from service development. By setting up a cluster commission, efficiency savings were expected through joint planning and procurement processes (including on the specification design, provider bid assessments, selection interviews and contract award administration). Efficiency savings were expected by commissioners in the service delivery as well, through providers having teams and roles spanning the local authorities and being flexible in response to variable demand.

"It was the intention to drive some cost effectiveness through collaborative commissioning to get more out of the contract than would have been possible if each area had gone on its own."
Stakeholder interview

4.5 Cluster commissioning was also anticipated to be an efficient way to access knowledge and expertise from providers. One stakeholder reported that high levels of demand on commissioners (in balancing multiple commissioning responsibilities) can limit capacity to engage in strategic leadership and systems thinking on each service area. Using lead providers was expected to offer

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[31] NHS England. https://www.england.nhs.uk/commissioning/

valuable insights on these issues, and commissioning on a cluster basis was anticipated to offer an efficient way to achieve better integrated services.

4.6 The pressure on local authority resources was reported to extend to commissioner time to support service providers. This necessitated a provider who could operate relatively independently, with established governance processes in place and the capacity to monitor the contract and performance of partners.

4.7 A cluster commission approach was also anticipated to offer a way to insulate the cluster from future budget cuts, by procuring a longer-term contract. The contract was designed to span an initial three years, followed by two single year extension options. It was hoped this model would ensure the stability of the service over the cluster for a longer period.

Benefits of cluster commissioning

4.8 Above sets out the rationale for the commissioning model. The following benefits of undertaking a cluster commissioning approach were reported to have emerged:

- **Responsiveness to mobility of service users –** for some residents in Greater Manchester, accessing health services can mean crossing into different local authority areas. For example, Trafford residents may use Salford Royal A&E or Wythenshawe Hospital services. As such, commissioning a service on a cluster basis was reported to minimise the risk of discontinuity, variable access or fragmented care.

"Boundaries are blurred and porous within Greater Manchester, which is difficult for service delivery. People move across boundaries - so the idea of Bolton, Salford and Trafford coming together as one area is more realistic and reflective of people's experience." **Stakeholder interview**

- **Stronger commissioner voice when delivering at scale –** it was suggested that a cluster commission can strengthen the commissioner voice in discussions with a service provider. Where themes arise which service delivery needs to adapt to, these themes are reported to often be common across multiple local authorities. If these themes are recognised across the cluster, commissioners can jointly ask the provider to design a response at scale.
- **Efficiencies for smaller local authorities -** efficiencies were reported (in resource and capacity) from a joint procurement approach. These also derived from the lead commissioner managing the provider contract monitoring and performance reviews.
  - Access to specialist services was reported to be a challenge for smaller local authorities; being part of a cluster offered access to shared specialist resources.

"Yes, it has advantages particularly for smaller local authorities like [area]. It's quite resource intensive to go through the commissioning process, so a lead commissioner can deal with paperwork." **Stakeholder interview**

- **Opportunity for expansion –** the cluster commission provided a blueprint for other commissioners - specifically Bury, which joined the Achieve cluster in 2019 via a similar commissioning specification. Bury was reported to be able to benefit from other

commissioners' knowledge of the processes that the lead provider had in place, which was reported to have removed an element of risk.

- **Improved commissioner relationships offering potential for further cluster commissioned services –** some commissioners reported that by operating in a cluster, they had developed closer working relationships and were more likely to meet to pool their expertise on future commissions. It was reported that following the Achieve commission, Bolton and Salford had jointly commissioned a sexual health service across both local authorities.

Challenges in cluster commissioning

4.9 Despite the benefits reported, there were several challenges flagged by stakeholders linked to this commissioning approach. Specifically:

- **Scale of the ambition –** initial concerns were reported that no providers would bid due to the 'very challenging specification' and scale of the service requirement, which required a bidder with sufficient scale, confidence and capacity to deliver. There was a recognition that smaller, local providers (who might have otherwise tendered for a single locality service) would not have the ability to meet a cluster ask, other than through working in partnership. However, despite this concern it was reported that the scale did not lead to a lack of bids or competitive process.

"You need to be ambitious for service users, because if we're not ambitious as commissioners then how do we expect service users to engage in the process of recovery?" **Stakeholder interview**

- **Differences in demographics –** one concern reported was how to ensure the service would meet the different needs of populations in each locality. This wasn't reported as a realised challenge in the Achieve service delivery, but identified as a potential challenge during the commissioning process in drafting the specification.

"There's pros and cons. It's beneficial in terms of pooling skills and knowledge and having a consistent offer - but it's good to be able to respond to things coming up in just your area… Is there some leeway in that model to respond to things that are happening in just that area, as there are differences between what's going on in [different localities]? It's great to have a bigger organisation that can attract more skilled people and share more knowledge, but it's important to allow for that response to what's going on where you are." **Stakeholder interview**

- **Unequal efficiencies and risks for different commissioning authorities** – for example, stakeholders acknowledged that the lead commissioning authority would realise lower efficiencies from undertaking a cluster commission in the early stages of the cluster approach, due to providing capacity for managing the procurement process. Discussions on the service scope were described as a 'lengthy process'; however, it was recognised that the commissioner, while 'holding the reigns' could gain from enhanced relationships and knowledge transfer.

- **Initial adaptation to the cluster commission was experienced unevenly across local authorities** – the commissioned provider(s) already delivered in some local authorities and not others. The TUPE of staff from previous provider(s) and initial delivery period was reported to have been more resource intensive and challenging in some localities than others.

Cluster commissioning – summary of key findings

- Using a cluster commissioning approach was considered relatively novel and unique, and there was a clear rationale for commissioning at this scale across the three localities
- The approach was not without risk, with several possible challenges and concerns identified, including relating to the profile and volume of potential bidders, and unequal benefits/risks across different localities. However, many of the initial concerns or risks are not reported to have materialised or had a significant impact overall
- Several benefits were reported to have emerged from the cluster commissioning approach, including several leading to wider or longer term opportunities, such as improved commissioner relationships, developing a replicable model/specification for other localities to learn or benefit from, and reports of efficiencies being achieved
- Overall, commissioners involved thought that a cluster approach was an appropriate commissioning approach to take - both in terms of efficient use of public funds and for the benefit of service users.

5. Effectiveness of the partnership model

5.1 This chapter explores how effectively the partnership has been operating across Bolton, Bury, Salford and Trafford since the Achieve service was commissioned. It sets out reflections from stakeholders on what has worked well in how the partnership has operated to date, and benefits for partners from being part of this model. The second part of the chapter considers what could be improved in how the partnership operates, identifying areas for future focus.

5.2 It is important to note that it is not possible to say how much more the partnership might have developed had it not been for the COVID-19 pandemic. The partnership operated for two years (and less than one year in Bury) before COVID-19 impacted upon its operations. To account for the change in context, reported reflections and impacts of COVID-19 on the partnership and service delivery are presented at the end of this chapter.

What works well within the partnership

5.3 Stakeholders identified a range of ways in which the partnership has worked well in enabling them to deliver the service and support to service users.

Provision of a holistic approach

5.4 One of the reported strengths of the partnership approach is that it sees the 'whole' of the service user's situation and treats their substance-related needs holistically. Partners were clear that a holistic approach to care is particularly important for treating drug and alcohol addiction; service users often have complex needs which can be further influenced by external factors (e.g. access to housing, employability support and training and social/peer support networks). Stakeholders agreed that a single provider approach would not offer sufficient expertise across a range of services to be able to meet the needs of all service users.

"The Achieve partnership is a lot better because we've got housing, we've got outreach and all the other different aspects of it, and which we probably didn't have (or we did have but it was more buried). Whereas now it's part of us, it's so easy to just refer service users to them." **Partner interview**

5.5 While partners would need relationships to other service providers when supporting service users with complex needs prior to Achieve, they thought being part of the partnership with other providers enabled closer relationships. One partner observed that for the service user there is a much clearer pathway from service entry to exit within a partnership. They thought the journey from assertive outreach into clinical treatment (if required), with access to wrap around services, was a clear and comprehensive offer facilitated by close partnership links. Being part of Achieve also means partners have information on the other services an individual may engage with, and don't have to fully depend on service users self-reporting their experiences and treatment journey.

"It's about being able to make a safe decision as to whether we can meet someone's needs - and because of that link with GMMH we already know what services they've accessed, whether that's been beneficial, whether they've disengaged. It's a true reflection. If we're assessing a self-referral we have to assume they're being honest with us and it's not an informed decision we're making." **Partner interview**

5.6 In addition, stakeholders were positive and saw value in the service offers provided by each individual partner and the fact they could support service users on different recovery pathways. The assertive outreach service was frequently referred to as a valuable addition to the partnership offer, as were the rehabilitation services. Having clinical input into multi-disciplinary team meetings was seen as extremely useful, as service user review discussions were seen to benefit from the clinical advice and safety input, and were reported to result in better outcomes for the individual as a result.

"The assertive outreach we didn't have before, [the in-reach] hospital offer […], the community inhouse rehabilitation. Those kind of additional offers you would never get if you didn't have this cluster contract. Also, the prevention work has been quite innovative but demonstrated really good outcomes… It's the specialism of allowing people who are good at what they do [to do it] and not to diversify to areas where they are less comfortable and provide less[er] quality services as a result." **Stakeholder interview**

Strong leadership, close relationships, and good communication

5.7 Commissioners observed that the senior leadership from the lead provider was strong, both within their own organisation as a delivery partner and with other organisations in the partnership. The governance, performance and contract monitoring processes were praised as robust and reporting requirements were reported to be consistently met. For commissioners, the leadership team were reported to be accessible and responsive.

5.8 Partners thought their relationships with other providers were closer, in part due to the monthly partnership board meetings, which enabled organisations to meet and share service updates regularly. Linked to this, having discussions in these meetings around different aspects of the work, collective performance and wider system changes and challenges helped partners to develop a collective sense of 'togetherness'. One partner pointed out that being able to be part of Achieve and work collaboratively but retain their organisation's identity within the partnership was a real strength of the model. Relationships between the lead service provider team and each partner's management team were thought to work well, and information was seen to cascade down from partnership board meetings to frontline service teams.

"Before the partnership was developed, things were a little bit disjointed. There were lots of separate organisations all doing good jobs but in their own way, whereas now we all seem to be working a lot better together." **Partner interview**

5.9 Good communication through the partnership board meetings helped partners to problem solve where needed. In the initial stages of the partnership, waiting times for access to treatment and

recovery services varied across the localities, and some services were offered more frequently than others. Through the partnership board meetings, management changes were reported to have been agreed which put in place one manager to oversee specific teams operating across the four localities. This was credited with ensuring that teams, regardless of locality, had a consistent approach to management of administration, assessments, recovery coordinator allocation and service goals. One partner reported that, since the changes, waiting times have reduced and service users are moving through the system more quickly.

Co-location of partner organisations

5.10 Partners shared examples of co-location arrangements where their organisation had staff working in GMMH buildings, either buildings specifically used for Achieve service delivery or within the wider organisation. Co-location, especially where space was shared on the same floor level, was said to facilitate the development of closer relationships between partners and support effective communication and information sharing.

5.11 One partner also reported that service users benefitted from partners co-locating; if service users made disclosures during their visit, for example relating to extra needs (e.g. regarding housing), co-location with the relevant partner enabled swift engagement. Where partners were co-located, this was reported to enable them to accommodate cases which would benefit from a joint approach at short notice. Another said that co-location helped to increase instances of joint home visits by partners, which was reported to speed up access to structured treatment.

"When we were all in the same building, that created the relationships. We were all communicating really well because we were sharing a building. We would do joint home visits […] and that enabled people to get into structured treatment quicker." **Partner interview**

5.12 Despite its reported benefits, interviewees reported that, due to COVID-19 and financial constraints resulting in building closures, there were fewer opportunities to co-locate with partners than previously. In addition, one partner highlighted that finding appropriate space for co-location was challenging in some areas. It was suggested that co-location within a building but with partners split across different floors can restrict the benefits, highlighting the need for appropriate suitable space for benefits to be fully realised.

Shared record system: PARIS

5.13 One intended benefit of the partnership approach was the use of GMMH's electronic case management information system (PARIS) by partners, to record and share relevant service user information. PARIS captures information on referrals, waiting times, care plans, diagnoses, and outcomes. The system is designed to be fully accessible throughout all aspects of the treatment journey. It was intended that partners would be able to access the data to ensure service users receiving different interventions could be monitored across systems, and data reported accurately.

5.14 Where partners had access to and use of the system, they reported that having information on an individual's history of service engagement and their current care plan was very helpful in

informing their input and making them aware of any safety concerns. Partners also valued having access to service users' key worker contacts more easily.

"Having one system helps us manage risk effectively and not duplicate [...] Hopefully we're enabling service users who need to access more than one clinical service do so in a seamless way." **Partner interview**

Access to training

5.15 Partners anticipated gaining access to some additional training through joining the partnership; there were a range of commitments related to supporting partner training outlined in the Achieve bid. For example, as part of the bid GMMH committed to:

- Increasing the knowledge and understanding of alcohol and drugs across local communities and partner agencies through targeted training
- Delivering dual diagnosis training to mental health staff and substance misuse service staff, as well as partner providers
- Comprehensive training to enable accurate recording of information efficiently
- Using the Occupational Development Training Team (ODTT) to provide general drug and alcohol awareness and brief interventions training; to develop high quality bespoke courses and content for each locality to raise awareness and understanding of local pathways and systems of onward referral
- Complementing the core offer from the ODTT with the range of free courses offered by the GMMH Recovery Academy[32].

5.16 Partners confirmed that the commitment to offer training was met, and talked about having access to a wider training offer through being involved in the partnership than they could otherwise access as an individual organisation. However, the range and benefits achieved were unexpected to some partners.

5.17 Resources reported to have been accessed by partners through the NHS Learning portal included training materials on safeguarding, health and safety, data and record keeping, law, and use of personal protective equipment. Specific drug and alcohol training resources, including on dual diagnosis, were also accessed through GMMH's Recovery Academy. One partner reported that access to bespoke training for service users with specific needs (e.g. epilepsy) was an added benefit which they would not have been able to realise if not part of the partnership.

5.18 Smaller scale partners said that they felt reassured by having access to a wider bank of training resources. One reported that their staff working on Achieve were better equipped than staff within the wider organisation, due to the quality and variety of training offered; they subsequently identified internal champions who could pass on key elements of this training to other staff. Another highlighted that their wider staff team were able to access the training offer,

[32] Achieve Service Proposal: Integrated Substance Misuse Treatment & Recovery Service in Bolton, Salford & Trafford

providing upskilling benefits to the whole organisation. There have also been opportunities for partners to access additional training at a reduced cost through the partnership which have been used in some instances, such as upskilling on mental health care and motivational interviewing techniques. One partner who talked about these offers considered them a positive addition to their training options.

"We took advantage of lots of different types of training: safeguarding training, dual diagnosis training. Our staff are much more equipped on this account than they probably are in other services they work in. There is a lot of resource within this partnership that we can tap into without costing us money. We did anticipate this would happen but we've enjoyed that much more than we expected. We utilise a lot of that training for staff and we had this in mind when we went for the contract."
Partner interview

5.19 Partners also reported accessing training from other partners related to partners' specialisms, including housing models and support for young people. It was also suggested that the knowledge held within the partnership offers scope for further training to be delivered internally.

5.20 In addition, partners called for other stakeholders and organisations to be considered for potential training opportunities, such as criminal justice. It was noted that partners had good links with wider stakeholders through, for example, the Drug and Alcohol Working Groups, and these could perhaps be used to access further training without needing much additional resource.

What could be improved within the partnership

5.21 That said, some suggested improvements were identified, as outlined below.

Evidencing outcomes for commissioners

5.22 Overall, reporting was highlighted as working well. It was observed that there is strong leadership from GMMH on service performance and contract monitoring, and noted that the partners clearly respect each other's expertise and experience. It was suggested that the partnership could develop further in two ways: using narrative to evidence outcomes, and increased visibility and engagement of partners.

Using narrative to evidence outcomes

5.23 Commissioners acknowledged that reporting about a partnership model which covers multiple localities is harder than it would be for a direct provider covering a single locality. In addition, the varied characteristics of the drug and alcohol service user population, in terms of their needs and services they access (including clinical, recovery and wider statutory services), adds another layer to the complexity to reporting. It was reported that commissioners receive the information required and feel able to request additional information, however it was suggested that further narrative evidence could be useful.

5.24 The current data, which covers a series of KPIs and clinical outcomes reported by the partnership, was reported to lack a coherent narrative about the partners' work in delivering the service, including any challenges and achievements experienced. While the clinical data reports were

considered important to ensure service delivery is working well, it was suggested that a narrative style of reporting would be useful in illustrating how service needs are changing and how service delivery is responding to those needs. Commissioners could perhaps then use this to inform strategic planning for future service development. A continuous narrative was also thought to be useful in circumstances where commissioners were asked to respond to political enquiries within a short timeframe.

"We want to know how to maximise the use of the data. There needs to be a coherent narrative, we need to be evidencing value for money, to be able to tell a story, who are our users, who's come into contact with the service, what are the emerging trends, what are the changes demographically?" **Stakeholder interview**

Visibility of partners

5.25 As there is no direct commissioning relationship with wider partners, the extent to which commissioners have relationships with partners in the Achieve service varies. Where these relationships do exist, they are reported to have typically been built through other activity, such as wider Drug and Alcohol Working Groups. While commissioners feel able to contact subcontracted partners, particularly where they have contacts within the organisation, it was suggested that including subcontracted partners in some commissioner-provider meetings could be helpful, to enable commissioners to discuss any queries directly, hear the narrative around the service delivery and 'get the story behind the numbers'.

Partner awareness of the whole partnership offer

5.26 Partners varied in their knowledge and understanding of other partner organisations within the partnership. The initial partnership board meetings (hosted by each partner organisation on rotation) were considered to be valuable in enabling partners to meet both management and delivery staff in partner organisations. Due to COVID-19 restrictions and workforce turnover, understanding of partner services was reported to now be more variable, particularly where partners' service delivery doesn't directly link or interact. It was suggested that training about the partnership is not always consistently included in partner induction programmes; this was reported to be a missed opportunity to maximise the potential of the partnership arrangement.

5.27 One partner felt that an initial lack of understanding of their service resulted in inappropriate referrals, and subsequently developed and delivered training within the partnership to resolve this issue. Another called for more visits and exchanges with other partners, specifically operational / direct delivery staff, to increase their knowledge and understanding of partner offers, and to explore opportunities to further link up services. There was also a suggestion that partners could agree to resume the rotation of partnership board meetings to help maintain awareness of service development.

"Sometimes the partnership could be utilised more than it is. There was an understanding that new staff would be given a PowerPoint [on the partnership] as part of the induction. That's not always happened." **Partner interview**

Partnership coordination

5.28 There have been instances where the Achieve partnership has been represented in wider meetings by multiple individuals at the same time, as a result of partner organisations receiving invites independently. Although not identified as a major issue, it was suggested that partnership engagement in wider meetings could perhaps be better coordinated to maximise efficiency of resources, and associated information could be cascaded through the partnership board.

Greater use of external stakeholders

VCS organisations

5.29 It was suggested that partner staff, specifically Case Workers and Recovery Coordinators, could be more proactive in signposting to other support groups and activities for individuals transitioning out of the Achieve service.

5.30 It was mentioned that there is a directory being developed which would list the VCS organisations working in the recovery sector and raise awareness of the variety of services available within the sector. Stakeholders were pleased with this development and thought this would be a useful resource.

5.31 It was also suggested that including an organisation set-up and led by people with lived experience within the partnership could add value to the model. Currently it was reported that service user voice tends to be shared through VCS organisations rather than directly sourced. Including service user voice was suggested as a mechanism to increase awareness of service user concerns, such as ensuring better understanding around issues affecting specific groups (e.g. neurodiverse service users).

Statutory services

5.32 While stakeholders thought partners were good at engaging with wider services such as the Probation service and Job Centre Plus, it was suggested that there may be scope for more strategic or management engagement, with the aim of improving understanding among statutory services of the partnership and the Achieve service offer, and improving the level of referrals.

5.33 For example, one partner suggested that persistent, out of date stereotypes limit willingness of some statutory services to refer service users to the Achieve service, and indicated that increasing wider understanding of the holistic support provided, for example on issues relating to housing and education, may help to overcome reticence to refer.

"As a service, we're very good at engaging other services: Probation, Job Centres, but there's never a representative on the partnership board with regards to external services, which is probably a criticism of that - because I think getting other services involved in that partnership is a fundamental part of being able to promote the service. The point is if [external service] knew of other services available within the partnership they may not have that stereotype of the service.... so we'd see an increase in referrals if there was a wider understanding of what's provided within it – it isn't just a recovery service, or illness service or a mental health service. If a perception of statuary services is

that they'll get lost in the recovery wheel, they're less likely to refer to drug services." **Partner interview**

Shared record system: PARIS

5.34 Despite welcoming a shared system, interviewees reported that access to and use of PARIS varied between partners. It was acknowledged that one system cannot meet every partner requirement; that said, the extent to which partners have been able to use PARIS has reportedly differed, and the use of PARIS in Bury is optional for partners.

5.35 Concerns were raised by some partners that PARIS does not fully meet their needs, with calls to be able to input and access more outcomes data on their service users, and to run reports for their own organisational use. It was also suggested that variable access to the system was not in line with the 'no wrong door' approach to the Achieve service.

5.36 Interviewees also observed that the system, having been developed and used by GMMH originally, is more appropriate for adult service users who have engaged with clinical treatment services. Younger service users were reported to be less likely to require clinical support, and within PARIS there is reportedly limited space to input details of wider service use.

5.37 In addition, ongoing technical access issues were reported, including log-in challenges, read only access and delays in onboarding new staff to the system, which we understand partners are working with GMMH IT services to resolve.

"There are brilliant things about PARIS. It enables us to have oversight if someone's a clinical [patient] so we can understand what's going on - but the benefits don't outweigh the negative…."
Partner interview

Partnership model – summary of key findings

- Overall, the partnership model was considered to work very effectively and reflect the aims of the contract
- Within the partnership, the lead provider was thought to provide effective leadership. Partners report close relationships and good communication through the regular partnership board, contract and performance meetings
- Benefits also stem from opportunities for partners to physically co-locate their staff, the wide sharing of training resources, and where accessed, use of GMMH's shared service user record system PARIS
- There were several areas for future development identified by partners which included:
  - Considering whether service outcomes could be evidenced in a narrative format, alongside quantitative reporting for commissioners
  - Ensuring partner knowledge and understanding of all other partner services and developments remains consistent, through embedding the information in staff induction processes and maintaining partner site visits and partnership board meetings (where possible)
  - Using VCS and statutory service relationships more to stimulate referrals into Achieve and help service users exiting the service to find support in their local communities
  - Reviewing the extent of partners' access to PARIS, identifying any issues to resolve and where alternative information sharing can be used to overcome any barriers.

Reflections on the impact of COVID-19

The Achieve partnership and service had operated across Salford, Bolton and Trafford for two years prior to COVID-19, and less than one year in Bury. Stakeholders broadly agreed that COVID-19 had interrupted the development of the Achieve partnership and service, and more could have been achieved were it not for the pandemic.

"Drop in and home visits were cancelled. All we could offer was telephone support. While that's great, it's not quite the same as face-to-face. You don't get a clear understanding of what's going on in somebody's life." **Partner interview**

Service activities offered by partners were either paused, adapted or transferred online.

- Education and skills courses were transferred online and 1-1 sessions were provided digitally, which were welcomed by service users. While some key workers and service users preferred this delivery model, the model was reported to be unsustainable after restrictions were eased, as the service was funded on the basis of hosting face to face, group sessions.
- Clinical partners reported challenges due to staff redeployment, which meant in-reach activities to hospitals were paused, clinics cancelled and inpatient engagement had to be confined to non-COVID-19 wards.
- VCS activities were also transferred online. One VCS representative thought this would be a challenge; activities were intended to take service users out of their usual environment to focus on themselves; staff were concerned that online delivery wouldn't provide that support. However, they reported that their concerns weren't realised and service delivery was effective.

Partners experienced different impacts on their referral volumes. The distribution of Naloxone kits continued through home delivery services managed by partners who saw the importance of continuing to help people stay safe during this period.

Partnership resilience

Partners reported benefitting from GMMH's guidance on how to continue to operate safely, implementation of new procedures and the increase in communications during this time. Partners who continued to work on the frontline appreciated the access to COVID-19 specific training through GMMH during the pandemic, especially training on the use of PPE.

During the vaccine rollout, GMMH provided a vaccination programme for staff which all partners were able to access. Partners reported that they gained quicker access to vaccines for their staff through this partnership offer. This access was reported to have enabled their staff to feel protected and to continue frontline service delivery.

Co-location was credited with helping to sustain close working relationships between partners. Partners also reported being able to support each other to respond to higher

demand for community services. For example, assertive outreach teams conducted joint service user welfare visits in communities with GMMH.

Partnership challenges

New staff and managers joining the partnership during the pandemic reported that it impacted on their ability to meet partners and understand the Achieve offer, which they had to learn about without visiting partners and services.

It was suggested that volunteers could perhaps have contributed more to supporting the service during the peak COVID-19 pandemic. Where some volunteers continued to support through online delivery, it was suggested that there could have been more communication around the roles volunteers were allowed to continue with and how they could remain engaged with the service.

6. Delivery of the Achieve Service

6.1 This chapter explores stakeholder experiences of delivering or working with the Achieve service since 2018. Overall stakeholders were positive about the way the Achieve service operated, their experience of using the referral process, the Asset Fund and the way the service aligned with external services. Similarly, service users interviewed described positive experiences of approachable staff, regular communication, and good aftercare. Looking ahead, stakeholders highlighted some aspects of service delivery which could be improved as Achieve continues.

Effectiveness of service delivery

Service user experiences

6.2 To establish the effectiveness of service delivery from a service user perspective, the evaluation team conducted in-person interviews with two service users at Bolton CVS and five at Salford CVS. These interviewees had undertaken treatment for a variety of addiction issues, having attended various Achieve service sessions including pre-detox, detox, self-help groups, fellowships, one to one talking therapies, group sessions, and other services including housing support and acupuncture.

6.3 Broadly, interviewees had found the service useful in helping them to achieve and maintain sobriety; the majority of those interviewed said the support offered by the Achieve service was excellent and fundamental to their recovery.

6.4 Service users had most commonly used one-to-one talking therapy, as well as the group sessions on offer within the partnership. These were reported to have been helpful, with several interviewees saying that the group sessions provided a feeling of shared experience, helping them to feel less alone in their recovery and that their problems were shared by others.

6.5 Service users said that their welcome into the Achieve service was very good, with a number saying that they had felt anxiety when they first arrived, however staff had ensured that the induction into the Achieve service was as smooth and welcoming as possible.

"The doctor referred me, and I was anxious, but they were so welcoming, they made me a cup of tea when I arrived, and you go from being so anxious to being calm." **Achieve service user interview**

6.6 Communication with service users was reported to have been excellent, with Achieve staff keeping in regular contact.

"They [Achieve staff] give you a phone call every week and they send emails to say what's going on." **Achieve service user interview**

6.7 Similarly, aftercare was largely reported to have been excellent, with service users who had completed their course of treatment reporting that they were regularly contacted by Achieve staff to check in via email and telephone, which they welcomed. Some past participants in the

programme were invited to continue joining social events held by Achieve, with one participant saying they'd been invited to go for a walk. This ongoing support was appreciated, and the social network that it provided was reported to be useful.

6.8 Whilst service user experiences were on the whole positive, interview findings indicate that there may be scope to improve the consistency of aftercare and support for those exiting the service. Some service users called for a venue or space to attend outside of set appointment times, to help to fill time with others in a positive manner and minimise the risk of relapse, particularly amongst those not engaged in employment.

6.9 COVID-19 was reported to have had a major impact on the service, and effects were reported to continue to influence the service offering at the time of reporting. Although face to face has since resumed as the predominant method of delivery, there are reported to be aspects of the service offering no longer available. Some service users said that they did not know how to use a laptop; the Achieve partnership had provided several service users with laptops to enable engagement, but some reported being unable to attend virtual sessions for this reason. One service user however reported that the partnership was funding a basic computer course to enable them to use the laptop they were provided with.

6.10 A repeatedly raised issue stemming from measures taken during the pandemic was the ongoing closure of the café at a community hub. This was reported to have been a 'lifeline' for some service users prior to the COVID-19 pandemic, with its closure reported to have had a negative impact.

"The little café hub that they used to have was amazing. There were loads of people in and it was a great get together. I think it'd be brilliant to have that back. I don't think many people come down [to the community hub] now that's closed". **Achieve service user interview**

"The aftercare is the most important thing. It's alright when you're in the rehab bubble but once you're back into the world you've got 24 hours to fill. They had a lot to offer here before COVID-19. The first thing for me [that I'd like to see happen] is opening the kitchen again." **Achieve service user interview**

6.11 Interviewees largely said that support on offer within the partnership was explained clearly by Achieve staff at the hubs. Some reported having accessed housing support through Great Places; others were aware of the various group and one-to-one therapy sessions on offer, as well as debt support and food vouchers.

"I ended up getting my flat through the housing organisation here, they [the support worker] told me how to get on to the website and [helped me] apply." **Achieve service user interview**

VCS experiences

6.12 On the whole, VCS organisations reported positive experiences of being part of (or engaging with) Achieve. However, it was noted that there was scope to expand the service offer; it was suggested that the Achieve service as a whole could expand their specialist knowledge to support certain service user communities, such as those within the LGBT+ community. While some key workers had reportedly been able to effectively provide support with this, service user feedback was

reported to suggest greater understanding would be useful. To help expand provision, one organisation delivered training to raise awareness of the substance misuse experiences within the LBGT community, covering drugs, alcohol and chemsex. This programme was reported to have been delivered to Achieve staff on a couple of occasions and shows partners are willing to increase their knowledge around specific service user groups. However, it was suggested that there was scope to make more progress, including systematizing approaches. It should be noted that this was reported to be an issue across many statutory services, and not unique to the Achieve service.

6.13 An organisation also reported receiving feedback from service users who are neurodiverse, who experienced the Achieve support groups in one locality to be too noisy and disturbing for them to continue attending. It was suggested more awareness of service user needs may be useful to enable support to cater to their needs.

Dual diagnosis service delivery

6.14 One area where there is ongoing work to further strengthen service delivery is on the liaison between the GMMH mental health services and substance misuse services. Having both services available within GMMH was considered a major advantage to the partnership and benefit to service users with co-occurring conditions. While stakeholders recognised that a lot of progress has been made in further linking up these teams, it was suggested there was still progress to be made. In particular, the criteria and referrals process between these teams was reported to create a barrier for service users; it was reported to be easier to refer a service user into drug and alcohol services than mental health services (which have higher eligibility thresholds). Dual diagnosis staff roles have now been developed as part of ongoing efforts to try to address this issue.

"Maybe one thing that has developed slower than expected is the links between substance misuse and mental health services. But they are making strong headway on that, the teams interlink a lot better than they used to do." **Stakeholder interview**

Referral process

6.15 Partners commented on several aspects of the referral process which enabled them to deliver the Achieve service effectively and welcomed ongoing adaptations to the referral process in response to changing needs. Early experiences of receiving inappropriate referrals to partner services are reported to have largely been resolved via partnership board meetings and partner visits to raise awareness of each partner's offer and eligibility criteria.

6.16 In theory, any partner can refer to any other partner if they are the first point of contact for an individual accessing the service. However, it was reportedly common for partners to receive most of their referrals from one or two other partners, where their expertise was more closely linked and their service offer was aligned with the next step on a service user's recovery pathway. The shared record system PARIS, where available, was praised for ensuring new coordinators have access to service users' previous service history and needs.

6.17 Referrals within the partnership between partners were thought to be processed more quickly, and service users less likely to spend a long time waiting for contact, than if they were accessing

multiple services from different providers outside of a partnership arrangement. Where a service user is at the point of transferring between services, for example out of assertive outreach, joint appointments with Recovery Coordinators were praised for enabling a smooth and flexible transition. Referrals between partners were also reported to remove a potential barrier of service users having to contact separate services, mitigating a risk to disengagement.

"When referrals are received, within 48 hours [partner] will have contacted the referrer and flagged their plan, and within a week [partner] will have contacted the service user, either by phone, home visit, or joint appointment. We couldn't do that timeline without the partnership. They [the service user] would have been referred in, be on a waiting list and would have had to opt in – which they probably wouldn't have done." **Partner interview**

6.18 There was also a positive attitude towards receiving repeat referrals into the service; this was viewed by partners as a sign of individuals choosing to re-engage with the service offer when they felt able to.

6.19 Service users reported the referral process to be effective, with interviewees having been referred into the service by a GP or medical professional. However, one individual said that their GP had been largely unaware of the Achieve service offering, and they felt that they had only been referred to Achieve due to the service having a shorter waiting time for access than other alcohol treatment services available locally. Similarly, it was suggested there can be a lack of communication between Achieve and the referring GP once treatment had started, with one service user reporting feeling that they needed to update their GP during appointments regarding the latest developments in their treatment by Achieve.

6.20 VCS organisations reported experiencing a more challenging referral process. It was reported that, in order to receive referrals, in some cases they had to do a lot of proactive engagement with their local Achieve recovery centres, including leafleting, meeting with centre management and attending sessions to meet key workers. Their experience in some cases was that some staff were unaware that Achieve also funded these organisations through the Asset Fund.

Alignment with external services

6.21 The level of engagement between partners and external services outside the Achieve partnership was reported to have varied depending on partner expertise, as might reasonably be expected. For example, the nature of assertive outreach means that developing links with communities and other services is essential to making the Achieve service accessible to everyone who may need support. Due to this, in-reach to hospitals, criminal justice, Probation service teams and local authority homelessness teams have been developed and sustained.

Delivery of the Asset Fund

6.22 The Asset Fund was viewed by VCS organisations as an important part of the Achieve service offer[33]. While stakeholders reflected that grant recipients were not necessarily recovery experts,

[33] The Asset Fund was delivered across the initial 2018 localities of Salford, Bolton and Trafford. Bury does not use the Asset Fund.

they were able pull in the subject knowledge of partners to assess grant applications and use the small grants to concentrate on delivering activities which provided an alternative focus and social space for service users during their recovery journey. Examples of projects delivered through the Asset Fund include redesigning community gardens and gardening activities, boxing classes, sports leadership and personal trainer awards, and art and film classes[34].

"Because your social life can really disappear when you stop drinking or when you're in recovery, we've tried to provide alternative ways to have fun. Just having something to do other than focus on your problems, be that exercise or gardening, where there's others there in recovery. We've had a couple of people go back to college to get further training. We've definitely seen an impact from being able to run these courses through the Achieve Asset Fund." **Stakeholder interview**

6.23 The Asset Fund predated the Achieve service within Salford (but not Bolton or Trafford). As such, the grant management partner worked closely with Bolton CVS and supported Trafford with implementing the scheme. While awareness was reported to have been already high in Salford, more activity was needed to promote the opportunity in Bolton and Trafford. The grant management partner was reported to have worked to raise awareness of the Fund through the partnership board, followed by some presentations for key workers within Achieve. There was a modest uptake reported in Trafford but stakeholders indicated that this may have reflected a lower level of demand within the area.

6.24 The application process was reported to be clear and accessible, and the consistent application format for different funding rounds was reported to enable organisations to apply in a time efficient way. Organisations appreciated the opportunity to attend 'meet the funder' events to learn more about the aims of Fund prior to applying. They reported that the grant management organisation was seen to be professional and approachable during the process. One partner also observed that the Asset Fund had a different approach to recognising project outcomes and impacts; they thought the Fund was realistic in accepting different methods of engagement, rather than solely counting numbers in attendance at events, and praised this.

6.25 One risk reported was that, given the Asset Fund was a grant fund, it was seen as particularly vulnerable if savings were required within the service. Stakeholders also acknowledged that the Asset Fund did not operate in the same way as other aspects of the cluster commission, as each locality had an allocated budget within the Fund, rather than a collective pot being used to address the greatest need regardless of how this split by geography. However, this set up was reported to be useful, as one locality did need to make savings during the contract and that locality's share of the Fund could be reduced to allow this to happen.

[34] There is also a separate Personal Recovery Support Fund which provides direct non-cash grants to service users to support them on their recovery journey.

Achieve service delivery – summary of key findings

- Service users reported positive experiences from their engagement with Achieve. The range of support on offer, regular communication and approachable staff, as well as good aftercare were identified as positive aspects of the service, albeit perhaps with scope for greater consistency of offer across localities
- The referral process was viewed by stakeholders to work well within the partnership and enabled service users to gain access to multiple services more quickly, and in a more coherent way, than prior to Achieve. It was seen as adaptable and flexible to change when needed
- Areas of future focus for service delivery identified included: raising awareness of Achieve among GP services; continuing to prioritise the dual-diagnosis service delivery; and adapting support offers to cater for different service user needs (e.g. LGBT+ service users, neurodiverse service users)
- While not direct delivery with service users, the Asset Fund was considered to be a valuable aspect of the Achieve offer in supporting the availability of recovery services within local communities for people exiting the Achieve service.

7. Emerging Outcomes

7.1 While the focus of the evaluation was primarily on the process of partnership development and service delivery, evidence of impacts emerging was also captured. The early evidence of impact (both clinical and operational) reported in this section is based on interviews with commissioners, partners, wider stakeholders and service users, and also informed by written case studies shared with us by Achieve partners. Additional case studies which illustrate the impact of the Achieve service on service users can be found in Annex A.

Early impacts on service delivery

7.2 One stakeholder reflection on the impact of the partnership approach and cluster commission was that it has helped to stabilise drug and alcohol treatment and recovery service delivery. One consultee reported that previous frequent changes in service providers had hindered performance and governance. Since the introduction of the partnership led by GMMH, it was felt that service delivery had stabilised, with increased confidence in clinical governance and a more robust approach to safeguarding.

7.3 More broadly, stakeholders reported being reassured by the safeguarding reporting from GMMH, which is credited with providing a clear breakdown of safeguarding incidents over a certain threshold and can be used to flag incidents or issues to discuss. This was considered especially valuable for responding to complex case reviews.

"There's no doubt whatsoever that they [the partnership] have managed to stabilise a service which was in really quite a difficult position when they took over. If you're a member of staff or service user, you're constantly on a merry-go-round of changes of service. Performance was not good. So without a doubt what we've seen is a real stabilisation of the service, it feels like it operates well. I'm really confident in their clinical governance and ability to keep clients safe." **Stakeholder interview**

7.4 Stemming from stabilised service delivery, consultees reported confidence in Achieve's performance against the National Drug Treatment Monitoring System (NDTMS) indicators. Specifically, they observed that the partnership was doing well at establishing common pathways from prisons into treatment services, based on looking at each locality and how many referrals are successfully engaged from different prisons. This was viewed as a particularly positive outcome given that the current national strategy includes a specific target on increasing the numbers of offenders entering drug and alcohol treatment services[35]. It was hoped that performance in this respect would lead to conversations and shared learning with other localities external to the partnership.

7.5 Stakeholders also commented on GMMH's willingness in certain situations to 'go beyond the contract' in their approach to service delivery where there was seen to be value in doing so. For

[35] From harm to hope: A 10-year drugs plan to cut crime and save lives (2022) UK Government. https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives#chapter-3--delivering-a-world-class-treatment-and-recovery-system

example, the inclusion of the Naloxone programme in the Achieve service was considered by stakeholders to be a valuable addition to the service which hadn't been directly commissioned at the start. This was reported to be a good example of promoting harm reduction, expected to be further strengthened by the forthcoming delivery of a peer-to-peer mentoring programme to increase the numbers of organisations trained to deliver Naloxone through their service.

Early impacts for service users

7.6 Overall, partners reported that the Achieve service is having a positive impact on service users, that it consistently performs well against its targets, and informal service user feedback is generally very positive.

"We've had a lot of good feedback but obviously with the nature of this kind of work, it's very difficult to judge, because ultimately it's not always about whether the service is delivered in hospital or by Achieve, it is dependent on how a patient tries. They felt supported that they've stayed off alcohol and drugs for several months and that they felt that they've been able to just ring Achieve when they are having a bit of a blip. We've not really had much in the way of negative feedback from our service users and the vast majority said that the team work well for them." **Stakeholder interview**

7.7 Partners develop case studies illustrating how service users have engaged with Achieve, the support provided and the outcomes achieved[36]. Some of these case studies share service user voices while others are written by their main support workers. The case study boxes within this chapter reflect the support some of these service users have received from Achieve and the impact this has had on their recovery journey. From these case studies, it is clear that service users often have complex needs, both clinical and social, which require ongoing support from multiple partner agencies. Most case studies referred to service users continuing to remain engaged with Achieve once their treatment pathway or course had ended, to continue to receive support when needed.

7.8 The nature of the partnership service, which offers a variety of support on entry and throughout treatment, is considered to exceed the offer available elsewhere. For example, prior to the Achieve service being introduced, there was reported to have been a risk that young people would 'fall through the gap' in support, with a reported lack of awareness about other relevant services available for service users to be referred into. However, it was reported that there is now awareness that young people can be referred to Early Break as part of the partnership, minimising this risk and enhancing the offer available to young people.

[36] A selection of 14 case studies were shared with SQW by the GMMH / The Big Life Group client group, Additional case studies are presented in Annex A.

Case Study – Salford Royal Hospital – High Impact Substance Misuse Team[37]

Over six months in 2020 Liam[38] had presented five times at Salford Royal Hospital and been admitted to the hospital on several of these occasions with various alcohol misuse related conditions. These included cirrhosis, jaundice, and alcohol hepatitis. He had a long history of not engaging with services and had problems with rent arrears.

Liam was referred to the HISMT and housing officer for support. He stated to engage well with face-to-face appointments and online psychosocial intervention groups to begin his recovery and address his housing issues. Despite having to be admitted for emergency hospital care, Liam re-engaged on discharge. He completed several psychosocial intervention courses and an in-person Intuitive Thinking Skills course through Achieve.

7.9 Partners' felt that an early outcome of the Achieve service was the success in establishing a trusted brand name and in re-engaging individuals within the community who had become disengaged through previous changes in service providers and service offers. Through the assertive outreach teams, who explain the partnership offer and the multiple services available, the partnership was praised for building trust with individuals who had moved away from services, which is reported to have proved vital in re-engaging them with a support offer.

"A big part of it is, because we're going to their homes, or on the street, we're building up a trusting relationship with them, it's not a 'here's an appointment come and see us' approach." **Partner interview**

7.10 Linked to this, service users were reported to have also received home visits where needed, for example if they had limited mobility or agoraphobia.

7.11 One partner described how a service user had reported that the relationship they had built up with Achieve staff meant they didn't have to keep going over their negative history, and that the relationship with the coordinators encouraged them to move forward positively.

Case Study – Big Life Group - Assertive Outreach[39]

Lisa[40] was referred to the Achieve Assertive Outreach Team by the Community Mental Health Team after she disclosed her alcohol use and agreed for referrals to be made. A referral was also made to the Home Treatment Team who had agreed to start providing mental health support.

[37] Case study provided to SQW by GMMH/Big Life Group client group
[38] Name has been changed to ensure anonymity
[39] Case study provided to SQW by GMMH/Big Life Group client group
[40] Name has been changed to ensure anonymity

Lisa was very anxious about the process and what was expected of her. A home visit was undertaken by the Assertive Outreach Team to introduce the service and what support was available. Lisa was then contacted 1-2 times a week to check in with her and offer reassurance.

A referral was made into structured treatment and a worker contacted her on the morning of her assessment and afterwards, to offer her emotional support and answer any questions she had. The Assertive Outreach Team liaised with Lisa's mental health practitioners throughout so that all agencies involved were aware of what support she was receiving.

Lisa engaged with her assessment with Achieve and attended her initial appointment. She was then referred to the psychosocial intervention team and has started to attend detox preparation sessions.

7.12 More direct links into mental health services were also considered a positive outcome of the Achieve service having a specific clinical mental health lead. While challenges were identified in the dual diagnosis service delivery, the links into GMMH through the partnership were considered to offer benefits for service users requiring mental health support.

7.13 In terms of exiting the service, volunteers and VCS staff shared examples of Achieve service users who have progressed through treatment and recovery and gone on to volunteer or work with Achieve or set up their own community support services. By doing so, these individuals with lived experience are contributing to the range of support services available within their local communities. It is likely, although not evidenced in this evaluation, that the support, training and relationships built up through their engagement with Achieve have contributed to their ability to achieve these positive outcomes.

"People see people running the groups who have been through the service. There's value there and that works really well too. People tell us that this was a massive part of keeping them going, seeing someone with a job at Achieve who used to be there [in the service]." **Stakeholder interview**

7.14 The Asset Fund was praised for helping VCS organisations to work with people in the recovery community, including to support people on their recovery journey to engage in activities within their local communities, which in turn is reported to have helped to reduce the stigma that can be faced by people recovering from substance misuse. Another organisation referenced supporting individuals through their recovery journey who went on to gain employment with their organisation. A similar process of transitioning from service user to service employee has been evident within the community development teams within Achieve.

Early impacts on commissioning and partnership development

7.15 In terms of the partnership model, it was suggested that a partnership arrangement is easier for commissioners to manage through liaison with one lead provider contact rather than multiple direct contracts.

7.16 There was also evidence of individual partner organisations developing through being part of the partnership. Smaller partner organisations reported that they have improved their approach to person-centred delivery, widened their knowledge and networks of associated service offers, and improved their training offers for staff. These smaller partners are reported to have been able to benefit from wider promotion of their service offer, which in one case is credited with helping an organisation to expand. Linked to this, that organisation also reported benefitting from service users being more informed about what is on offer and what is asked of them upon entering the service.

7.17 The cluster commission was credited with helping to overcome an 'us and them' mentality among localities, with reports of a collaborative approach to addressing need. One partner reflected that the continued effectiveness of the partnership model provides the evidence partners need to pursue further opportunities together (e.g. a collective partnership between Bolton and Salford to deliver sexual health services).

7.18 The cluster commission approach was also reported to have impacted the localities' responses to more recent opportunities. Further examples of cluster commissioning of other local services have emerged since the Achieve contract. With additional grants for 2021/22 and 2022/23 to improve services in line with the ambitions of the 2021 Drug Strategy, the four localities came together to work out how to collectively develop their service offer to use this new investment. It was reported that working together on the application process, service offer, and allocated finance was a much easier and more efficient process than it would have been if working independently.

Emerging outcomes – summary of key findings

- While not the main focus of the evaluation, evidence of impacts on service delivery, service user experience, commissioning and the partnership model were collected
- The partnership was reported to have contributed to stabilising drug and alcohol recovery provision, operated with robust approaches to safeguarding and performance management, and ensured overall that the service met its national performance targets
- Overall, the research found service users have been positively impacted from the holistic service approach, the assertive outreach into communities and the wrap around support through the Asset Fund for wider recovery activities
- Smaller partner organisations reported having benefited from wider promotion, increased capacity and access to training
- The experience of commissioning and delivering Achieve is reported to have helped to embed collective working among commissioners and partners, leading to similar approaches being undertaken on recent contracts.

8. Replicating the Partnership Model

8.1 Having explored reflections on the cluster commission approach, the effectiveness of the partnership and the delivery of the service, this chapter reports stakeholder views on the extent to which the cluster commission approach and partnership model could be replicated across other localities. It also reflects on interviewee expectations regarding the impact recently announced additional national investment might have on local drug and alcohol treatment and recovery services.

Replicating the model

8.2 Stakeholders reported that the extension of the Achieve contract into Bury in 2019 indicates the replicability of the Achieve service, albeit on a slightly different scale. There was widespread recognition among stakeholders that the Achieve service offer contains novel treatment and recovery activities which other localities could benefit from, such as the assertive outreach service, community development activities linking in with the VCS, and the involvement of volunteers with lived experience.

8.3 While stakeholders were positive about the potential to replicate the model, they did comment that prior investment made in Salford on drug and alcohol treatment and recovery services, along with the previously operating Achieve Salford service, had provided a solid foundation from which to expand the Achieve service and launch a partnership model. This foundation provided an advantage that other localities may not have. Regardless, stakeholders offered useful insight into the other enabling factors which may need to be in place to support a similar model elsewhere, as well as the challenges that may need to be overcome.

Enabling factors

Commissioning and bid assessment

8.4 The formation and continuation of a pan-locality commissioning team was considered a key component of the cluster commissioning model. Stakeholders indicated that having a lead local authority to oversee the tendering process can be a useful enabler, alongside agreement about how other localities are expected to input.

8.5 It was suggested that all participating localities should engage in a combined needs assessment, in order to be clear on what is being asked of providers in each area; we would suggest that following a consistent approach may be a possible alternative approach if a combined assessment isn't feasible. Interviewees recognised that specific services commissioned in one locality do not necessarily have to be commissioned in another within the cluster, as long as all needs are met via a comprehensive package.

8.6 When assessing bids, it was suggested that representatives from each participating locality need to be involved, and there needs to be a transparent assessment process.

"The process side of things needs to be really sharp. You need all the local authorities to have an agreed approach, to all be on board. You need to do a combined needs assessment, be clear on what you're asking for and what's allocated where, who's leading the process and how people are going to input." **Stakeholder interview**

Lead provider role

8.7 Stakeholders observed that to replicate the partnership model, a lead provider would be needed, with substantial capacity and expertise to manage the governance of the contract, as well as the logistics of the service transition period (e.g. TUPE of eligible existing staff to the new provider, establishing any new IT systems, arranging the safe transfer of service user records). A larger provider could potentially also support the co-location of some partner services.

8.8 Regular, planned partnership and contract meetings were thought to be valuable in ensuring the lead provider has oversight of service delivery, while giving partners a clear avenue to raise any issues. Such meetings were also considered to be helpful in enabling knowledge sharing and building understanding of the service offer as a whole. The ability and capacity of the lead provider to offer access to training was also considered an enabling factor in ensuring the quality, consistency and safety of the partnership offer.

8.9 It was also suggested that having a partnership model led by a clinical lead provider with subcontracted partners from recovery services within the VCS sector was a good way to provide a holistic offer. Having a clinical lead provider was thought to help partners to more efficiently access clinical input for their complex cases, which provided reassurance to non-clinical partners that they were supporting their service users across all their needs.

"It's about having a shared value base, proving a diversity of team can function, rather than a full NHS led service, that's what Achieve has done well." **Partner interview**

Relationships with wider stakeholders

8.10 A high level of engagement from wider stakeholders (e.g. actively referring in and engaging in Drug and Alcohol Working Groups) is also deemed necessary for model replication. The promotion of the service to other organisations, specifically statutory services, and numbers (and frequency) of referrals received from them to partners were seen as crucial in determining reach and impact of the service. While Achieve benefited from partner staff having existing contacts and networks with some statutory services, this was an area where stakeholders identified a need for future focus, specifically in how statutory services can be engaged within partnership board meetings.

Potential challenges in replication

Commissioning

8.11 There was stakeholder acknowledgment that a cluster commissioning approach may limit the types of providers able to bid. Providers with the capacity to operate at scale across several

localities, deemed to typically be larger organisations, would potentially be better able to respond this type of tender than smaller scale providers. However, it was suggested that these larger providers may prefer to work with organisations with whom they already have relationships, rather than linking in with local VCS organisations. This risks limiting the service offer and/or jeopardising the viability of smaller local providers. Although not specifically mentioned by stakeholders, we would suggest it may also risk local knowledge being lost, with additional lead in time required for any new (previously out-of-area) providers to build up local intelligence, contacts and credibility.

"I think it works well with a lead provider model, where you've got a big organisation who can work through all the logistics that need organising, but then have some bits which specialist skill sets from charities and other organisations can deliver. Without that, it rules out smaller organisations without the back office functions to deliver." **Stakeholder interview**

8.12 This was seen to conflict with increasing focus on ensuring services delivered to local populations are locally informed, and desire to have partners who are already known locally and engaged in partnership working. To address this risk, there was a view that commissioners could play a role in actively linking up lead providers interested in bidding with local VCS organisations where tenders require subcontracted elements of service delivery. This was seen as a way to support lead providers to access appropriate local expertise within a short tender timeframe. It was noted, however, that subcontracting multiple elements of a service to multiple local partners may not be feasible for a lead provider to manage.

Addressing different demographic needs within the cluster

8.13 Stakeholders highlighted a need to ensure that a cluster commission reflects the service needs of each separate participating locality. Stakeholders were split however in their views on whether cluster commissioning could adequately address the service needs of localities with significantly different demographics. It was felt that the Achieve model had managed to deliver across the Bolton, Bury, Salford and Trafford footprints, despite differing population needs. This was credited with being due to thorough locality needs assessments being undertaken and used at the commissioning stage, as well as the flexibility of the lead provider to respond to different needs as they arise.

Managing change

8.14 Interviewees reported that a change of provider can be unsettling for some service users, causing anxiety or disengagement. Stakeholders highlighted it was important for any new partners delivering a service to make sure service users know any change in delivery/provider will not impact negatively on their care. While this is a risk in the conclusion/transfer of all contract types, it is worth highlighting to ensure service users remain engaged in their recovery.

Introduction of Integrated Care Systems (ICSs)

8.15 The formal introduction of ICSs and associated responsibilities from July 2022 is expected by interviewees to change the commissioner-provider relationship. Substance misuse treatment and

support will not fall within the remit of ICSs, although many other interrelated services will. Stakeholders thought that this risks putting providers who are not part of ICSs at a disadvantage in terms of relationship building and profile with commissioners and local policy makers.

Reflections on the new investment

8.16 Stakeholders shared their thoughts on the opportunities and challenges the new investment in drug and alcohol treatment and recovery services may create. These can be summarised as:

- **Increased service capacity –** any additional investment was considered a positive move which would help services to increase the numbers of people in treatment services from a range of service user groups.
- **Enhanced work with the criminal justice system –** it is anticipated that the new investment will help improve the criminal justice pathways to treatment, improve the quality of interventions on offer and maintain and expand relationships between Achieve services and the Probation service. However, there was a concern raised that due to the constraints facing the criminal justice system it may be difficult to evidence outcomes.
- **Using new investment strategically –** stakeholders recognised that there was a need (and opportunity) to go further than simply expanding existing service offers, to: proactively target underrepresented groups in treatment services; improve primary prevention; increase community specialist teams (e.g. community detox services); and support wider health improvement programmes.
- **Workforce challenges –** with new investment available to services across England and Wales, stakeholders were very aware that there was a real risk of skills shortages, as existing staff have opportunities to move into new roles, creating vacancies elsewhere in the service. This was also a concern highlighted in the Black review which reported that '*a prolonged shortage of funding has resulted in a loss of skills, expertise and capacity from this sector*'[41].

[41] Black, C (2020) Review of Drugs. Executive Summary. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/897786/2SummaryPhaseOne+foreword200219.pdf

Replicating the model – summary of key findings

- Stakeholders reported that the extension of the Achieve contract into Bury in 2019 indicates the replicability of the Achieve service elsewhere, albeit in a neighbouring authority and on a smaller scale.
- While stakeholders were positive about the further potential to replicate the model, they did comment that prior investment made in Salford on drug and alcohol treatment and recovery services had provided a solid foundation from which to expand Achieve, an advantage that other localities may not have.
- Factors considered important in enabling the model to be developed elsewhere included:
  - ➢ Leadership from the lead local authority, with clarity on inputs and a transparent needs assessment
  - ➢ A lead provider with sufficient capacity to manage governance and subcontracts
  - ➢ A partnership which has diversity of clinical and non-clinical support services

  Potential challenges identified in replicating the model include: ensuring the scale of commission doesn't exclude smaller locally based organisations from being involved; addressing different demographic needs; and managing the system change to ICSs.

  New investment was considered to be a positive development in allowing partners to maintain and expand services, however there was an acknowledgement that service development needed to be strategically linked to wider public health aims and that there would be challenges around recruiting to expand the workforce.

9. Conclusions and recommendations

Conclusions and reflections

9.1 This report presents an overwhelmingly positive narrative regarding the Achieve partnership. The ambition of the partners, in coming together to deliver a complex, multifaceted service to support and treat people experiencing substance misuse issues, across multiple localities with different contexts and populations, was huge. The approach was novel in several ways; not only in its pan-locality commission, but also in the way the partnership has operated and the sharing of information, training and good practice across the partners involved. This report has set out in headline terms the experiences and reflections of key stakeholders in the partnership, and these are on the whole very positive and encouraging; partners should feel proud of what they have delivered.

9.2 Stakeholders welcomed the partnership approach, crediting it with being the 'right way' to deliver a drug and alcohol recovery service, reflecting the often multifaceted and complex needs individuals present with, and credited with enabling the service to meet those needs holistically. This has required a variety of offers to be available for individuals to access; providing this has required a range of skills and competencies, as well as sufficient capacity across the partners, to ensure people can access what they need in a timely manner. The Achieve partnership is recognised for having been able to deliver this, and that is welcomed by stakeholders.

9.3 The findings indicate that there was not a high level of inappropriate referrals, which was reported to indicate the effectiveness of the 'no wrong door' ethos and referrers' understanding of the service offer. Sustaining this understanding, including regarding some of the more specialist or localised offers, is likely to prove key going forward to overcome any loss of knowledge over time or associated with turnover.

Partnership model

9.4 The 'lead provider' model of the service is reported to work well, with clear lines of reporting and accountability, and GMMH possessing the necessary skills, organisational resilience and scale to successfully lead the partnership. GMMH should also be praised for efforts to upskill others within the partnership. In this respect, the service is effectively helping to build capacity amongst Greater Manchester's VCS, which is reported to offer multiple potential benefits outside of the Achieve service. These wider benefits have not been possible to capture within this report, but there is a sense that the partnership is leading to benefits for partners and the service landscape, for which GMMH in particular is to be credited.

9.5 Behind this lies a culture that is reported to have encouraged knowledge and information sharing across partners. Achieving this type of open, collaborative culture could have been challenging, particularly in an environment in which funding is constrained and there are limited contracts and opportunities available. However, the Achieve partners spoke of effective collaboration, with a shared focus on improving service user outcomes.

9.6 The evidence presented in this report highlights that the service is bigger than the sum of its parts; there is a clear sense that through working together the service partners can (and do) add more value to service users. Partners reported benefiting from involvement in early board meetings, crediting this with raising their understanding of the wider offers available within the service, as well as helping to cement a sense of shared endeavour. Taken together, these findings indicate that structural processes have helped to build collaboration amongst partners, but the culture and behaviours of GMMH as lead provider (in particular) have helped to reinforce this further. This latter point is important; the findings indicate that it is not just *what* the service does that is important, but also *how* it does it, whether that be about internal training and development, or the frontline services and support it provides.

9.1 There is however a note of caution regarding how the 'ownership' of the service is perceived externally, which partners (and others seeking to replicate the model) may wish to consider. Although not a widely held view, there were reports from some stakeholders that the service can at times be seen as GMMH's, risking obscuring the vital roles played by others in the partnership. The findings indicate that there may be scope for more work (or refresher activity) to be undertaken to clarify the extent of the partnership and who is involved within it.

9.2 Service user feedback was broadly very positive about the Achieve service. Different partner offers were felt to be joined up, and service users welcomed the support and treatment they have been offered. That said, there may be scope for some refinement or expansion of offers available, and the feedback indicated scope to spread good practice across different localities.

9.3 This latter point is important; the service was praised for working in a tailored way to meet differing needs in each of the localities. However, it was suggested that the offer's tailoring in each locality may mean some service users receive a more rounded or different offer to others. Linked to this, it may also be useful for the partners to consider whether (and where) there may be scope to raise partner awareness of the offers of other partners, to enable confident internal referrals and signposting based on informed discussions with service users. This point is important; partners and stakeholders referred to the Achieve partnership model as being 'the right way' to deliver this type of service, but called for more opportunities to come together and share with partners, to improve and maximise value of the partnership, particularly in light of disruptions caused by the COVID-19 pandemic.

9.4 Another element of the model is the use of GMMH's PARIS information management system, which offers shared access to clinical records across relevant partners. The positive feedback from partners using the system indicates that this is a useful mechanism; indeed, the calls for additional functionality and access by others reflect this. Some went further however, with calls to capture outcomes and narratives systematically.

Commissioning model

9.5 The model was always anticipated to offer efficiencies. Whilst we cannot verify whether or not efficiencies have been achieved within the scope of this evaluation, stakeholder consultations indicate that efficiencies have been realised at both provider and commissioner levels. This is a positive finding regarding the cluster commissioning model, and indicates there may well be merit in seeking to replicate this approach elsewhere. With this in mind, it may be useful for the

partners to consider conducting some kind of economic assessment, to identify savings realised through this joined up, pan-locality model. In addition, other localities (both commissioners and providers) may benefit from understanding how the model was set up and has operated. This could offer opportunities for partners to raise their profile and disseminate learning for greater good.

9.6 It is important to note that stakeholders welcomed Salford City Council's role as 'lead commissioner' during the tendering process, with their experience in commissioning this type of service credited with providing a solid foundation to build on across the cluster. It was suggested that others seeking to replicate this type of cluster commissioning approach may also wish to consider whether they have a commissioner able (and willing) to take on this role, including considering the potential time commitments required.

9.7 The spread of the model to Bury, with tailoring to suit local circumstances and the benefit of being able to observe the partnership before developing their specification, again provides evidence that the partnership model can be spread. Whilst this was in a neighbouring authority within Greater Manchester, there is no obvious reason why others further afield couldn't also seek to adopt the approach – either the cluster commissioning element or the partnership model (or both). The expansion to Bury also benefitted from commissioner willingness to share insights; how the partnership operated has proved key, but commissioner behaviour has also proved to be of vital importance in facilitating the model.

9.8 In terms of reporting, monitoring reports were deemed to be effective in meeting commissioner need, with effective contract management by GMMH to meet national and local monitoring requirements. However, it was suggested that provision of narrative alongside quantitative data may be useful in providing commissioners (and possibly others) with a richer understanding of how the service is performing.

Policy and provider landscape

9.9 The service has been dependent on the viability of the local VCS, with a range of offers, expertise and capacity required, as well as in-depth understanding of local communities, needs and assets. The cluster localities were considered to have been well positioned in this respect, but this may prove to be more challenging in other localities seeking to replicate the partnership model.

9.10 In addition, the reliance on VCS partners to deliver elements of the contract risks challenges relating to broader resilience issues to which the VCS is particularly vulnerable; for example, the ongoing backdrop of increasing demand and rising inflation may threaten VCS organisational sustainability. Whilst this type of relatively long-term and sizeable contract may offer some way for partners to overcome these challenges, the broader fragility of the sector is not to be underestimated, particularly post-pandemic. The extent to which lead providers can integrate depends on pre-existing VCS services in each locality. Each locality invests different amounts of money into their services and there was a concern that in some localities elsewhere in Greater Manchester, the VCS was less well developed and organisations may lack the experience and/or capacity to engage in a model such as that adopted by Achieve.

9.11 In addition to funding and organisational viability, the findings indicate that partners seeking to work in this type of arrangement benefit from local networks and pre-existing relationships. Potential and actual partners also need to adopt a culture of sharing and willingness to work collaboratively. This lack of protectionism was evident across Achieve partners, and they are to be praised for this; indeed, some partners called for more opportunities to share with and learn from others within the service.

9.12 When the Asset Fund is considered, this was seen as useful and welcomed, particularly by those organisations in receipt of funding, who also praised the application process. The Fund was seen to be enhancing the service offer and strengthening the local VCS. Salford CVS played a critical role in Asset Fund process management, with suggestions that other locality CVS organisations could perhaps also have more of a role to play in future funds, particularly in providing local insight. That said, the process for allocating and managing the Fund was perceived to have worked well overall, with wide representation on the allocation panel.

9.13 Another reported added value of the partnership's work has been its community development activity, including work to support and develop volunteers with lived experience of treatment and recovery services. This was seen to have worked well by those involved and volunteers themselves, as well as other stakeholders, with calls from some for even more training offers to be available for peer volunteers, including around the day to day role of volunteering, such as motivational interviewing techniques and dealing with complex service users. This indicates appetite to sustain engagement with the service.

9.14 Looking forward, there remains uncertainty regarding the full implications of the recent policy changes. In addition to the national drug strategy, the recent passing of the Health and Care Act 2022 may offer both opportunities and threats to the service. Whilst we understand that commissioning of drug and alcohol services will not shift from local authorities under the forthcoming changes, the introduction of ICSs and associated Boards and Partnerships represents a key change to the broader health and care landscape. It remains unclear whether there may be implications for provider profiles through being visible within ICS arrangements; if this is the case, then having a clinical lead partner may well prove even more important going forward.

9.15 Another way in which Achieve may be to some extent ahead of the curve is in respect of the provider partnership working, with moves towards provider collaboratives also afoot. The partnership may well offer useful learning and insights for others in this respect.

9.16 The National Drug Strategy offers more funding for recovery and treatment, along with a shift in emphasis nationally from punitive approaches towards support. However, Greater Manchester was considered to be ahead of the curve on this. It remains unclear currently whether the policy changes will enable expansion of existing offers, or whether there may be moves towards more strategic commissioning and links with wider public health aims more explicitly. Achieve is already helping to realise wider aims for service users; the service may be well placed in this regard, but opportunities and any shifts in emphasis should be monitored.

9.17 Looking forward, the end of the current contract period is not reported to be looming as a major risk or concern for partners. Recent reassurances regarding continued involvement of all four localities within the cluster have sought to allay some of the concerns raised regarding

sustainability, with partners largely feeling optimistic about partnership viability. Those involved are keen to continue their existing approach and sustain the focus on delivery of the service aims.

Recommendations

9.18 Below is a set of recommendations informed by the findings presented throughout this report. These are intended to strengthen the Achieve partnership and service model further.

Awareness raising, understanding and training

Recommendation 1: Maintain partnership (and wider stakeholder) awareness and understanding of partner offers. Partners were complimentary about the early Partnership Board meetings, which they praised for helping to develop their networks with partners and their understanding of partner offers. However, the evaluation findings indicate that efforts to ensure understanding of what other partners can offer, their eligibility criteria and role within the partnership could usefully be revived. This was seen as important in supporting informed decision making by service users about onward signposting and referrals within the partnership, and we would suggest this may also help with further building a sense of being part of a joint endeavour.

Linked to this, it may also be useful to raise understanding of the diversity and range of the offers amongst potential referrers, to ensure they understand the different support options and pathways available.

Recommendation 2: Consider introducing standardised partnership inductions for new staff. Partly linked to the point above, it was suggested that new staff joining partner organisations (to work on recovery or treatment) would benefit from face-to-face induction activities, including visits to meet colleagues in other partner organisations. We recognise that COVID-19 constrained ability to offer face-to-face partner inductions over the past couple of years; that said, there appears to be appetite for such activities to recommence. We suggest that the partners consider whether a standardised induction package could be developed for new joiners, to ensure a consistent core of activities and information are provided. This could perhaps also include specific training relevant to working on the service, to ensure continued consistency and economies of scale.

Information sharing and shared records

Recommendation 3: Consider whether narrative outcomes can be captured systematically alongside monitoring data. PARIS was recognised as a clinical monitoring and shared records tool, and in this respect was deemed to be a helpful feature of the partnership. However, those who are unable to access it reported a lack of mechanism through which to share information about service users in a standardised system. Others called for scope to capture narrative outcomes and 'stories' in a standardised way, and for this to be readily available for commissioners. With this in mind, we recommend the partners consider whether and how monitoring and reporting could be expanded, without creating additional undue burden. This

might perhaps also involve reminding partners of the functionality and remit of the PARIS system, to manage expectations about its capabilities and intended use.

Recommendation 4: Consider how to further expand service inclusivity. The service was praised for its offer. Some stakeholders suggested partners could consider how to further respond to diverse needs of different service user groups, including those from the LGBT+ community and those who are neurodiverse. The findings indicate local VCS or stakeholder organisations may be able to provide specialist input in regard to specific issues, which may prove useful. This may also include exploring what is seen to work well in one locality and whether this could be expanded out into other parts of the cluster.

Recommendation 5: In any future Asset Fund rounds (or equivalent), consider whether other CVSs could perhaps play a greater role. Selection panels were reported to have been wide-ranging and effective, but it was indicated that there may be scope for CVSs to play a greater role in any future rounds, working closely with Salford CVS to capitalise on their understanding of assets and needs in specific localities and communities.

Recommendation 6: Consider whether (and if so, how) subcontracted partners can be involved in meetings or engagement with commissioners. It was suggested that including subcontracted partners in some commissioner-provider meetings could be helpful, to enable commissioners to discuss any queries directly, hear the narrative around the service delivery and 'get the story behind the numbers'. This may however need careful management and consideration as to how to effectively make this work and ensure the focus remains on the entire partnership offer within a particular locality.

Linked to this, but separate, we also recommend exploring whether efficiencies could be realised through sharing information about which partners or individuals are due to attend key meetings locally, to minimise duplication. This would again potentially need careful management however, recognising partner organisations may be wearing 'dual hats' if representing the partnership in wider meetings.

Evaluation and co-design activities

Recommendation 7: Consider whether (and how) to capture evidence of efficiencies associated with the model/contract. Anecdotal reports indicate that efficiencies have been realised at provider and commissioner levels. However, it has not been possible within the scope of this evaluation to fully evidence these or to seek to monetise them. It may be worth assessing the feasibility of this approach and who the intended audience for any such fundings would be (and what would resonate for them evidence-wise) – which might include commissioners within or outside of Greater Manchester or the existing cluster. This may prove useful in making the case for replication of the service or commissioning model elsewhere.

Recommendation 8: Consider whether there may be merit in introducing co-production activities or involving service user representatives within strategic/planning meetings. Service user voices can prove particularly powerful, and introducing mechanisms to enable service users to effectively inform future provision can be rewarding for those involved, deliver wider benefits for service users and provide a new perspective to inform decision making. This

may be something the partners may want to explore how or whether to incorporate within partnership governance arrangements. Careful planning and support would be needed to ensure this can be done effectively and serve to empower those involved, and a shared vision for (and understanding of) coproduction would be required.

Reflection and celebration

Recommendation 9: Raise partner awareness of what is funded through the Asset Fund and how it may be useful to Achieve service users. This could also focus on increasing understanding regarding how to signpost or refer into the funded organisations and details of their eligibility criteria.

Recommendation 10: Build in time and space for reflection and celebration. To further strengthen partner understanding, and to share insights from this evaluation, we recommend that space be put aside to bring partners together to reflect on their experiences of what's going well, what's going less well or opportunities for improvement, and their reflections on what's happening in the wider context and what the implications of this might be for the Achieve service and commission. In any communication regarding partnership successes which may arise, we recommend making links to current targets and policy priorities explicit, to likely increase others' interest in learning from the Achieve model.

Annex A: Case Studies

A.1 The following case studies were shared with SQW by Greater Manchester Mental Health Trust and The Big Life Group, on behalf of the Achieve partnership, for the purposes of the evaluation. These case studies provide further evidence (in addition to the two examples from The Big Life Group and Salford Royal NHS Foundation Trust presented in Chapter 7) of the impact the Achieve service has had on individuals engaging with the service, and help to evidence the holistic nature of the Achieve service offer. All names have been changed to ensure anonymity.

Case Study – Early Break – Holding Families

Caroline was referred to Holding Families by Children's Social Care. She had been minimising her alcohol use and her children had been reporting regular incidents of their mother being intoxicated.

Caroline engaged in a recovery programme and completed an in-stay detox. She had a bracelet attached to monitor her alcohol use and received psychosocial intervention via Achieve to maintain her abstinence. She gained an in-depth understanding of the impact of her alcohol misuse through group sessions, 1:1 sessions and family meetings.

At the end of her engagement with Early Break, Caroline was no longer using alcohol, had been abstinent for over 8 months and was no longer using anti-depressant medication. She continues to receive support from Achieve.

Case Study – Thomas – Residential support

Jenna was referred to THOMAS as she frequently used cannabis and cocaine, engaged in heavy drinking following the breakup of her relationship, and was experiencing difficulties living at home. At the time of her referral she was 8 months pregnant and the plan was for her to stay at THOMAS and access Group Meetings following the birth of her baby.

Jenna has complex needs. She participated in group work addressing behaviours associated with addiction and learning about the disease, relapse prevention, how to manage feelings, and how to develop new skills for resolving conflict. She also engaged in 1:1 sessions on benefits, emotional and recovery support. Support with her physical health has also been essential.

THOMAS supported her to have regular contact with her child (currently in foster care) and face-time contact nightly, which has been successful in building the bond between them.

As she continues in her recovery, Jenna is more aware of her triggers for substance misuse and continues to access recovery support.

Case Study – Intuitive Thinking Skills – Intuitive Recovery Course

Riley started to excessively use alcohol at 21, to deal with the emotional pain from a relationship breakup. She said she realised drinking alcohol had become a problem when she felt "unable to conduct a normal relationship" without alcohol. She also reported that she had lost friends because of the way she behaved when drinking alcohol. This made her feel ashamed and embarrassed.

Riley tried self-discipline and other efforts to abstain, but these attempts were not successful. She self-referred to local area alcohol services and then was referred on to Intuitive Thinking Skills to complete the Intuitive Recovery course.

Since completing the Intuitive Recovery course, she has remained abstinent and sees the course as a very important part in this. Every couple of weeks, she re-reads the literature and student course book "which boosts me ... It never leaves my bedside table. It's not too intense and wordy and makes so much sense".

Case Study – Great Places – Achieve Floating Support

Michael had his own home, but due to his active addiction he didn't have any furniture and did not pay for gas or electricity, as these were not priorities for him. Michael was completing a detox programme with THOMAS on a 3-month placement. He was referred to Great Places as he needed support to resettle back into his property following his detox.

He worked with his Housing and Wellbeing Officer on his strengths and challenges; it was identified that he would feel better able to remain abstinent if he had a settled home and access to community support. They discussed all areas of his wellbeing: home, finances, social, physical and mental health as well as immediate needs such as furniture, gas and electric and food, as part of his resettlement.

Michael's Housing and Wellbeing Officer applied to the local council for a furniture package to coincide with his discharge date, and was able to obtain most of the items requested as well as a food parcel as part of the council's emergency assistance. Michael also received details of online support groups within the community to focus on relapse prevention in addition to the Achieve Recovery Support Groups.

Michael has now successfully resettled in his community and has been discharged from floating support.

Case Study – Salford Royal Hospital Trust – Alcohol Care Team

Mark was an out of area patient and unknown to Achieve until he was admitted to Salford Royal Hospital after having an alcohol withdrawal seizure while in police custody. Mark had a history of alcohol dependency and drug misuse.

Alcohol withdrawal treatment was started to prevent further seizure activity, and Mark was started on the Clinical Institute Withdrawal Assessment for Alcohol pathway, as he was showing mild to moderate withdrawal.

The Alcohol Support Nurse arranged for Mark to be transferred to a custody suite with medical cover, and provided the withdrawal treatment and prescription sheet for a local paramedic and custody staff to follow. Mark was then discharged with his withdrawal treatment plan back into police custody, and SRFT released an acute medical bed for further emergency cases.

Case Study – Intuitive Thinking Skills - Intuitive Recovery Course

Sam first recognized that his addiction was posing problems in his personal life during lockdown. He said he was becoming more interested in getting drunk than attending work or doing sports. He found out about the Intuitive Recovery course through his substance misuse key worker from GMMH. The Substance Misuse Rehabilitation Team made a referral for him after calling the crisis helpline.

Sam received prescribed medications from his Community Mental Health Team doctor to manage his mental health difficulties related to his drinking. He felt he needed the structure and tailored input from something like the Intuitive Recovery course. He had considered Alcoholics Anonymous but was unsure as to whether it was right for him.

Since completing the Intuitive Recovery course Sam has reduced his alcohol intake substantially and returns to his course materials when he is having a difficult day. If an issue arises he now feels confident talking to his Care Coordinator about it.

Case Study – Big Life Group and GMMH – Assertive Outreach and Dual Diagnosis services

Alice was opiate and alcohol dependent with unmet physical and mental health needs when she was referred to the Achieve service. She had lost contact with her family and children due to her substance misuse and was homeless, living in temporary accommodation. Her main recovery goal was to become abstinent from drugs and alcohol and to have her own tenancy - which she felt would enable her to re-establish a relationship with her family.

The Assertive Outreach team completed a referral to the GP Inclusion Team during a home visit and arranged for the outreach nurse from the GP team to meet with the team member and Alice at her home for an assessment. Support was offered face to face, meeting Alice where she was at, using a person-centred approach which enabled her to build trust with all the professionals involved.

The Assertive Outreach team member and the Dual Diagnosis Practitioner assessed, advised and acted on the risks of Alice's alcohol and drug use during each appointment. Alice's mental health needs were assessed by the Dual Diagnosis Practitioner and visits to her home were supported. She suffered from depression and anxiety and was supported to engage with the GP team for prescribing. Ongoing emotional support was provided by the Dual Diagnosis Practitioner to help increase her self-esteem, confidence and assertiveness.

Alice has now completed an alcohol detox and has ceased using heroin and crack cocaine. She is engaging positively with psychosocial interventions, relapse prevention and mutual aid meetings in the community. She has now developed the confidence needed for her to access counselling with the Manchester Action on Street Health (MASH) and is engaging fully with GP services independent of the Assertive Outreach support.

Alice has been offered a tenancy and will be moving into her new home in the near future. She will continue to receive support from the local Council supported tenancy service for the duration. She is now in regular contact with her family.

Case Study – Salford CVS

Salford CVS manages the Asset Fund (which provides up to £5,000 to VCS organisations to fund activities which support the rehabilitation process) and the Personal Support Recovery Fund (which provides grants of up to £500 for specific items which may be beneficial in achieving recovery goals).

In 2020/21 projects supported by the Asset Fund helped 623 individuals, of which 272 were Achieve service users. Itsherstory (Salford and Trafford), a confidence and skills course for returning to work, delivered an online offer supporting 26 women, all of whom completed the course. Outcomes included: three women in volunteer roles, five women in full time paid work, six women returning or setting up a self-employed role and three women in further education or training.

In 2020/21 the Personal Recovery Support Fund directly supported 134 individual Achieve service users with awards supporting the achievement of their recovery goals. This was more than three-times the figure for 2019/20. Requests for support include refurbished laptops to enable remote access of recovery services, white goods, furniture, gym membership and training or tools to enable self-employment.

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