

Charting New Waters: Delivering drug policy at a time of radical reform and financial austerity

Report Summary

April 2012

Introduction

The funding, commissioning, management and delivery structures for addressing the problems associated with illicit drugs in England are experiencing an unprecedented level of change.

The government's 2010 Drug Strategy places considerable focus on improving the recovery outcomes for people with drug problems, alongside efforts to reduce the supply of drugs. It identifies the need for support from a range of different services such as employment, education and housing, and family networks to enable people to reintegrate into their communities. In contrast to the strong central oversight of previous drug strategies, it calls for far greater local control over service delivery by local areas and people accessing services.¹

At the same time, substantial reductions in public spending are being implemented alongside wide-ranging public service reform, including structural changes to the NHS, policing and criminal justice reform and a drive to deliver the Big Society.

These changes raise key questions, which our study set out to explore, about the ability of areas to achieve the ambitions of the Drug Strategy and around the future security of investment in drug interventions. With considerable additional resources for drug interventions over the last decade much has been achieved but there is a real risk that the current level of change will lead to the dilution of these gains, with negative consequences for drug users, their families, for wider communities, and indeed for the wider economy.

Our study reveals a broad picture of upheaval and uncertainty and this summary sets out our study's main findings. The results will be relevant for national policy makers; commissioners and providers of drug treatment and recovery services; Directors of Public Health; those engaged in drug-related enforcement; and locally elected officials.² The full report of the study is available at: <http://www.ukdpc.org.uk/publication/charting-new-waters>.

¹ Home Office (2010), Drug Strategy 2010, 'Reducing Demand, Restricting Supply, Building Recovery: Supporting people to live a drug free life,' London: HM Government.

² Forthcoming research by UKDPC will explore further the 'governance' and processes for making drug policy in the UK. This will address some of the same issues covered within this report, such as leadership, accountability and stakeholder engagement, but with a focus on policy development. It will be published in winter 2012.

Our study

This study explored the way in which drug-related interventions (focusing on drug treatment and recovery services, drug-related enforcement and drug prevention activities) are changing in England in response to the current environment of increasing austerity and wide-ranging structural reforms.

The research was carried out between February 2011 and March 2012.³ Therefore information here relates to a period prior to the full implementation of some of the most far-reaching and potentially impactful changes. Our research aimed to highlight risks, opportunities and emerging lessons to assist those who are seeking to improve service provision and manage the changes resulting from reforms to structures and systems.⁴

Study methodology⁵

The study drew on a combination of methods:

- Review of key national level literature and interviews with key stakeholders.
- The delivery of 81 semi-structured interviews in seven English case study areas. Interviewees included: key Drug Action Team staff (or the local equivalent structure for commissioning drug treatment and recovery services) and Police, Probation, Primary Care Trust, community safety, service user, elected member and GP representatives.
- National survey of police forces in England, conducted with support from the Association of Chief Police Officers. In total, 74% of forces, 25% of Borough Command Units and 9 other units responded.
- National survey of 142 English Drug Action Teams (or local equivalent), completed by 43% of teams.⁶
- Three national events: a roundtable workshop for Directors of Public Health, held in partnership with the Association of Directors of Public Health, a seminar for those responsible for commissioning and managing drug treatment and recovery services in 25 English areas, and a roundtable workshop for NHS drug treatment providers in England.
- Expert input from a high-level project advisory group, which included representatives from government departments, the local and community sector and professional police and public health bodies.

³ The research focuses mainly on services for adults. A forthcoming UKDPC briefing will concentrate specifically on change to young people's services in the current environment and the potential impact of this on drug problems.

⁴ It was not assumed that decreasing overall public expenditure automatically meant a decrease in expenditure on drug interventions or lower-quality services as centrally allocated funding for drug treatment held steady for the 2011/12 and 2012/13 periods.

⁵ Separate briefings on the key findings from the national surveys, roundtable workshops and seminar are available: www.ukdpc.org.uk/localism-and-austerity-project/

⁶ Survey distributed to the Drug Action Teams for which accurate contact details were available.

Adapting policy and managing change

Since the election of the coalition government, a considerable amount of new policy and structures relevant to the delivery, management and funding of drug interventions has been rapidly introduced. This is in contrast to a previously 'evolutionary' model of policy development largely based on incremental change.

The cumulative effects of government policies are often unpredictable and increasing levels of decentralisation increases complexity due to the involvement of more actors with varying priorities and approaches. There is a balance to be struck between the priorities and perspectives of national and local actors.⁷

To ensure that the Drug Strategy is deliverable, there will be a need for the national government to adapt or steer the system if it is found to be deviating too far from the high-level goals of its policy. Our research aims to provide indicators of 'early warnings' which we hope can inform future decision making processes.

MANAGING CHANGE

Core principles apply to the successful implementation of change in any setting. For example, strong leadership is fundamental to keep change moving. It is vital to have a clear strategy, setting out the case for change and goals towards which progress can be measured, backed by the right resources and a team to implement this. It is also essential that there is a timetable, taking into account the issues that might pull progress off course. Alongside this, some quick wins are needed so people are able to see results from the change process. Taking the time to assess implications and consequences up front is valuable, together with clear metrics to measure success, assess value for money and to reinforce and embed the change. Finally, on-going and effective communication with staff and stakeholders is critically important.⁸

Although public service organisations are familiar with managing change, albeit with varying levels of success, applying the principles above to so called 'wicked issues' such as drug misuse, which involve complex and often interlinked challenges, may prove to be particularly difficult in the context of austerity and extensive reform.

⁷ Institute for Government (2011) 'System Stewardship: The future of policy making?' London: IfG.

⁸ Local Government Improvement and Development (2007) 'Managing Significant Change,' London: IDeA, CLG and London Borough of Lambeth. Available: www.idea.gov.uk/idk/core/page.do?pageId=5829782

Unprecedented change

The changes key to our study's focus include:

- Structural changes to the NHS as set out in the Health and Social Care Act and the creation of a new public health system within local authorities which will include the commissioning of substance misuse treatment and recovery services. From March 2013, the current drug and alcohol treatment budget is likely to make up around a quarter of the total national budget for public health (around a third of the budget allocated to Directors of Public Health). This is alongside the expectation that the NHS will save £20 billion by 2014, the most ambitious savings target it has ever faced.
- Introduction of Police and Crime Commissioners to oversee policing. An area's Commissioner will have control of a budget which will include a proportion of the current Drug Interventions Grant. Overall funding allocated centrally to police forces in England and Wales is expected to reduce by 20%, in real terms over four years (by 2014/15).
- A reduction of up to 40% in funding of central government departments and significant reductions in local government funding at least up to 2015.⁹ The most deprived authorities are losing systematically the most spending power.¹⁰ Spending reductions in local authorities and some national government services include the wider support services, such as housing, welfare and employment, for those with drug problems, and early intervention services for young people.
- Increasing localism, and public service reform to shift power from the centre back to the local level, opening up public services to competition by boosting local involvement and engagement and encouraging partnerships across the public, private and voluntary sectors. Payment by results is seen as a mechanism for achieving value for money and eight areas are piloting this approach in reference to drug and alcohol treatment services.

⁹ Central government cuts between 2010 and 2015, source: Source: Bozio, A et al. (2011) 'The IFS Green Budget: February 2011,' London: the Institute for Fiscal Studies. Available: www.ifs.org.uk/budgets/gb2011/gb2011.pdf

¹⁰ Hastings et al, 2012, 'Serving Deprived Communities in a Recession,' York: Joseph Rowntree Foundation. Available: www.jrf.org.uk/sites/files/jrf/communities-recession-services-full.pdf

Key findings

While there is much 'unfinished business' in relation to the application of austerity measures and the implementation of the systemic organisational, financial and governance changes, our research findings highlight the value of focused, integrated and evidence-based approaches to tackling drug problems during this time of change. It is important that timely and reliable evidence is collected early to allow the identification of any potential negative consequences, assess whether value for money is being achieved, and whether change is being managed effectively. Our core findings are:

- 1. An unprecedented level of change is being felt across every aspect of the delivery of drug interventions, but many practitioners have no clear understanding of what a 'final destination' might look like.** Every publicly funded service agency is facing systemic change and funding pressures. However, we found little evidence of a clear overall vision or 'road map' to explain how the processes of policing and justice reform, NHS structural changes, the drive to deliver localism, austerity measures and the ambitions of the Drug Strategy will fit together in a coherent way. There seemed to be little national or local understanding of what the real impact of change in one agency, or system, will be on another, and what this means for the existing complex web of relationships and partnerships between organisations. There was no consistent pattern in our case study areas of how decisions were being taken around investment and disinvestment in services. These processes need careful management and choreography, yet many people felt this was not happening sufficiently. Overall, this risks poor value for money in organisational effort.
- 2. Local players see opportunities in the changes to work more efficiently.** The movement to give local authorities responsibility for public health was seen as presenting opportunities to link with other services such as housing, employment and education. The transfer of funding for prison drug treatment from prison budgets to health and local control was appreciated as providing positive opportunities to integrate community and prison treatment services. Increased levels of service user engagement and involvement in the delivery of drug treatment interventions was recognised as integral to developing flexible and responsive recovery-oriented systems. The changing environment was perceived as a positive opportunity for increasing integration between alcohol and drug treatment services and for increasing investment and priority for alcohol interventions. Furthermore, new relationships between Health and Wellbeing Boards, Community Safety Partnerships and police force-wide Police and Crime Commissioners and Police and Crime Panels have the potential to unlock creative approaches to tackling drug and alcohol problems.

- 3. Yet, the current changes present considerable risks, including the potential for disinvestment, fragmentation and more bureaucracy.** Risks to effective drug interventions include the possibility of funding within the public health budget, previously ring-fenced for drug interventions, being used to meet the efficiency savings required by local authorities and of the prioritisation of public health spend being open to political influence. In policing, proactive drug-related enforcement activities, such as evidence-gathering, are expected to decrease due to austerity measures, which may result in a lessening of intelligence about drug markets and supply networks. New ways of working can achieve efficiencies but at the same time there may be unintended consequences. Cross-cutting policy issues could also end up neglected between the various agencies. For instance, treatment and recovery service provision that focuses on the 'average' client may not be able to adequately meet the needs of service users with more complex mental health and substance misuse problems. A reducing pool of medical addiction specialists and an increasing difficulty in supporting greater personalisation in the choice of interventions are also potential negative consequences. Nine out of ten Drug Action Team survey respondents were making changes in line with the Drug Strategy's vision. However, nearly half thought that changes to wider support services were having a negative impact on their ability to deliver a recovery-oriented drug treatment service.
- 4. Partnership working and collaboration are valued but capacity is under strain.** Most organisations, at the time of the research, with the exception of the police, did not seem to be stepping back from existing partnership working. However, collaboration takes staff time and resources. As changes take place and austerity bites, the sustainability of local collaborative and partnership mechanisms was seen to be vulnerable. Among Drug Action Team survey respondents, 45% were expecting the level of staff time in their organisation committed to working on drug-related activities to decrease, and future financial contributions to support partnership mechanisms and activities were insecure. Police survey respondents expected to undertake less partnership working in the future. For instance 38% of force-level respondents expected drug-related work with community groups to decrease and 34% expected to work less with local councils over the next 12 months.¹¹
- 5. There is an important risk of fragmentation between the health and criminal justice agencies that are key to successful drug interventions.** Many of the emerging Health and Wellbeing Boards did not include criminal justice representation.¹² Yet, public health interventions will not be sufficient on their own to achieve the Drug Strategy's recovery ambitions. Research respondents expressed concern about fragmentation between future health and justice structures, given the interplay between substance misuse, mental health problems and crime and justice. Without a strong local champion, drug-related issues may be considered a lower priority than other mainstream concerns within both public health and law enforcement. There is a risk that the

¹¹ April 2011 – 2012 timeframe.

¹² In support of this finding, an eATA (unpublished) commissioned analysis of the membership of 31 Health and Wellbeing Boards found that 16% included criminal justice representation.

momentum built up over the years for drug interventions, as fostered through the current partnership system, may be lost in the changing environment.

- 6. Many of the changes that are either taking place or being planned are underpinned by little robust evidence or detail.** In particular, there is a sparse evidence base for many recovery-oriented interventions and the relative value for money of different systems of delivery, and little detailed information on future delivery structures. The increasing focus on outcomes in drug treatment and recovery services, while welcome in principle, carries risks for service users and service providers. These include perverse incentives, particularly for services to cherry-pick those who are most likely to achieve outcomes, and risks around the development of a payment structure that is viable for voluntary and community sector organisations.¹³ A focus on outcomes requires robust data about what works and an understanding of the realistic timeframes for achieving these. However, in the on-going changes, it is not clear where the responsibility for the collection of this evidence lies. In short, a large social experiment is underway which is being driven by a confidence in untested approaches.
- 7. Forging a new balance between a centrally-led national Drug Strategy and more flexible, locally-led drug interventions is welcomed but brings substantial risk.** It will be a major challenge to reconcile and implement national and local priorities through increasingly decentralised systems with multiple local interests. Increasing localism needs to be underpinned by strong safeguards to ensure national priorities will still be delivered and protect the gains in drug treatment and crime reduction that have already been achieved. Previous UKDPC work has shown that the stigma experienced by drug users is a fundamental barrier to the delivery of the Drug Strategy.¹⁴ This new research reinforced that conclusion. Interviewees were concerned that if public health budgets are tight there is a real risk that the money currently spent on interventions for this 'undeserving' group will be diverted to other areas.
- 8. The changes underway have major implications for accountability systems.** The architecture for the delivery of many services is changing. Reform of the design and structures for drug treatment and recovery services is common, with around half of the Drug Action Team respondents in the process of re-design or re-commissioning local services. A consequence is that lines of accountability are shifting and increasingly complex. The mismatch between organisational boundaries, for instance, between Health and Wellbeing Boards, Clinical Commissioning Groups and Police and Crime Commissioners will amplify difficulties in tracking how money is being spent and in holding services responsible for outcomes. In addition to this, there is currently little evidence available in the public domain that local communities can easily utilise to hold both elected officials and those providing interventions to account.

¹³ UKDPC, 2010, 'Payment by Results for Drug Services: Some key issues,' London: UKDPC. Available: <http://www.ukdpc.org.uk/publication/payment-by-results-drug-services-key-issues/>

¹⁴ UKDPC, 2010, 'Getting Serious About Stigma: The problem with stigmatising drug users,' London UKDPC. Available: www.ukdpc.org.uk/publication/getting-serious-about-stigma-problem-stigmatising-drug-users-summary/

Mitigating the risks

Our study has shown that delivery of the national Drug Strategy could be undermined by a number of potential risks for those operating at both the national and local level. Proposals for how these can be mitigated are set out below, divided between those directed at national policy makers and those for people that are working at the local level. We recognise that over the last two decades a number of principles have been established and a plethora of guidance to encourage partnership working has been produced aimed at those responsible for local public services. We do not wish to duplicate those. Our proposals are aimed at ensuring that work to address the problems associated with illicit drugs, continues to be underpinned by an infrastructure that is fit for purpose, and that people will have the skills, capacity and support to continue to deliver the aspirations of the Drug Strategy.

Proposals directed at national policy makers

Our study has shown there is a need for:

1. Improved co-ordination and integration between public health and criminal justice agencies

- Central government (Department of Health, along with the Home Office and Ministry of Justice) should provide a stronger steer with appropriate guidance aimed at ensuring local Health and Wellbeing Boards build proactive and strategic relations with the relevant Community Safety Partnerships, Police and Crime Commissioners and the Police and Crime Panels. For instance, through promoting the reciprocal co-options of people with health and criminal justice expertise (and especially enforcement) respectively onto Panel and Board membership.
- It is important for new collaboration to be stimulated between national professional health bodies (such the Association of Directors of Public Health and the Faculty of Public Health) and their counterparts working in police and justice bodies, around critical issues of mutual interest, such as drug, alcohol and mental health interventions.

2. Development of clearer guidance and improved communication on the detail of implementing policy changes

- We propose that the Home Office, Public Health England, Ministry of Justice and Department of Communities and Local Government initiate a series of regional collaborative learning events, bringing together the new Police and Crime Commissioners, Health and Wellbeing Boards, justice interests and service providers, focusing on the opportunities to develop creative local approaches to drug, alcohol and mental health problems.¹⁵

¹⁵ The Home Office funded Safer Future Communities Project, delivered by Clinks, is providing a series of regional briefing events to support frontline voluntary, community and social enterprise organisations in preparation for the arrival of Police and Crime Commissioners. www.clinks.org/services/sfc

- In recognition of the needs expressed by those working at the local level, the Department of Health (through Public Health England) and the Home Office should create more opportunities to share practice and facilitate learning networks, such as a network for individuals commissioning and managing drug treatment and recovery systems.

3. A nationally managed and co-ordinated resource for authoritative evidence

- The Department of Health should ensure the development and promotion by Public Health England of a single port of call for authoritative sources of evidence relating to substance misuse treatment and recovery interventions, especially around analysis of comparative value for money studies, the collection of data around drug prevention and in providing information on what interventions are proven to be effective.
- The Department of Health should also ensure the inclusion of a strand relating to substance misuse in the activities of the National Institute for Health Research's School for Public Health Research, including studies to establish how best to deliver recovery-oriented services.
- As we have suggested in earlier UKDPC reports, there is a pressing need for the Home Office (and the new National Crime Agency) to set up a substantial programme of research evaluating the impacts of various enforcement efforts to disrupt the drugs trade. Unless this is done, we will never know whether enforcement interventions represent value for money.¹⁶

4. Establishment of fiscal incentives to encourage and enable organisations to pool resources to achieve complementary objectives

- We propose that there should be a comprehensive study undertaken to explore the potential for a wider range of fiscal incentives, beyond payment by results, to underpin and stimulate collaborative interventions between police, justice, NHS and public health agencies to address cross-cutting issues such as drug and alcohol problems. Lessons from the Total Place and Justice Re-Investment programmes could be of value in such work. This might most appropriately be commissioned by the Cabinet Office.

5. Setting up of mechanisms for ensuring local commissioners and service providers are adhering to clinical governance and quality standards

- To ensure that drug treatment and recovery services are of the highest quality, and comply with the NHS Constitution, we suggest that Public Health England and the Care Quality Commission develop mechanisms to ensure that the appropriate NICE clinical and quality standards and mechanisms are being applied across the sector.

¹⁶ UK Drug Policy Commission (2009) 'Refocusing Drug-Related Law Enforcement to Address Harms,' London: UKDPC. Available: www.ukdpc.org.uk/publication/refocusing-drug-law-to-address-harms/

6. Monitoring and review of the formula relating to drug treatment within new public health ring-fenced funding arrangements

- Public Health England should commission an independent review of the impact of the new formula intended to incentivise local areas to sustain their support for local drug treatment and recovery services and outcomes. This should include consideration of whether there has been any change in the level of local investment in drug treatment and recovery services and whether local areas have been able to sustain performance and outcome levels.¹⁷ This could also include consideration of any interaction or overlaps with the operation of the proposed Health Premium aimed at encouraging local areas to tackle health inequalities.

Proposals for those working at the local level

There is a need for:

1. A robust understanding, and promotion, of the current evidence base relating to the efficacy and value for money of particular drug treatment and recovery interventions

- Local drug service commissioners, drug treatment and recovery service providers and Directors of Public Health need to be active in promoting the evidence about the effectiveness of different drug interventions and how they enable recovery, including population-wide health and crime reduction benefits.
- It is paramount that Directors of Public Health give priority to the inclusion of local drug and alcohol problems in an area's Joint Strategic Needs Assessment and the local Joint Health and Wellbeing Strategy. Without this, efforts to tackle the problems will be seen as of second-order importance.
- As far as it is possible, local drug service commissioners should be pro-active in initiating links and networks with other commissioners to share knowledge and understanding of the evidence about drug interventions, as well as about the new procurement, operational and contracting arrangements that the movement to a new public health system will entail.
- Many councillors will need further information about what works in tackling drug problems. We believe there is an opportunity for the Local Government Association (LGA) and its constituent networks to act as an influential conduit for getting more and better information to elected council members, as well as Police and Crime Commissioners, about the benefits of evidence-based drug interventions and especially drug treatment and recovery services.

¹⁷ From April 2012, 20% of the overall national Pooled Treatment Budget allocation to local areas will be based the number of adult drug users that have successfully completed treatment and who have not re-presented to treatment anywhere in England for at least six months. See: www.nta.nhs.uk/uploads/overviewofhowtheptb12-13hasbeenallocated.pdf

2. Promotion of the joint agenda between Health and Wellbeing Boards and enforcement and justice systems

- Police and Crime Commissioners should be encouraged to establish a joint forum, in addition to Police and Crime Panels, to bring together representatives from local Health and Wellbeing Boards in their Force area to address strategic issues around drug and alcohol problems.
- The Director of Public Health has an important contribution to make to the development and implementation of Police and Crime Plans, which will take into account local drug and alcohol issues but this may be complicated by lack of co-terminosity between local authority and police force areas. Directors of Public Health should seek out ways to work with their colleagues in adjacent areas covered by the police force to ensure their contribution is coordinated and comprehensive.

3. Establishment and maintenance of strong relationships with other locally elected officials and key partnership configurations to build support for drug interventions¹⁸

- Directors of Public Health need to be proactive in engaging with locally elected officials, particularly those that sit on the local Health and Wellbeing Board, Community Safety Partnerships, Police and Crime Commissioners and Police and Crime Panel members, in order to communicate the nature, range and benefits of drug and alcohol intervention services for communities and individuals.
- Directors of Public Health and local drug service commissioners need to ensure that they facilitate the inclusion of drug service user representation on HealthWatch in order that a group of people, traditionally marginalised from decision making, are enabled to have their voices heard in the future planning of public health services.

4. Access to specialist commissioning skills and knowledge of local substance misuse

- Amongst their many responsibilities, Directors of Public Health need to ensure that within the new structures they have access to specialist knowledge and expertise around commissioning and drug treatment and broader recovery interventions in addition to that relating to broader public health approaches.
- Directors of Public Health will need to engage proactively with their counterparts in Clinical Commissioning Groups to avoid fragmentation of responsibility arising from the different commissioning arrangements for individuals with mental health conditions as well as substance misuse problems.¹⁹ There is a huge risk such groups will fall between the two systems.

¹⁸ See also an Adfam guide aimed at family support services: Adfam (2012) 'Surviving the Transition: Local structures and networks,' London: Adfam. Available: www.adfam.org.uk/docs/adfam_transition_structures.pdf

¹⁹ DrugScope, Centre for Mental Health and UKDPC (2012) 'Dual Diagnosis: A challenge for the reformed NHS and for Public Health England: A discussion paper.' Available: <http://www.ukdpc.org.uk/publication/dual-diagnosis-challenge-reformed-nhs/>

5. Balanced approaches to drug-related enforcement activity

- Senior police officers need to continue supporting and promoting interventions which have deeper long term benefit in disrupting drug markets as well as those that have more immediate and visible benefits. Effective drug enforcement will rely on intelligence gathered by interventions that can include forensic testing and test purchasing in order to keep abreast of rapidly changing drug markets.

We are grateful to Barclays and the Esmée Fairbairn Foundation for their support for this research.

Research carried out by Helen Beck.

© **UK Drug Policy Commission (UKDPC)**, April 2012

ISBN 978-1-906246-39-6

This briefing is available at:

www.ukdpc.org.uk/publications