Briefing paper: Illicit Drugs and Public Health in 2012

The local and national context for addressing the problems associated with illicit drugs is changing. This paper sets out some of the issues and challenges for the delivery of drug interventions in the new public health system.

It is based on a round-table workshop in December 2011 involving Directors of Public Health and national government officials, which was held in partnership with the Association of Directors of Public Health. It also draws on wider research from the 'Localism and Austerity project,' being undertaken by the UK Drug Policy Commission (UKDPC) looking at the impact of decreasing expenditure and policy reform on efforts to tackle drug problems at the local level.[1] The final report of the overall project will be published in March 2012.

CONTEXT

Within the current re-organisation of service delivery and management, drug interventions will be affected by multiple changes to national and local structures.

At a national level, The National Treatment Agency is moving into Public Health England. At the local level, responsibility for public health, which will include the commissioning of substance misuse treatment, is moving back to local authorities under the leadership of Directors of Public Health. As part of this, the budget for public health interventions, including the currently ring-fenced pooled treatment budget (PTB) for drug treatment, will pass to local authorities who will be required to set up Health and Wellbeing Boards to oversee the spend. It is likely the current drug treatment budget will make up a significant part of the total budget for Public Health (about a quarter of it).

In some areas drugs treatment will be a new responsibility for Public Health, in other areas it will not be. The local public health allocations will be ring-fenced for spending on public health interventions but there will be no ring-fencing of money within the overall public health pot for specific interventions, like drug treatment. At the same time, overall public expenditure is decreasing and the budgets for most local authority service areas are being reduced.

Drug interventions encompass a range of activities by a wide variety of organisations and inter-agency partnership working is essential for effective delivery. These

[1] For more information see www.ukdpc.org.uk/resources/UKDPC_Localism_research_summary.pdf

changes will require the establishment of new relationships with each area's Health and Wellbeing Boards and local Clinical Commissioning Groups.

The introduction of Police and Crime Commissioners (PCC), intended to shift power and accountability for policing to the local level, will also have an impact. Since an area's PCC will have responsibility for drug enforcement interventions, their relationship with the Health and Wellbeing Board (or Boards) in their jurisdiction will be of considerable importance.

ILLICIT DRUGS: RELEVANT CHANGES

- The government is committed to putting recovery at the heart of drug treatment, widening the coverage to include more drug types, moving to outcome-focused delivery, and piloting payment by results for drug services.
- The National Treatment Agency is moving into Public Health England. Responsibility for public health is moving back to local authorities under the leadership of Directors of Public Health.
- The currently ring-fenced pooled treatment budget (PTB) for drug treatment, will pass to local authorities, where it will form a substantial part of the overall public health budget, but will not be ring-fenced.
- Police and Crime Commissioners (PCC) will have control of a proportion of the Drug Interventions Programme (DIP) grant.
- Spending on services for people with dual diagnosis and those with less severe mental health problems will be the responsibility of Clinical Commissioning Groups, while funding for provision of drug treatment in prisons will come down from the NHS Commissioning Board. The situation concerning GP-prescribing remains unclear.
- Within the Public Health Outcomes Framework there is only one outcome relating to drugs, which relates to successful completions of treatment, and one on alcohol concerning a reduction in hospital admissions.

ISSUES AND CHALLENGES IN THE NEW CONTEXT

Overall the move to public health is welcomed but new structures are developing in the absence of key information

For many people working in the public health and drug sectors the move to public health is welcomed. It is hoped the move will facilitate a greater focus on recovery, early intervention and prevention. Location within a local authority gives an opportunity to integrate approaches to alcohol and drugs and link with other services such as housing, employment and education.

However, the transition to public health and the way in which responsibility for commissioning and delivering drug interventions will work is unclear in many areas.

This is very much in flux with key decisions still to be made and a wide variety of different models being established across the country. New structures and processes have had to develop in the absence of key pieces of information, for instance publication of the size of the ring-fenced public health budget.

Whilst public health allocations were still undefined at the time of the round table: it was known that the PTB allocations were likely to remain at a similar level to 2011/2012 which raised the possibility of PTB funding being used to meet the efficiency savings required by local authorities.

The continuing delivery of safe, effective and high-quality services is critical during the Health and Wellbeing Board's 'shadow' operating year of 2012/13 while the process of organisation change continues to be in progress.

Strong partnerships, particularly between criminal justice and public health, are critical

Successful drug interventions depend on inter-agency working. Public health professionals are used to working in partnership, managing complexity and working across different organisations. In the current climate it is even more important to invest time and energy on this, despite shrinking resources producing a pressure to cut back.

Health and Wellbeing Boards must bring together the right partners and involve key strategic and senior local authority partners. However, it cannot be all things to everybody. Membership by every agency wanting to be around the table is unlikely. Many areas will not include criminal justice representation on their Health and Wellbeing Board. Yet, criminal justice partners are key to maintaining focus and attention on drug treatment and historically they have been critical in promoting investment. They are key allies in making the argument for continued funding for drug services.

Differences in working culture between local authority and health professionals may pose challenges, alongside the adoption of population level of approaches. Different local authority structures also pose complications in making the links with different services, with district and county councils delivering different responsibilities.

Fragmentation within the new health system is a key risk: leadership commitment and partnership working is important in mitigating against this

Directors of Public Health have many large agendas to lead on and there is a risk that attention to drug interventions will be overridden by their other responsibilities. In addition, fragmentation of service responsibility carries risks for the delivery of an integrated and good quality service.

Overall responsibility for prison drug treatment now lies with the National Commissioning Board and will be devolved to local areas. Mental health services will be commissioned by Clinical Commissioning Groups with implications for people who have dual diagnoses or co-morbidity between substance misuse and mental health.

There is real variety in the quality of GP leadership and Clinical Commissioning Groups (which are still evolving). The situation is also complicated by the fact that GPs are also important providers of substance-use interventions. Reluctance, amongst some GPs, to engage with substance misuse, may be a significant barrier to successful delivery, and may result in inequalities of provision between different areas.

The aspirations of the national Drug Strategy rests on partnership and good quality leadership, communication and advocacy by public health professionals; local health and wellbeing boards are key to the promotion of this agenda. In reality, it does not particularly matter who leads, whether it is the Director of Public Health or another representative, as long as somebody at a senior level does lead and engages strategically with local partners. An area's Joint Strategic Needs Assessment should be an important vehicle in the delivery of this.

Greater localism carries risks and opportunities

There is a strong evidence base concerning the effectiveness and value for money of a range of drug interventions and the benefits to communities are extensive. However, drug users are a highly stigmatised and marginalised group. Previous UKDPC research has raised concerns around increasing localism as this group are vulnerable to slipping down the list of local priorities.[2] Vociferous campaigning against the location of drug treatment services in a particular area is not unusual. This can result in reticence amongst some professionals around the engagement of local communities with the perception it can be counter-productive.

Elected members' priorities do tally with substance misuse issues. For instance, drug treatment is critical to achieving local successes around the reduction of crime and the improvement of individual, family and area health and wellbeing. Drug service user representatives are essential in communicating their experiences and an important way of reaching and convincing audiences, supported by senior and strategic leadership.

Nevertheless the integration of the voice of service users into new public health systems seems to remain on the starting blocks. For instance, drug service user representation on evolving organisations such as HealthWatch, appears to be minimal.

Substance misuse commissioning skills are essential

The transition to public health is more than the inheritance of structures for the delivery of drug services; it also includes the assumption of new responsibilities around recovery, for instance housing and employment support. The commissioning of drug treatment is more than a simple procurement exercise.

In order to deliver a successful service, public health teams must have access to commissioning skills, for instance contract management and the ability to hold providers to account, as well as specialist knowledge. Alongside this, getting the

[2] www.ukdpc.org.uk/publications.shtml#Stigma_reports

principles of commissioning agreed among partner organisations can minimise problems from the start.

CONCLUDING REMARKS

The positioning of the responsibility for drug interventions within public health departments in local authorities is generally welcome and provides the opportunity for greater focus on prevention and early intervention, as well as improved integration with services, such as employment and housing, which are often key to recovery from drug problems.

However, there are risks as well. The past ten years saw a big expansion in funding for drug treatment alongside the development of a strong partnership focus. The benefits can be seen in the reductions in waiting times for treatment, increased availability of treatment for a wider range of drug problems, and the stabilisation in the number of people with severe drug problems. The recent increased focus on recovery and the increase in peer involvement in treatment and support has been a further positive development. While some rebalancing of resources, particularly towards greater integration of treatment for alcohol and drug dependence, is likely to be of benefit, it is important that this is not done in such a way as to jeopardise the gains made in tackling drug problems. As the new structures emerge and new partnerships develop, it is also important that the essential partnerships with police and criminal justice agencies, and with mental health and primary care providers, are maintained.

BACKGROUND TO THIS NOTE

UK Drug Policy Commission, in conjunction with the Association of Directors of Public Health, hosted a round table for Directors of Public Health in December 2011. The event was aimed at understanding Directors of Public Health's perspectives on the way in which responsibility for drug treatment fits within their other responsibilities, the challenges they are facing and what support they might need in the future.

UKDPC is an independent charity that provides objective analysis and evidence on what works in tackling drug problems. The round table formed part of the 'Localism and Austerity' project that is documenting the impact of increasing localism and decentralisation, alongside decreasing overall public service expenditure, on action in local areas to tackle the problems associated with illicit drugs. A key element of this project involves understanding what the transition to public health means for bodies in local areas that have responsibility for the commissioning and delivery of drug interventions. The final report of this project will be published in March 2012.

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