DrugScope

Bitesized briefing February 2011

Health Service Reform and Public Health England

How significant are the planned changes to the health service for the drug sector?

These changes will totally transform the environment in which drug and alcohol services operate, sweeping away systems and structures that have shaped their development for the last decade. Imagine a report or conversation about drug services that made no reference to the National Treatment Agency (NTA), the Pooled Treatment Budget (PtB), Primary Care Trusts (PCTs), Strategic Health Authorities (SHAs) or Drug Action Teams (DATs).

Well, the NTA as a separate body will disappear in 2012, and it is expected that the ring-fence around the pooled treatment budget will disappear too, with a new ring fenced public health budget which will include funding for alcohol and drug treatment, allocated to upper-tier and unitary authorities in local government. SHAs will go in 2012-13 and PCTs in 2013. It is still not clear what will happen to DATs - they may well disappear, or perhaps they will be absorbed in some way into the new public health structures. Within a couple of years, we will be adapting to a new habitat and language, as these familiar landmarks are replaced by new ones: Public Health England and the NHS Commissioning Board, Directors of Public Health, GP Consortia, Health and Well-Being Boards and the pooled public health budget. 'Payment by Results' will continue to expand too, as a result of new approaches being piloted for drug and alcohol services from September/October this year.

But the health reforms are controversial aren't they - how definite is it that all this will actually happen?

They are indeed – as a Health Select Committee report published on 18 January made clear. Changes of this magnitude require primary legislation, and a Health and Social Care Bill is now before parliament. Previously, in December, the Department of Health published 'Liberating the NHS: Legislative framework and next steps', which set out its plans following a consultation on the White Paper 'Equity and excellence: liberating the NHS'. In November, it published a White Paper on public health called 'Healthy lives, healthy people: our strategy for public health in England', followed by two consultation papers, respectively, on 'funding and commissioning routes' and 'transparency of outcomes' for public health. So, there are still opportunities to influence health reform – but it is likely that the main changes that have been proposed will be implemented.

So, are all these changes in the Health and Social Care Bill that is in Parliament at the moment?

That's certainly a vital piece of legislation – for example, it makes provision for the abolition of the Primary Care Trusts and the transfer of their powers to GP consortia, creates the National Health Service Commissioning Board and helps to create the new public health architecture. However, a lot of the details of the public health service (which are particularly important for drug and alcohol treatment) will be dealt with in 'regulations', and some of the main elements of the prospectus set out in the White Papers on the NHS and public health do not require legislation at all – notably the NHS outcomes framework, some of the arrangements for patient representation and voice and the 'information revolution' to make much more information about the performance of the health service directly accessible to the public.

Given that a key body is called Public Health England, can we presume that these changes will not affect DrugScope members in Scotland, Wales and Northern Ireland?

That's right. The NHS White Paper applies only to England, with Scotland, Wales and Northern Ireland responsible for their own health policies. It's the same with public health, although the Government does make a commitment to work closely with the devolved administrations in areas of shared interest.

So where exactly will drug treatment fit within the new NHS?

Well, to be pedantic, for the most part it will not sit **inside** the NHS at all, but within public health, which is separate from the NHS, with a strong leadership role for Local Authorities (although, incidentally, there has been an explicit commitment that the NHS Constitution – which sets out the rights and responsibilities of staff, the public and service users - will apply to the new public health service). The NTA's functions will be absorbed into the public health service, nationally and locally in 2012. At local level, Directors of Public Health – who will be jointly employed by Public Health England and the Local Authority - will have the lead responsibility for the provision and performance of drug and alcohol services. Most of the money that is now invested in drug and alcohol services (including the current 'pooled treatment budget') will be part of a ring-fenced public health budget (a rare example of this Government introducing a new

ring-fence to protect a policy priority). It is estimated that existing drug and alcohol money could account for as much as one quarter of the £4 billion budget that Public Health England would control if its budget reflects the current spend on areas that are likely to be its responsibility.[1]

Another key driver of the Government's reforms is a desire to achieve better integration of health and social care, which could result in more focus on 'social' issues within our sector, including safeguarding, family interventions and support, and – possibly – 'personalisation' (such as individual budgets), which are more developed in social care.

Does that mean that the NHS reforms – such as GP Consortia - are not so relevant for us then?

Well, the GP Consortia may eventually control about £80 billion of NHS money, so they are going to be pretty relevant for everyone! While drug and alcohol treatment will be primarily the responsibility of public health, it is difficult to say at this stage whether GP consortia will have any direct responsibilities for commissioning substance misuse services, and, if so, what form this will take. They will have responsibility for a whole range of health and mental health services that are absolutely critical for the well-being and recovery of people with drug or alcohol problems.

It is currently proposed that the overall responsibility for prison health care will rest with a new, independent NHS Commissioning Board.

It is notable that drug and alcohol treatment is an area where Local Directors of Public Health will have a direct responsibility for the provision of front-line NHS services, aspects of which are not naturally or historically the preserve of public health, and it will be important to ensure that this provision is consistent with the NHS principles and constitution and is guided by the clinical standards produced by the National Institute for Clinical Excellence and others.

Health and Well-Being Boards within local authorities will bring together the NHS and public health sides to promote joined up commissioning across local NHS services, social care and health improvement. It is proposed that the membership of these Boards will include elected representatives, GP consortia, Directors of Public Health, Directors of Adult Social Services, Directors of Children's Services, local HealthWatch (to represent patients) and, where appropriate, representation from the national NHS Commissioning Board. The Directors of Public Health and the GP consortia will 'have an equal and explicit obligation' to prepare a Joint Strategic Needs Assessment.

Other parts of the public policy reform jigsaw will also be relevant for drug and alcohol policy and practice – for example, it remains to be seen what role will be taken in these local structures and processes by the new elected Police and Crime Commissioners, who will be created by the Police Reform and Social Responsibility Bill that is currently before parliament. The impact of 'localism' will also be profound.

Is there anything that we should be doing now?

It is important to keep an eye on local developments. For example, a quarter of the country is already covered by 'pathfinder' GP consortia and the Department of Health will be announcing the areas that will be piloting the new 'payment by results' approaches to drug treatment in March/April. (Members Briefing will keep you up to date with all these developments.) It is likely that the key players are already developing transition strategies in your local area. If you are not doing so already, you also need to be building relationships with local authorities – including elected representatives – and looking at opportunities to promote the role and value of your service in the local community. The decisions about investing (or not investing) in your service will soon be made at local level to a much greater extent, and in a difficult financial environment.

Nationally, the sector should be influencing a debate about the future of health services, which will have profound implications for people affected by substance misuse problems – there is, for example, very little discussion of drug and alcohol treatment in the 'Healthy lives, healthy people' documents, and it is important that we raise its profile. These reforms will be very important for us, but our issues could get lost in the much bigger debate about the future of the NHS and public health if we are not vigilant. DrugScope will be submitting a response to this consultation, and is meeting with politicians and

1. Budgets for Public Health England have yet to be finalised so it is too early to predict with certainty how much the Public health budget will be and its allocation at this stage

officials to discuss the issues. It is still not too late to submit your own response to the public health White Papers (the main consultation closes on 8 March and the consultations on 'funding and commissioning routes' and 'transparency of outcomes' are open until the 31 March). We will also be seeking to work with members to lobby parliament.

The 'Healthy lives, healthy people' consultation documents are on the Department of Health website at: **http://www.dh.gov.uk/en/Consultations/Liveconsultations/index.htm**

Details of the health and social care reforms are at: **http://healthandcare.dh.gov.uk/**

DrugScope is committed to ensuring that issues about the health service reforms of concern to our membership are raised with Government, and we shall be working to influence policy development in this crucial area. If you are interested in getting involved, then please contact Dr Marcus Roberts, DrugScope's Director of Policy and Membership. His e-mail address is marcusr@drugscope.org.uk

DrugScope is the UK's leading independent centre of expertise on drugs and the national membership organisation for the drug field. Our aim is to inform policy development and reduce drug-related harms - to individuals, families and communities. We provide quality drug information, promote effective responses to drug taking, undertake research, advise on policy-making, encourage informed debate - particularly in the media - and speak for our member organisations working on the ground. To find out more about what we do please vbisit our website:
www.drugscope.org.uk

DrugScope membership is open to any individual, agency or organisation which shares our aim to minimise drug and alcohol related harms. For information about DrugScope membership and how to join please visit our membership page:
www.drugscope.org.uk/membership/membershipbenefits

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