The introduction of elected Police and Crime Commissioners (PCCs) in England and Wales from November 2012 will have far-reaching implications for drug and alcohol services. PCCs will determine local policing priorities, set budgets for police forces, and allocate funding for community safety activity. Their budgets will include a proportion of the current funding for the Drug Intervention Programme (DIP).

This briefing aims to provide a short and accessible overview of these reforms and their implications for the drug and alcohol sector. Further information and guidance is provided by the Safer Future Communities Policy Briefing ‘Introduction of Police and Crime Commissioners’ and the Home Office guide ‘Police and Crime Commissioners – What partners need to know’. The statutory framework is set out in the Police Reform and Social Responsibility Act 2011.

What powers will the PCCs have?

PCCs will be elected for a four year period in each police force area in England and Wales. The Home Office explains that their role will be:

- To cut crime and deliver effective and efficient policing;
- To meet community needs as effectively as possible ‘working in partnership across a range of agencies at local and national level to ensure there is a unified approach to preventing and reducing crime’.

The PCCs will be responsible for:

- Appointing Chief Constables and holding them to account for the running of their force;
- Producing a five year Police and Crime Plan;
- Setting policing budgets;
- Making crime and disorder reduction grants to other organisations (including, but not limited to, community safety partnerships).

The Home Office explains that ‘PCCs will not be expected to run the police. The role of the PCC is to be the voice of the people and hold the police to account’.

What are the arrangements for the election of PCCs?

London
If you’re working in London, then you probably know that the transition happened in the capital back in January 2012, and that the approach being taken is different to that proposed for the rest of England and Wales. The London Mayor is now the PCC for the Metropolitan Police with direct accountability for the PCC function. In practice much of the day-to-day responsibility rests with the Mayor’s Office for Policing and Crime (MOPC) and the Deputy Mayor with responsibility for the Metropolitan Police.

Everywhere else
PCC elections in the remaining police force areas in England and Wales will take place on 15 November 2012, and everyone registered to vote in that police force area will be able to vote. The Government is still to confirm the precise rules that will govern the elections.

While some public figures have declared their intention to stand (and there are rumours about others), it is as yet

1. Available on Safer Future Communities page at www.clinks.org/services/sfc/policy-briefings
3. More information on London and the role of MOPC are at www.london.gov.uk/priorities/policing-and-crime/about-mopc
unclear what the fields of candidates are likely to look like. We do know that candidates must be:
• British, Commonwealth or EU citizens;
• 18 or over;
• Resident in the police force area in which they wish to stand; and
• Will have to put up a deposit of £5000.

We also know that someone cannot stand as a PCC if they:
• Have ever been convicted of an imprisonable offence;
• Are a public servant (including civil servants, armed forces, police officers, police staff or members of a police authority).

While the Home Office website FAQs page currently states that PCCs ‘won’t politicise policing’, it seems likely that political parties will be running candidates.

Interested in standing in the PCC elections?
If you or someone you know might be interested in standing in the PCC election in your police force area, you can find out more from the Home Office pamphlet ‘Police and Crime Commissioners – Have you got what it takes?’.

Are drug and alcohol issues likely to feature in the PCC election campaigns?

There is abundant evidence that drug and alcohol services are a highly cost-effective way of reducing crime and anti-social behaviour. That said, it seems unlikely, for example, that the evidence for the impact of drug treatment on reducing acquisitive crime will be an election theme unless the sector mobilises to influence candidates and to shape the local debate. Similarly, while the UK Drug Policy Commission has advocated enforcement targeting the most harmful drug markets (for example, flagrant drug markets that affect community confidence), these kinds of harms will have a direct impact only in specific neighbourhoods, and often among more marginalised people, who are less likely to engage with the PCC election process.

It seems very likely, on the other hand, that alcohol-related crime and disorder will be a salient issue in PCC elections, as there is real public concern about the night-time economy. It is also easy to envisage PCCs developing campaign messages on drug law enforcement in local areas experiencing new drug trends or tragic cases of drug-related (or alcohol-related) deaths or other harms involving young people, particularly as these tend to be given high profile in local media.

The sector has a role to play in helping to ensure that debates on drug and alcohol issues are informed and evidence-based, and that the policy proposals of PCC candidates are properly debated and scrutinised in the election campaign.

Treatment reduces crime: some key facts for PCCs

The National Audit Office report ‘Tackling Problem Drug Use’ (2010) concluded that:
• Every £1 invested in drug treatment saves £2.50 later on;
• The annual cost to society of problem drug use in 2003-04 was £15.3 billion, of which £13.9 billion was an estimate of the annual cost of drug-related crime (mainly acquisitive offending, such as shoplifting);
• Between a third and a half of acquisitive crime is drug-related and much of this is committed by young people.

The NAO and Home Office reported in 2008 that more than 45% of violent offenders are thought to be under the influence of alcohol (Home Office, ‘Reducing the risk of Violent Crime’).

Anything else happening in the lead up to the PCC elections?

The Home Office has set up a Transition Sponsorship Board, chaired by the Policing Minister, Nick Herbert MP. Meanwhile, Police and Crime Commissioner Transition Boards are in place in police force areas across England and Wales. Some Transition Boards are already working on draft Police and Crime Plans. Of course, the new PCC would be under no obligation to adopt a Plan for the local area that has been ‘pre-prepared’ by a PCC Transition Board. However, it seems probable that many new PCCs will welcome this preparatory work as a foundation for the post-election development of their five-year Police and Crime Plan, which could be a critical document in

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determining the relationship with drug and alcohol services, including funding and commissioning.

And when they are in post, how much influence will PCCs actually have in determining the future of drug and alcohol services in their police force areas?

PCCs are likely to have a significant impact. From April 2013 they will control funding through the Community Safety Fund which, the Home Office says, is intended to ‘support local priorities which might include tackling drugs and crime, reducing offending, and improving community safety’. These grants will include – but are not limited to – funding to community safety partnerships. The community safety fund has previously included funding towards young people’s substance misuse services.

PCCs will also take control of the Home Office portion of the budget for the Drug Intervention Programme (or DIP). DIP provides interventions for drug-misusing offenders in the criminal justice system. The Home Office DIP allocation was £35 million for 2011-12. The PCCs will not assume responsibility for Community Safety Fund and DIP budgets until April 2013.

While PCCs will have a ‘community safety duty’ it is important to be aware that none of this money will be ring-fenced for drug or alcohol treatment (including the transferred DIP allocations), and there is not currently any requirement for PCCs to invest in any particular community safety intervention. Indeed, as pressures on policing budgets mount there is nothing to stop PCCs transferring resources from community safety to fund other police services.

In addition, community safety funding is already under real pressure. In 2012 -13, the Home Office expects that the Community Safety Fund will total around £28.8 million for England and £1.2 million for Wales, which represents a cash reduction of 60 per cent compared to 2010 -11. The Director General of the Crime and Policing Group at the Home Office wrote to Local Authority Chief Executives and the Mayor of London in February 2011, explaining that, despite the cuts in the Community Safety Fund, ‘ministers intend that other funding streams, including Drug Intervention Programme grants will be consolidated with Community Safety Funding for PCCs in 2013/14 and 2014/15 and thus provide them with a significantly larger unringfenced budget overall’ (emphasis added). The implication is that DIP money is available to be used to plug gaps created elsewhere as a result of the reductions in Community Safety Funding.

But aren’t local Directors of Public Health going to control most of the funding for drug and alcohol services?

Yes. In April 2013, Directors of Public Health (DoPH), employed by local authorities, will take responsibility for commissioning drug and alcohol services in the community, at the same time as PCCs take control of community safety and DIP funding. Prison drug and alcohol services, incidentally, will be the responsibility of ‘offender health’ which will sit under the NHS Commissioning Board, which also has responsibility for supporting and holding to account the new Clinical Commissioning Groups.

It is important to understand the role and significance of PCCs in this wider context. They should, for example, have an interest in the work of DoPH and NHS commissioners (particularly CCGs) where there is an impact on crime and community safety, including drug and alcohol treatment. They should also have a keen interest in the Joint Health and Wellbeing Strategies that will be produced by local Health and Wellbeing Boards (HWBs). The PCCs are not included among the required membership of HWBs, although they are not barred from being members. However, many of the issues addressed by the HWB will be of limited relevance to the PCC. In addition, HWBs will sit within upper-tier local authorities and will not therefore be co-terminus with PCCs who will be responsible for police force areas (a single PCC may cover an area with a number of HWBs).

There is, however, an expectation that PCCs will work collaboratively at local level on drug and alcohol issues. For example, the 2010 Drug Strategy states that ‘Directors of Public Health will see commissioning and oversight of drug and alcohol treatment services as a core part of their work … and will work with local partners – including Police and Crime Commissioners (PCCs), employment and housing services, and prison and probation services – to increase the ambition for recovery’. It remains to be seen how this will work out in practice, but it is fair to say that PCCs could be a powerful ally advocating investment in drug and alcohol services with local public health commissioners, given the contribution that services will make to crime reduction and community safety.
PCCs and Health and Wellbeing Boards

The Government plans to introduce Health and Wellbeing Boards (HWBs) in every upper tier local authority from April 2013 (although many are already operating in shadow form). Their role will be to improve health, social care and public health services. They will develop a Joint Strategic Needs Assessment and a Joint Health and Wellbeing Strategy.

The HWB’s mandatory membership will be:
• at least one local authority councillor;
• the director of adult social services for the local authority;
• the director of children’s services for the local authority;
• the director of public health for the local authority;
• a representative of the local Healthwatch organisation for the area of the local Authority;
• a representative of each relevant Clinical Commissioning Group;
• and such other persons, or representatives of such other persons, as the local authority thinks appropriate.

A representative of the NHS Commissioning Board must sit on the board when local authorities are drawing up joint strategic needs assessments and related strategies.

The new public health responsibilities of local authorities would include areas of interest and concern to PCCs, specifically:
• Alcohol and drug misuse services;
• Promotion of community safety, violence prevention and response; and
• Local initiatives to tackle social exclusion.

In addition, a number of the public health outcome indicators will be relevant to PCCs, including indicators on drugs and alcohol, entry into the youth justice system, domestic abuse, violent crime and re-offending.

Is there anything we need to be doing now?

There is plenty that local providers can and should be doing – to influence current debates and preparations for PCCs (for example, engaging with the PCC Transition Boards), inform the PCC election process and prepare to influence the incoming PCC in November. (And, of course, in London there are opportunities to engage with the new structures already.)

The Home Office briefing ‘Police and Crime Commissioners – What partners need to know’, explains that ‘ahead of the arrival of Commissioners in November (and, importantly, ahead of candidates declaring themselves over the coming months) service leaders will want to ensure that the business case for existing programmes, or proposals for new approaches are robust. This could include considering the evidence base and value for money of programmes as well as considering the fit between current partnership priorities, the needs of individuals and the potential interests of the commissioner. Many areas are already initiating discussion amongst partners about the changes and how best to make the reforms work in their areas. In some places this includes considering how local leaders could support commissioning across multiple partnership agencies and areas or looking at driving better value for money providing a potential for work with new commissioners’.

The VCSE sector is also recognised to have a particular role in supporting the PCC in discharging his or her duty to consult with the wider community, with the Home Office recognising that the voluntary sector will often ‘have mature public engagement mechanisms’, including access to marginalised groups, such as those affected by drug and alcohol problems.

We have limited time and resources for this – what support is available from Safer Future Communities?

Safer Future Communities is being funded by the Home Office to provide support for the VCSE sector to prepare for PCCs. You can find out more on the SFC web page at www.clinks.org/services/sfc

A critical part of the SFC programme is the development of local VCSE networks in every police force area. If they have not been in touch already, you should make contact with your local SFC network lead as soon as possible. A list of network leads and their full contact details are available on the SFC webpage.
A checklist - ten things you could do to prepare locally for PCCs

1. Be clear about how the arrival of the PCC may impact on your service and funding arrangements, and discuss this with colleagues and partners.
2. Engage with the Safer Future Communities Programme and make contact with your local SFC network lead.
3. Working with the SFC network, seek to engage with the PCC Transition Board.
4. Develop strategies for influencing the PCC election campaigns, including working with your contacts in local authorities and local media.
5. Initiate early discussion with partners about the changes.
6. Evaluate and review your partnership working arrangements.
7. Consider current partnership priorities and their relevance for PCCs.
8. Develop the evidence-base and value for money case for investment by PCCs.
9. Consider how you could develop partnerships and support commissioning across your local police force area.
10. Be a champion for service user voice and representation of individuals, families and communities affected by drug and alcohol problems, showing how you can provide voice and representation through existing engagement mechanisms.

Remember that the evidence that drug and alcohol services have a key role in promoting community safety and reducing offending and re-offending is overwhelming. PCCs should have a strong incentive for supporting our work.
This is based on a resource produced by the Women’s Resource Centre.

Note that since January 16th the Mayor of London has held PCC powers, and there will not be a separately elected PCC.
Checklist for drugs organisations that may be affected by changes to funding with appointments of Police and Crime Commissioners

Between now and the PCC election, March-November (numbers in brackets relate to the timeline document)

<table>
<thead>
<tr>
<th>Stage</th>
<th>Action</th>
<th>Relevance</th>
<th>Notes/Completed?</th>
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<tbody>
<tr>
<td>AWARENESS AND KNOWLEDGE</td>
<td>(a) Read DrugScope’s briefing</td>
<td>*Find out overview of changes and how the drugs sector may be affected</td>
<td></td>
</tr>
<tr>
<td>AWARENESS AND KNOWLEDGE</td>
<td>(b) Look at timeline</td>
<td>*Useful to see where the opportunities for the sector are and when to respond</td>
<td></td>
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| AWARENESS AND KNOWLEDGE      | (1) Attend a regional event organised by the Safer Future Communities Partnership (see link below) | *Find out about the changes and how funding and structures will change.  
*Specific drug misuse discussion to start thinking about regional strategies.                                                                 |                  |
| AWARENESS AND KNOWLEDGE      | (2) Make sure you know who your Network Lead organisation (NLO) is (see clinks website below) | *This will be one of the main avenues to get VCS concerns on the PCC agenda                                                                                                                                 |                  |
| INFLUENCING                  | (3) Get in touch with Clinks if you want to contribute to the VCS position paper to ensure drugs concerns are represented (email below) | * This position paper will be in all PCC candidate packs so is a good opportunity to ensure drug relevant issues are included and therefore on the candidates’ radar.                                         |                  |
| ORGANISING                   | (4) Self-organisation of the drugs sector in each PCC region. DrugScope can offer support here with our training and resources in building effective partnerships and networks | *It will be difficult for PCCs to engage with individual organisations so they will most likely build up a relationship with the NLO first. Drug misuse therefore needs to be a high priority within the NLO. A coordinated voice will be crucial to ensuring good representation of drug issues locally.  
*Coming up with key messages and strategies for campaigning/lobbying/influencing as a sector to ensure drug misuse is a priority issue in the run up to the elections  
*Better co-ordination of drugs services and organisations’ needs in each PCC area |                  |
| ORGANISING AND               | (5) Be aware of meetings organised by the NLO                                               | *Ensure that drug issues are included in all lobbying/ influencing efforts and documents produced by the NLO                                                                                              |                  |
| **INFLUENCING** | **ORGANISING AND INFLUENCING** | **(6) Inform NLO’s Business Plan to promote the sector as strategic partners as well as service providers** | *The inclusion of key messaging around the drug sector’s expertise and unique service models may help influence PCC commissioning practices for the benefit of the sector* |
| **ORGANISING AND INFLUENCING** | **(7) Draw up a drugs misuse manifesto or pledge for PCC candidates to sign up to** | *Getting candidates to sign up to these will make it more likely they include drug concerns in their Police and Crime Plan after election* |
| **ORGANISING AND INFLUENCING** | **(8) Influence PCC candidate manifests e.g. by working through the NLO or arranging a drugs sector meeting with them?** | *Getting drug issues in candidates’ manifests will mean a higher chance of this being a priority in their Police and Crime Plan after they are elected. In turn this will mean more potential funding of drug services locally* |
| **ORGANISING AND INFLUENCING** | **(9) Think about how to mobilise local campaigners on drug issues** | *Raising drugs as an issue for the local general public so that it becomes necessary for candidates to be aware of the issues and address them in their campaigning E.g. you may want to come up with some questions which can be circulated for local people to ask their candidates about what their plans are for supporting drug services locally* |
| **ORGANISING AND INFLUENCING** | **(10) Raise the profile of drugs locally in the run up to the elections e.g. work with NLO perhaps to arrange a hustings event?** | *This would ensure PCC candidates are aware of and seek to address policy and funding arrangements of drugs services locally if they get elected.* |

(1) Regional events info: [http://www.clinks.org/services/sfc/sfc-events](http://www.clinks.org/services/sfc/sfc-events)
(2) Lead Network Organisations: online
(3) If you want to feed into the VCS position statement you can email Linda Pizani Williams, Project Manager, on [Lindapizani.williams@clinks.org](mailto:Lindapizani.williams@clinks.org)
(4) Training, conferences, workshops and more: [http://www.drugscope.org.uk/events/ukevents](http://www.drugscope.org.uk/events/ukevents)

For more information about how we can support you in the run up to the PCC elections please contact Sue Christoforou: [suec@drugscope.org.uk](mailto:suec@drugscope.org.uk)