



# Taking stock

Over 165 services took part in the first national 'State of the Sector' survey conducted by DrugScope on behalf of the Recovery Partnership, looking at the impact of a range of recent changes on services and service users. **Paul Anders** looks at why and how we conducted the survey and what we found.

There are several reasons why we decided to undertake this piece of work, but one of the main ones can be described as deciding between Private Frazer or Captain Smith. Private Frazer's familiar cry of 'We're all doomed' will be known to *Dad's Army* viewers, whilst the story of Captain Smith, lighting additional boilers as the Titanic headed into an ice field is infamous. In the event, neither Private nor Captain had correctly appraised their situation – Frazer and his colleagues were in fact fine, whilst Smith and many of his crew and passengers were anything but.

In reality of course, life is rarely as simple as that. For the drug and alcohol

treatment sector, as for much of the wider voluntary sector, the likelihood was always that change would bring both causes for concern and cautious optimism. Public Health England (and before them the National Treatment Agency) produces a wealth of statistics that speak of the effectiveness of the sector in its primary purpose of addressing addiction and dependency. Gauging the health of the sector in any broader sense has been more challenging, however.

A number of reforms, broadly under the heading of localism, focussed our interest. The folding of the former Pooled Treatment Budget into the

public health allocations in April 2013 and the transferring of commissioning responsibilities to local authorities turned our thoughts to how we could learn more about the sector. The introduction of Police and Crime Commissioners led us to ask questions about how the sector will engage with the criminal justice system from now on. One almost inevitable consequence of localism is that pulling together the bigger picture can be difficult – rather than allocations mostly being made centrally, the resources devoted to the sector would now depend on local decision making.

Rough sleeping, a sector with

similarities to drug and alcohol treatment, had been through a similar but less far-reaching process some years earlier, when the Supporting People ring-fence was removed. Some local authorities subsumed spending on homelessness services into other budgets, making like-for-like comparisons difficult, but seen nationally, resources were reduced, services were cut and capacity was lost. After consistently falling for several years, rough sleeping and homelessness, driven by a range of factors, began to edge up again.

DrugScope's counterpart in the homelessness sector is Homeless Link. Through their Survey of Needs and Provision (SNAP), they were well placed to track the changes in their sector. By looking beyond straightforward indicators like bed spaces and funding, they were able to paint a detailed picture of how the homelessness sector was faring from year to year. Crucially, Homeless Link had also proved, in a comparable sector, that research of this sort could gain traction with service providers, commissioners, policy makers and the media.

While it looked likely that there would be some value to doing this work, and that 2013 seemed like a particularly good time to do it, there seemed to be some insurmountable obstacles. Producing, promoting and then analysing a large national online survey is itself a significant task, but it was clear that we needed to go beyond that. To be able to give an accurate and nuanced account of how the sector was faring, the need to carry out interviews with services and others from the sector was clear.

With thoughts now turning to design, the first thing to be agreed was what we wouldn't ask for information about – primarily treatment outcomes and related detail: that information is already collected, already available (albeit in very restricted form for many potential data users) and likely to be potentially sensitive at a service level. The focus instead would be on the factors that can contribute to a service remaining successful, with a particular emphasis on intelligence received through day-to-day discussions with DrugScope's membership. Topics of interest included changes to funding; the impact of recommissioning, access to other local services; changes to staffing and service provision; and the identification of local gaps detrimental to clients. In terms of the new structures and environment,

signs of engagement with Health and Wellbeing Boards (HWBs) and Police and Crime Commissioners (PCCs) would be crucial.

While the quantitative, online survey was being refined, consideration was also given to the qualitative elements. The need to interview service managers to add some meat to the bones of the survey was evident. Using measures of population in treatment, public health spend per head and direction of travel from the former Pooled Treatment Budget, we identified nine 'priority' local authority areas: two in each of the Public Health England regions plus London, where three were selected. The aim was to look for local authority areas at both end of the spectrum – not only areas where the numbers looked worrying, but also others where they seemed more encouraging.

In addition to the areas that received more focused attention and where services were invited to participate in brief telephone interviews, chief executives of treatment providers were also interviewed. The online survey was promoted across England, generating almost 170 responses, drawn fairly evenly from across the 4 PHE regions.

The interim report on behalf of the Recovery Partnership was launched at DrugScope's annual conference in November 2013. Drawn primarily from responses to the online questionnaire and the chief executive interviews, it summarises some key findings. These include:

- 36% of services reported a decrease in funding, of which around a third was due to losing services as a result of recommissioning.
- 41% had been through a retendering or recommissioning exercise in the last 12 months, with 64% expecting to in the coming 12 months.
- 44% reported a decrease in front-line staff numbers, and 63% an increase in the use of volunteers.
- 43% said they were not engaged with their Health and Wellbeing Board, including no involvement in any Joint Strategic Needs Assessment Consultation.
- Around 4 in 10 had had involvement with their Police and Crime Commissioner, but only around 1 in 10 was involved via the Police and Crime Plan consultation.
- 9 out of 10 respondents reported that welfare reform had had a negative impact on their clients.
- No respondents were receiving

funding from Jobcentre Plus's Flexible Support Fund.

- Most respondents identified funding and recommissioning as the biggest single challenges facing their own service.
- The most significant gaps in local provision were (in order) access to housing, partnership / support for clients with complex needs, and education, training and employment opportunities.

In summary and to return to the earlier analogies, while there's no indication that we're all doomed, there may be icebergs on the horizon and the sector needs to keep a keen look out. However, there are encouraging signs of innovation and adaptability elsewhere in the responses that hint at the resilience of the sector.

The interim report has not been made available online as it only scrapes the surface of the data. On behalf of the Recovery Partnership, DrugScope will carry out further analysis on the online questionnaire responses, and will draw on that and several other strands of work to produce a more comprehensive State of the Sector report in early 2014. This will include incorporating information from other sources; for example, DrugScope has submitted requests under the Freedom of Information Act for information about funding and commissioning of drug, alcohol and related services to all PCCs in England and Wales. In London, LDAN has, in partnership with the London Drug and Alcohol Policy Forum, contacted every local authority to learn more about how local authorities are adapting to the new public health commissioning responsibilities.

The Recovery Partnership hopes that the State of the Sector work will be seen by both the sector itself and its key stakeholders in central and local government as a valuable snapshot of the health of the sector at a time of significant change. We also hope that clients and service user groups will find the final report of interest, as one of the key design elements of the survey was to look not just at services, but also (and more importantly) how they're working for people who use them.

**If you have any comments on this article or questions about the State of the Sector survey, please contact Paul Anders paul.anders@drugscope.org.uk**