

State of the Sector 2014-15 - Summary Report



Introduction

This briefing provides an overview of key findings from the full report (available on DrugScope's website) and is arranged thematically, focussing on three areas identified as being of particular interest and importance to the adult community and residential sectors:

- ◆ The frequency and impact of recommissioning;
- ◆ The nature and impact of changes to funding;
- ◆ Gaps in provision.

There is a short, separate section relating to prison services.

In 2013, DrugScope conducted the first State of the Sector survey, as part of the work done with the Recovery Partnership, the findings of which were reported in January 2014. This second report is based on a survey and interviews conducted 12 months later in September and October 2014.

The systems and structures focused on in the 2013 survey, such as the creation of local Health and Wellbeing Boards and Police and Crime Commissioners, are now more than 18 months old, although some of the interviews suggest that they are still 'bedding in'.

There is also the broader matter of public service reform and the external environment, which remains challenging. Local authorities are continuing to make efficiencies across

Key points

- ◆ The State of the Sector survey includes responses from 189 services from across England.
- ◆ 54% of community services had been through tendering or contract renegotiation since September 2013. Half (49%) were expecting this to happen between September 2014 and September 2015.
- ◆ 60 community services and 11 residential services reported a reduction in funding compared to increases for 17 and 6 services respectively. The average net change of funding to services appears to be a reduction of 16.5%.
- ◆ 53% of respondents reported a reduction in front line staff and 40% a reduction in back office staff and managers.
- ◆ 62% reported an increase in the involvement of volunteer recovery champions, and 47% an increase in the use of other volunteers.
- ◆ 16% of services reported an increase of 10% or more in people accessing services and 14% a decrease of the same size.
- ◆ The biggest gaps in provision were housing/housing support, support for dual diagnosis/complex needs and services for older clients.
- ◆ 22% of respondents thought that access to mental health services had worsened over the last year.

Produced on
behalf of the



the full range of services they offer. Councils are part way through a process of reductions of funding that will ultimately lead to a reduction in overall funding of around 25% by 2015-16.

The drug and alcohol budget sits within the broader ring-fenced public health allocation, although without separate protection in this period. This year's survey continues to show that local decision makers are reordering their priorities for public health. And, like last year, the majority of respondents have been through or are about to go through recommissioning or, more rarely, contract renegotiation.

With a sizeable proportion of local authority resources (and around 29% of local authority public health budgets) effectively reserved for mandated or prescribed services, it seems likely that all non-mandated services are potentially vulnerable, including drug and alcohol treatment.

The survey reinforces the understanding that the drug and alcohol sector does not work in isolation and that other services face their own distinct challenges. As a member of the Making Every Adult Matter (MEAM) coalition, DrugScope has an understanding of the way that key partner sectors are being affected by the changing environment and how they in turn are adapting and responding.

Methodology

State of the Sector 2014-15 is based on three components: a large online survey using a convenience sample; a series of anonymised interviews with service managers and attributed interviews with the Chief Executives of Arch Initiatives,

Broadway Lodge, KCA, London Friend and RAPt.

168 respondents completed or mostly completed the community and residential questionnaire with a further 21 responses from prison services.

Amongst the community and residential responses 19% were residential services, 77% community services with the remainder being a mixture of mutual aid and other services. 24% were NHS services, 62% provided by charities, with the remainder from elsewhere in the public sector, the private sector, social enterprises and partnerships between sectors. Around a quarter participated in State of the Sector 2013.

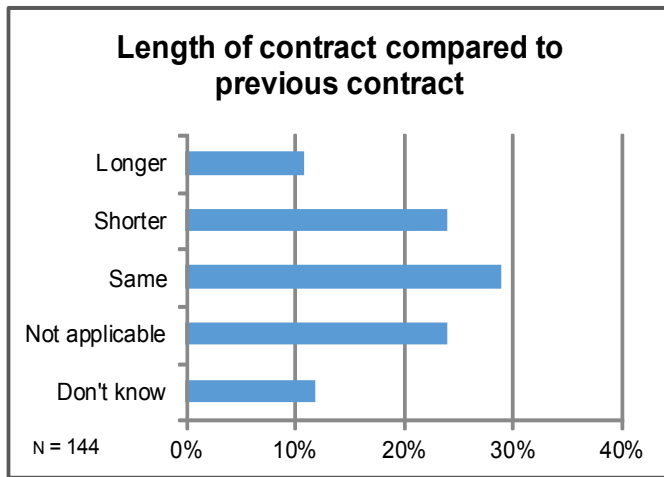
The commissioning cycle

There was a consensus that commissioning and testing the market has a place in ensuring effective and affordable drug and alcohol treatment. However, many respondents were concerned that, although difficult to quantify, rapid commissioning cycles had a harmful and disruptive effect on service provision.

As in 2013, a majority of participating services had been through contract negotiation (12%) or competitive tendering (42%) in the preceding 12 months,

"Commissioners are in, if anything, a more difficult process of change than providers. They're expected to work in different and new ways within different, new organisations with reduced budgets, which is to my mind a virtually impossible task."

Ryan Campbell, KCA



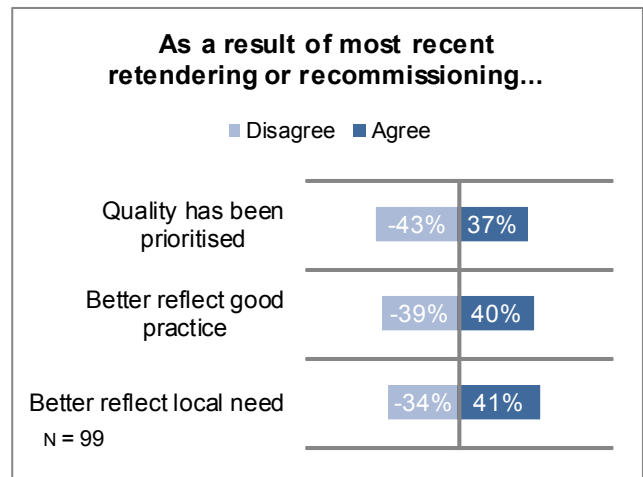
with more (49%) expecting to go through one or other process in the following 12 months.

Respondents and interviewees expressed a number of concerns about this process, which can broadly be categorised in the following ways.

Disruption to services. Many respondents emphasised the destabilising and demotivating effect of uncertainty about jobs, employers and in some cases the future of entire services. Respondents were keen to emphasise that their concern was related to the potential impact on their workforce and the potential implications for service provision and clients.

Provider diversity. Several respondents acknowledged the need to make economies but cautioned that one of the consequences of an increased emphasis on cost could be reduced provider diversity. Small and medium-sized organisations were felt to be particularly disadvantaged in this process, while the residential sector faces distinct and complex challenges of its own.

New systems, new challenges. Many respondents saw the value in testing the market and acknowledged the contribution commissioners make to an effective and successful treatment system. There was a desire to see more support offered to commissioners, who may themselves have



taken on new roles, potentially within a new setting. Several expressed the hope that future commissioning can lead to closer partnership working between sectors and more seamless services to individuals, even in the face of a challenging climate.

Funding for the sector

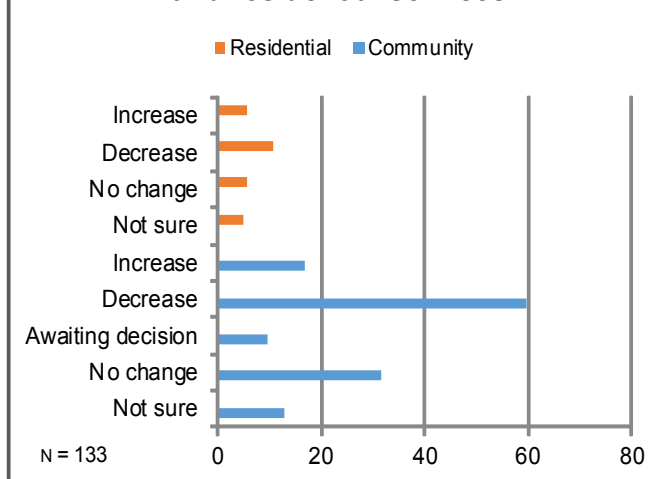
The funding picture seems increasingly clear. While there are clear limits to what can be inferred from the findings of our survey, service manager and chief executive interviews give cause to believe that over the period 2014 to 2016, substantial disinvestment is expected and being planned for, although this will vary from place to place. We identified an average net reduction of 16.5% in funding to services, this masks what appears to be considerable volatility, with many respondents reporting substantial increases or decreases.

Some of the chief executives interviewed acknowledged that the sector has been relatively well funded over the last decade and has enjoyed a considerable degree of budgetary protection in more recent years.

“There has been a decrease in staffing at all levels with an expectation that volunteers and peer mentors will compensate.”

Service manager

Changes to funding - community and residential services



That this period may be drawing to a close has not come as a surprise to them or to others, but it raises questions of how England’s world class treatment system can be maintained.

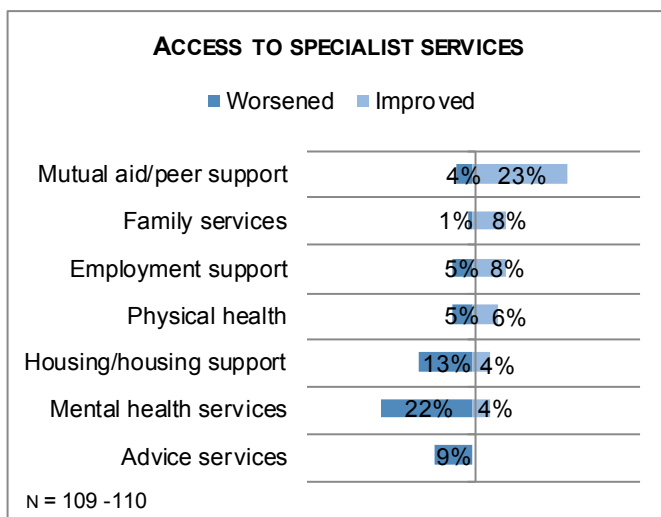
Some answers to this question may lie in the survey responses and interviews; respondents indicated eagerness to innovate, to make efficiencies and to forge new partnerships. Respondents also indicated an enthusiasm to market their services – commercially to commissioners, but also to new clients, people they may otherwise not have reached. Chief executives in particular acknowledged the need to take a whole person approach based around social inclusion and recovery capital, while emphasising that specialist treatment for substance misuse and dependency has a distinct place that must be maintained.

Again, the residential sector may face a separate set of challenges relating to the way it is funded and places purchased. The possibility of block loss of capacity – where many services become financially unviable simultaneously – was raised as a concern, along with the likely difficulties of reinstating that capacity should it be lost.

Gaps in provision

Gaps in provision have been highlighted by respondents and interviewees. A minority of these gaps are largely or entirely external to the treatment system and the other services it works with. While people with histories of drug and/or alcohol misuse are likely to be particularly disadvantaged, problems such as access to appropriate, secure and affordable housing and access to paid employment are by no means unique to this cohort. Several respondents and interviewees articulated in some detail the steps they are undertaking to address these gaps.

Whereas the above might be described as external challenges, others are more particular to the sector. Access to mental health treatment and support for complex needs again features very highly, with the 22% of respondents indicating that access has deteriorated over the 12 months to September 2014.



“I still think it’s a nightmare trying to join up mental health and addiction. It’s down to funding. There’s often a complete lack of joined up working between mental health services and rehabs.”

Brian Dudley, Broadway Lodge

“What support is available often suffers from saturation causing threshold problems, which result in only the most severe cases receiving attention, and problems escalating out of control. Even very severe cases are often turned away - particularly noticeable in seeking crisis or respite care for clients with complex needs.”

Service manager

In addition to the barriers to mental health treatment often reported by agencies working with people with coexisting mental health and substance use problems, respondents suggested that there is a growing gap in provision in the mental health sector. A relatively recent introduction, Improving Access to Psychological Therapies (IAPT), is seen as offering provision at the mild to moderate end of the spectrum and community mental health teams (CMHTs) at the more severe end, with the suggestion of a growing gap between the two, leaving a portion of clients unserved.

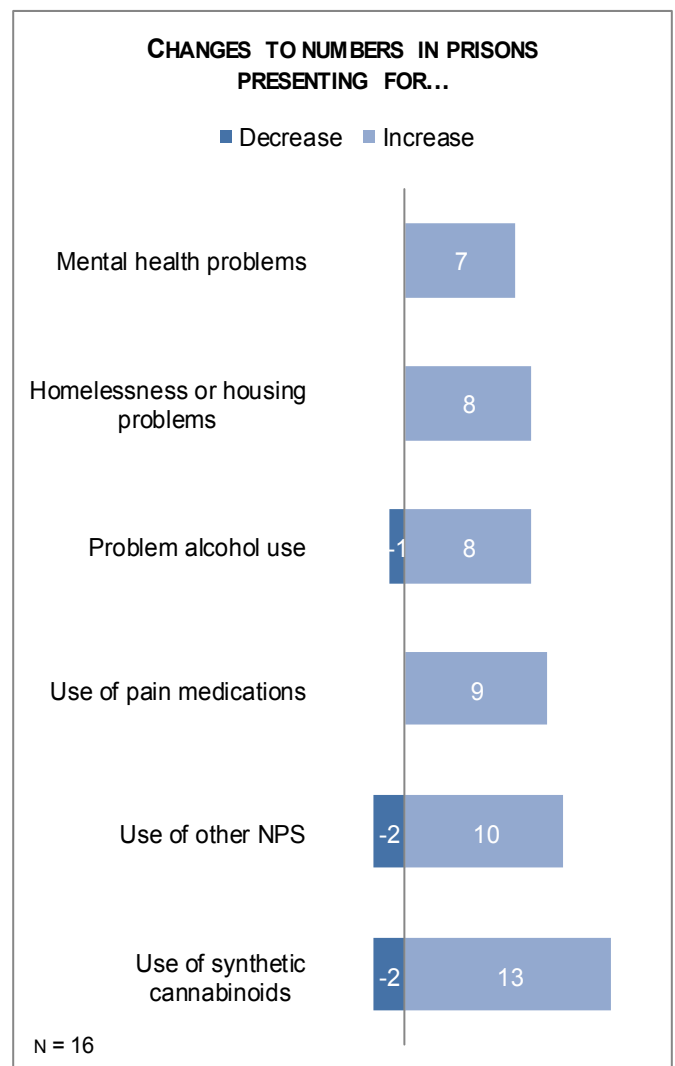
While mental health, housing and employment - direct contributors to recovery capital – featured prominently among gaps identified in State of the Sector 2013, access to support for older clients was indicated as a gap by a far larger proportion of people in 2014-15. It is not obvious why this is the case – although the average age of the population in specialist treatment is ageing, that alone seems unlikely to account for the proportion of respondents mentioning services for older clients changing so substantially over just 12 months.

The ageing population in treatment may be reflected in another gap identified – access to services for transition age adults. Providers are increasingly aware that a

different service offer may need to be made for younger people coming into adult services. An ageing adult population in treatment and the changing profiles of younger people moving into treatment may require commissioners and providers to work together to develop new models of provision.

Prison services

Services in prisons were generally more optimistic, acknowledging that treatment in prisons has made significant progress over a relatively short space of time. With a caveat around the survey sample, there are more signs of stability than in the community and residential parts of the sector. There was also optimism that some aspects of the reforms, either in hand or planned, could yield positive results. For example, an increased focus on ‘through the gates’ work



and the extension of probation support to short sentence prisoners under Transforming Rehabilitation, if implemented as planned, was seen by many as offering the potential to reduce reoffending and improve outcomes.

Less positively, the reduction in prison officer and support staff headcount was seen as adversely affecting the delivery of substance misuse treatment and related support in prisons, and the role of novel psychoactive substances – particularly synthetic cannabinoids – as well as prescription medication was seen as being extremely harmful. Perhaps unsurprisingly,

“We know exactly what we’re meant to be doing in prisons [but] it’s a constant battle because of staff shortages or lockdowns or because somebody has taken away the meeting rooms.”

Mike Trace, RAPt

resettlement support and access to accommodation appear as the biggest gaps - although here again, the situation may be improved by more through the gates activity.

About DrugScope and the Recovery Partnership

DrugScope is the national membership organisation for the drug and alcohol field and is the UK’s leading independent centre of expertise on drugs and drug use. We represent around 400 member organisations involved in drug and alcohol treatment, supporting recovery, young people’s services, drug education, prison and offender services, as well as related services such as mental health and homelessness. DrugScope is a registered charity (number 255030).

The Recovery Partnership was formed by DrugScope, the Recovery Group UK and the Substance Misuse Skills Consortium in May 2011 to provide a new collective voice and channel for communication to ministers and officials on the achievement of the ambitions set out in the 2010 Drug Strategy.

Acknowledgements

We would like to express our gratitude to those who promoted and participated in the online survey. The questionnaire was substantial and required respondents to provide, in some cases, quite detailed and potentially sensitive information. We are conscious that in participating in this survey, service managers will have donated a significant amount of their limited time; we hope that this report is a fair and accurate reflection of their contribution.

Contact us

DrugScope
Asra House
1 Long Lane
London
SE1 4PG

t: 020 7234 9730

e: info@drugscope.org.uk

