

State of the Sector 2013

Executive Summary

By DrugScope on behalf of the Recovery Partnership



Introduction

2013 was a pivotal year for drug, alcohol and related services. Many of the funding and commissioning structures that have supported the sector for years were replaced with new and in some cases substantially different entities. Drug and alcohol services will be affected by reforms to local authority freedoms and responsibilities and in particular, the implications of public health reforms and police and criminal justice commissioning and funding arrangements.

Understanding how the sector is affected by and adapting to these reforms is crucial. The State of the Sector 2013 was conducted by the Recovery Partnership to explore how services are coping with the reforms. The 2013 research provides a baseline; the Recovery Partnership will carry out further work in 2014 with the aim of learning more about the direction of travel and pace of change. The current research focused on adult residential and community services; separate work is planned to look in more detail at other parts of the sector, including young people's and prison-based services.

About the Recovery Partnership

The Recovery Partnership is comprised of the Substance Misuse Skills Consortium, the Recovery Group UK and DrugScope. It provides a collective voice for the substance misuse treatment sector and a channel for communication to Government on the achievement of the ambitions in the Drug Strategy.

About the State of the Sector research

The majority of the research was carried out in October 2013 and was focussed on how services are being affected in the broadest sense: changes to funding, the impact of commissioning and the changing external environment. The primary means of gathering information was through an online quantitative survey promoted by DrugScope. The focus was on adult residential and community services. Almost 170 services took part, broadly split between the 4 Public Health England regions. As well as providing quantitative information, respondents were encouraged to provide detailed qualitative information.

Additional qualitative information was obtained through telephone interviews with the chief executives of three

treatment providers (Addaction, Blenheim CDP and Phoenix Futures), telephone interviews with a number of individual services, and four regional summits organised by DrugScope on behalf of the Recovery Partnership in Autumn 2013, which involved around 200 participants, the majority attending on behalf of treatment providers or commissioners. In addition, every Police and Crime Commissioner in England and Wales was asked to respond to a request for information made under the Freedom of Information Act 2000.

About the State of the Sector 2013 executive summary

This brief report provides an overview of many of the key findings from the research. To improve legibility, data labels have been removed from charts in this report; this information can be found in the full State of the Sector 2013 report. The full report contains broader and more detailed information, as well as a large number of comments provided by participants in the online survey, service and CEO interviews and the regional summits. It can be found here: http://www.drugscope.org.uk/Resources/Drugscope/Documents/PDF/Policy/SOS2013_Main.pdf

1. About the participants

Of the 167 organisations that completed the online questionnaire:

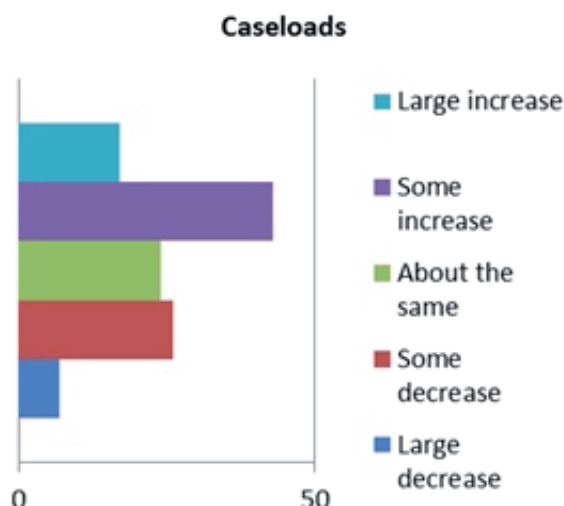
- 36 were from PHE North region
- 29 were from PHE Midlands & East region
- 42 were from PHE South region
- 44 were from PHE London region

- 70% were community services
- 17% were residential services
- 12% offered both community and residential

- 58% were VCSE organisations
- 25% were NHS services
- 5% were private sector services
- 12% were other (e.g. partnerships)

2. Caseloads

Just over half of the respondents reported some or a large increase in caseloads over the preceding 12 months, compared to 27% that reported some or a large decrease:

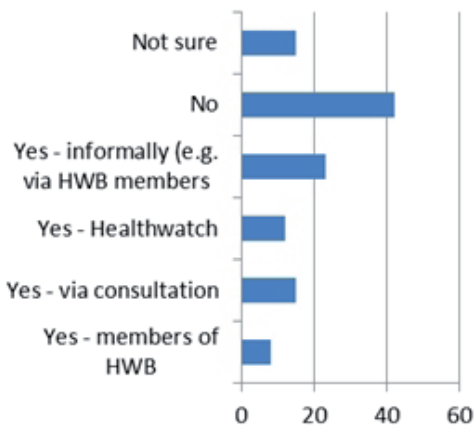


Gaining or losing services following recommissioning does not appear to be the predominant factor in determining caseloads, with only 18% ascribing an increase or decrease to this.

3. Public Health reform

57% of respondents reported that they had had no engagement with Health and Wellbeing Boards (HWBs), or were unsure.

Engagement with Health and Wellbeing Boards



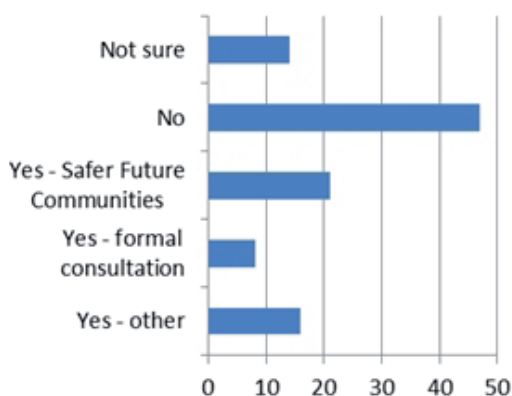
Some participants expressed concern about the extent to which drugs and alcohol are being reflected by the new public health structures:

Many [Joint Strategic Needs Assessments] hardly mention drugs and some of them only pay a very glancing reference to alcohol.
- Interviewee

4. Police and Crime Commissioners

Just over 60% of respondents reported that they had had no engagement with their Police and Crime Commissioner (PCC) or that they were not sure if they had or not:

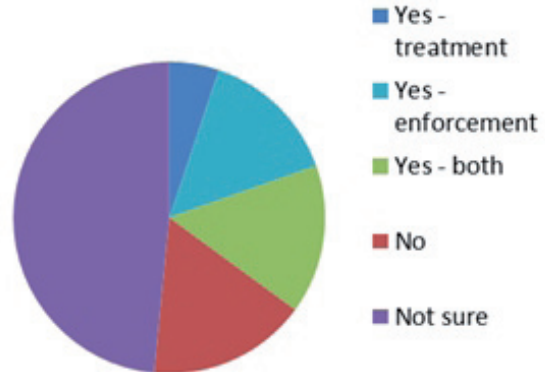
Engagement with Police & Crime Commissioners



However, several respondents indicated engagement through Safer Future Communities (led by Clinks in partnership with DrugScope and others) and one respondent indicated that they are members of their local Police and Crime Panel.

Survey participants were asked about the inclusion of drugs and alcohol in Police and Crime Plans. Almost half of the 97 respondents were unsure:

Drugs and alcohol in Police and Crime Plans



It's too early to tell if they are really committed to drug and alcohol interventions beyond initiatives that achieve headlines for talking tough.
- Survey participant

5. Police and Crime Commissioners – responses to Freedom of Information requests

Every PCC in England and Wales (and the Mayor's Office for Policing and Crime in London) was sent a request under the Freedom of Information Act 2000:

42 requests for information sent
41 responses received.

- 35 were able to provide detailed information about the services they commission.
- 8 were able to provide an indication of the amount they intend to allocate for 2014-15.
- 11 were able to provide an indication of the commissioning / allocation mechanism for 2014-15
- 36 gave an indication of their engagement with HWBs in their force area, of which:
 - 28 were engaged with all HWBs
 - 7 were engaged with some HWBs
 - 6 had experienced difficulty engaging with one or more HWBs
 - All 4 Welsh PCCs were engaged with the relevant Area Planning Boards

6. The impact of recommissioning

Money should fundamentally go on serving people, but as a result of continual processes of recommissioning, the reality is I have to spend the organisation's money winning the right to do that.

- Interviewee

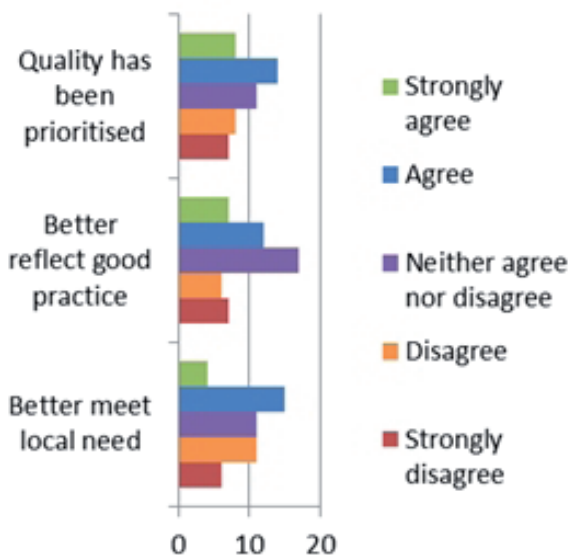
Just over 40% of respondents said that they had been through retendering, recommissioning or contract renegotiation in the previous 12 months, whilst over **60% of 89** respondents said that they were expecting to go through this process in the following 12 months:

Services anticipating retendering, recommissioning or renegotiation in the next 12 months



Several respondents expressed concern about the intentions behind recommissioning or retendering. However, whilst the majority of respondents felt that recommissioning had been burdensome and disruptive, a substantial number thought that services better meet local need, reflect good practice, and / or that service quality has been prioritised:

The impact of recommissioning

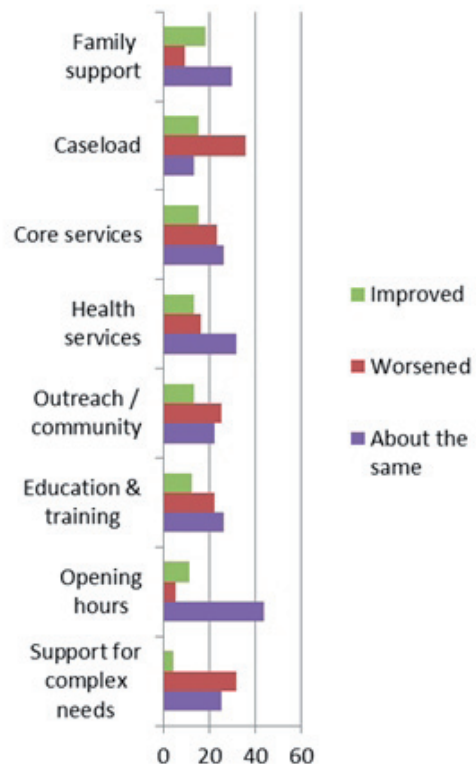


7. Funding

- 33% of services had seen no change
- 7% had seen an increase due to gaining services
- 13% had seen an increase for other reasons
- 9% had seen a decrease as a consequence of losing services
- 26% had seen a decrease for other reasons

Respondents were also asked about changes to their service as a result of funding changes:

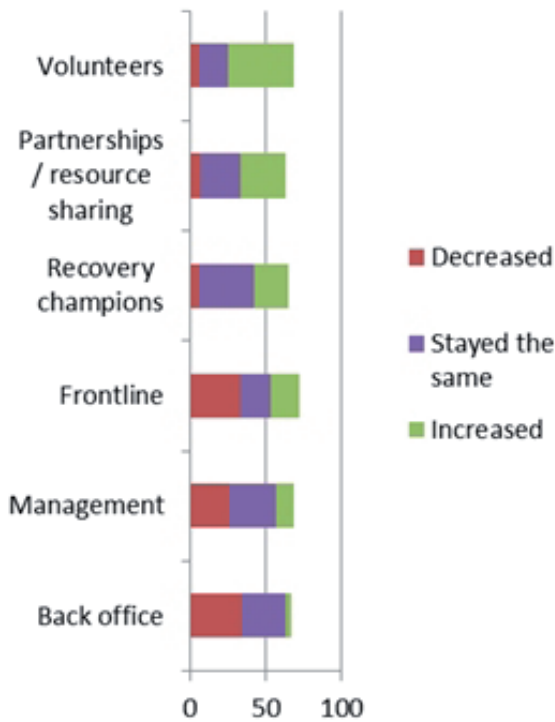
Impact of funding changes by activity



8. Staff, volunteers and recovery champions

Participants in the online questionnaire were asked about the staffing implications of any funding changes. Many respondents indicated that they had tried to retain front line positions at the expense of other roles. Over half of the services that responded to this question indicated an increase in their use of volunteers.

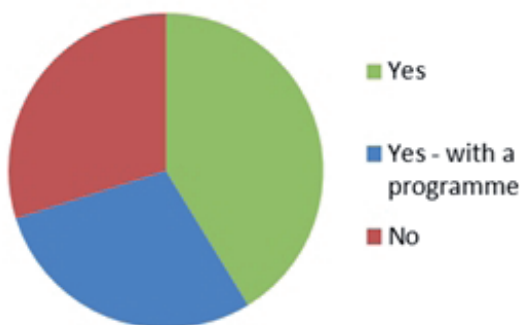
Impact of funding changes on staffing



66% of the services responding to this question utilised recovery champions.

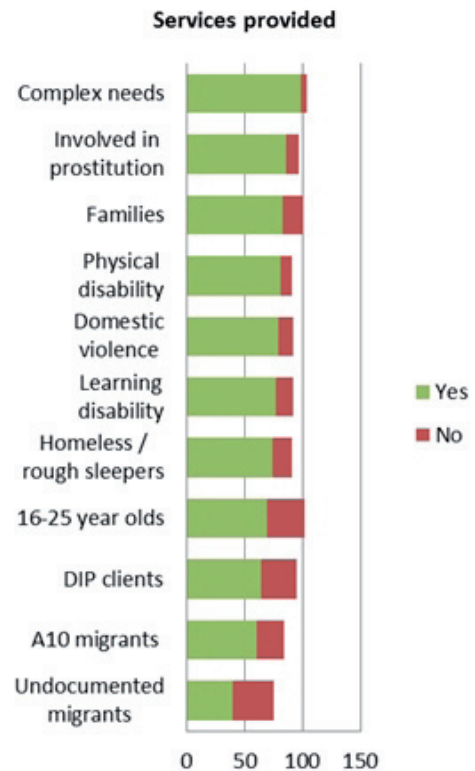
68 out of 97 services actively recruit staff with personal experience of drug and / or alcohol treatment, some via a programme. Some of the respondents who indicated that they do not do so stated that this was as a consequence of the type of service provision – e.g. offender or family services:

Do you actively recruit former service users as paid employees?



9. Services: provision and gaps

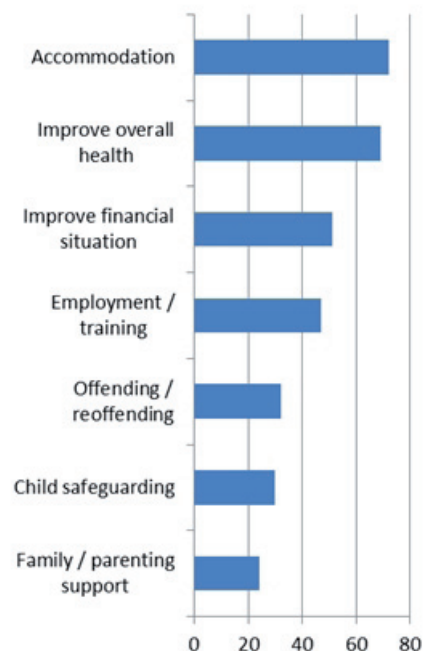
114 services gave an indication of the client groups they are able to work with:



However, many services also indicated that whilst they could work with the groups indicated, they may not have specific funding, expertise or facilities to support this.

Services were also asked to indicate the types of support needs their clients most often present with, excluding drug and / or alcohol support needs (in the main report, these are further broken down by frequency of presentation):

Client support needs



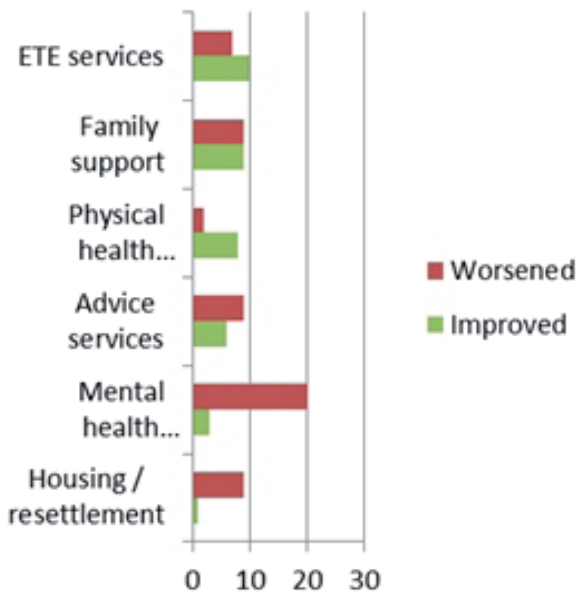
Respondents were also asked to identify local gaps in services. 25 individual service gaps were identified, with the most common being:

- Housing/housing support: 27%
- Support for complex needs: 18%
- ETE support: 12%
- Welfare benefits advice: 8%

10. Access to specialist services

Respondents were asked about the availability of specialist services, and whether they were delivered in-house by the service's own staff, in-house by an external agency, by referral only, or if they were locally unavailable. They were also asked to indicate whether local provision had improved or worsened over the previous 12 months:

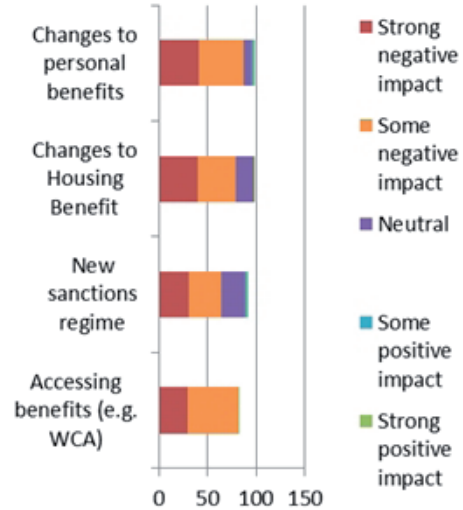
Access to specialist services



11. Welfare reform

Respondents were asked to give their opinion of the impact of welfare reform on their clients:

Impact of welfare reform

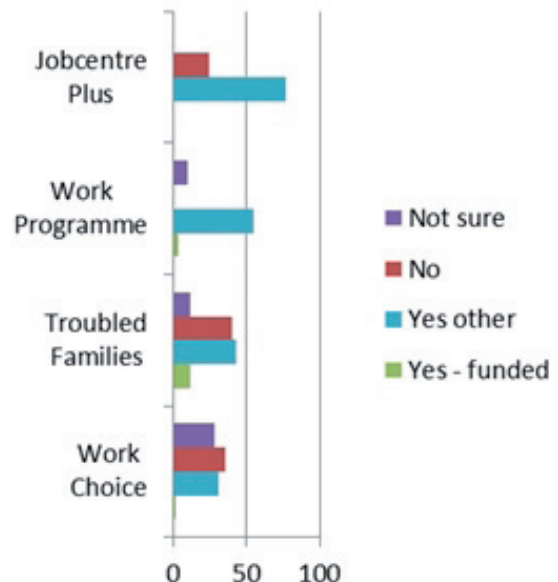


Although it is not clear in the chart above, 3 respondents indicated that the new sanctions regime and changes to personal benefits had had some or a strong positive impact on their clients.

12. Employment and Troubled Families partnerships

Participants were asked to provide information of any external partnerships supporting work around employment and the Troubled Families agenda. Almost 80% of respondents had some form of partnership arrangement with Jobcentre Plus, although none indicated working as part of a funded partnership:

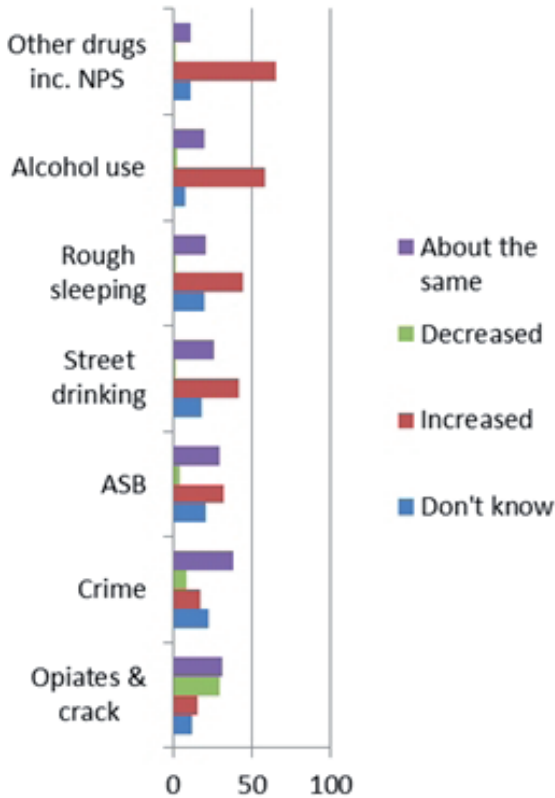
Partnerships



13. The external environment

Respondents were asked about any perceived changes in their local authority area that might affect demand for their service or for partner agencies:

Local authority area - perceived changes



14. Priorities for services

Having asked services to identify gaps in local provision, they were then asked to identify the top three priorities and challenges for their own services:

Service priorities



Conclusion

- The funding picture is mixed and complex, but there are no clear signs at this point of widespread disinvestment in drug and alcohol treatment, although there are activities that were consistently raised as posing challenges.
- Activities directly or at least closely associated with strengthening recovery capital, particularly employment and employment support, housing and support for clients with complex physical and mental health needs are among areas of concern.
- Respondents reported increased difficulty in accessing support for mental health problems and decreased ability to meet the needs of clients with complex or high levels of need.
- There are encouraging signs of engagement with HWBs and PCCs. However, around 60% of respondents had not engaged with one or both, or were unsure if they had done so or not. There was limited awareness of the contents of Police and Crime Plans in particular.
- Concerns were expressed about the potential impact of frequent recommissioning and retendering, specifically about the risk to staff morale and disruption to service provision.
- The agencies that took part in this research will be willing partners in innovation. Many respondents and interviewees provided examples of new partnerships within and beyond the sector, including with commercial partners. The sector has the ambition and aim to be constructive partners in local dialogue and service provision.

For more information please see the [main report](#) or contact Paul Anders, Senior Policy Officer on paul.anders@drugscope.org.uk