

State of the Sector 2015

Executive Summary

In late 2013 DrugScope, on behalf of the Recovery Partnership, conducted the first State of the Sector survey, the findings of which were reported in January 2014. Consultation for the second report followed a year later, being published in early 2015¹.

This, the third State of the Sector report, has been produced by Adfam on behalf of the Recovery Partnership and draws on an online survey and series of telephone interviews conducted between September and December 2015. It uses the findings from a substantial online survey and a series of interviews with senior figures in the sector to evaluate the experiences of community drug and alcohol treatment services in England.

1. Key points

The 2015 State of the Sector survey for adult community and residential services includes responses from 176 services from across England. A survey of prison drug and alcohol services has also been conducted as part of the project. This will be published at a later date as an annexe to this report.

Funding

Over three times as many community services (40 services or 38%) reported a decrease in funding compared to those reporting an increase (12 services or 11%). Of residential services, six times as many (18 or 58%) reported a decrease in funding compared to those reporting an increase (3 or 10%). A significant proportion from both categories stated 'no change'.

Commissioning cycles and contract length

44% of services had been through tendering or contract re-negotiation in the previous year. Half (49%) expected to go through one of these processes during the year ahead.

The delivery of services

- A quarter (26%) of services reported an increase of 10% or more in numbers of clients accessing services and 8% reported a decrease of the same size.

- Beyond addressing substance use itself, respondents indicated that the most significant support needs service users experience included issues around self-esteem, physical and mental health, employment support, and financial support and advice.
- A fifth of respondents feel that access to mental health services and housing/housing support has worsened over the last year – indicating that better joined-up support for people with dual diagnosis and multiple and complex needs is still required.
- 61% respondents were confident that their service has the skills, knowledge and support to engage with the new naloxone legislation which came into force in October 2015.
- At least 86% of respondents employ people with lived experience of the treatment system (known as “recovery champions”, “peer supporters” etc). 68% actively recruit people with lived experience of treatment as paid employees and 94% recruit former service users as volunteers.

2. Methodology

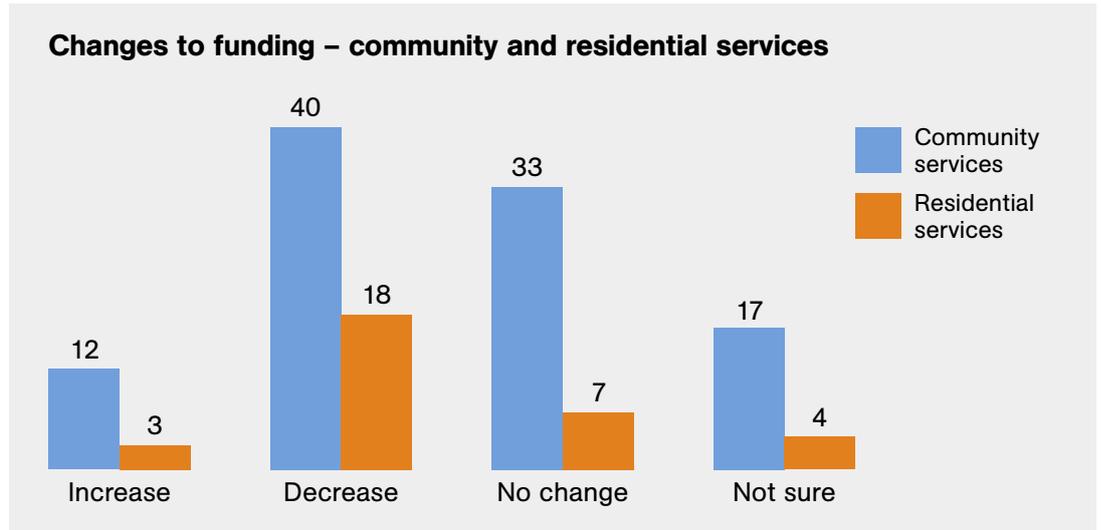
State of the Sector 2015 is based on three components: a large online survey for services delivering community and residential substance use treatment, using a convenience sample; a series of anonymised interviews with seven service managers; and attributed interviews with the Chief Executives of Bristol Drugs Project, CRI, The Ley Community, and Phoenix Futures, and a Contracts Manager at Addaction. 176 respondents completed or mostly completed the survey with a further 43 responses from prison services (which will be considered separately in an annexe).

Amongst the community and residential responses 18% identify as residential services, 79% as community services with the remainder being a mixture of mutual aid and 'other' services. 23% are NHS services, 55% are charities and 11% are private sector organisations.

¹ Both reports, and executive summaries, are available at: www.drugwise.org.uk/state-of-the-sector

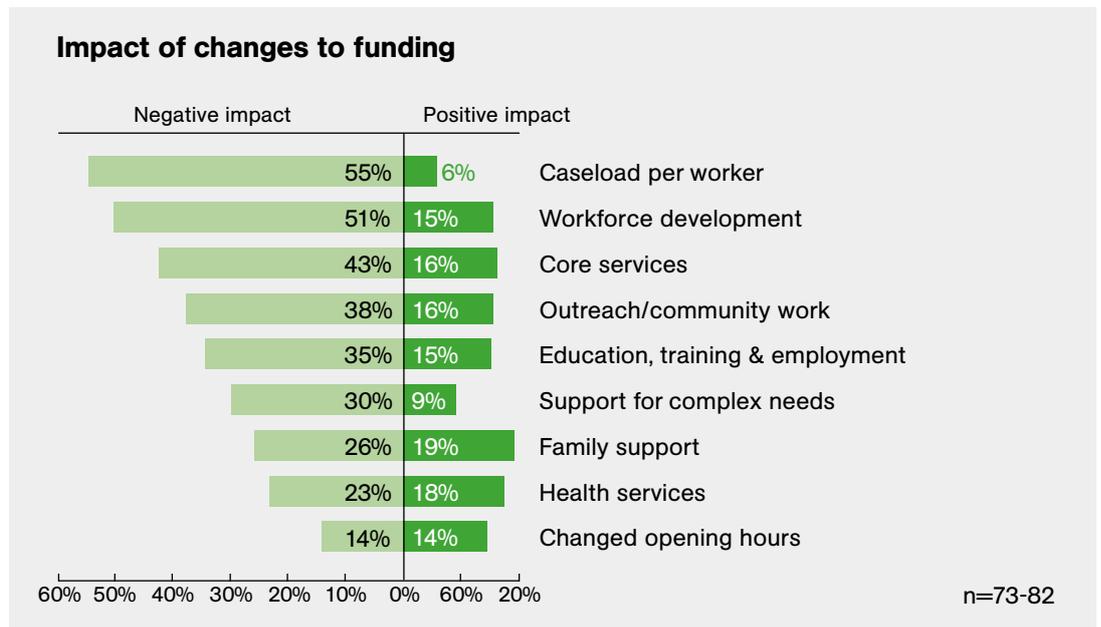
3. Key themes

a. Funding



Looking across responses to both this and last year's surveys, a continued trend towards reduced funding reported by both community and residential services is clearly identifiable. Though there are clear limitations to the scope of conclusions made due to sample size amongst other things, the fact that almost four times as many services have seen a decrease in funding in the last year as an increase is surely noteworthy.

Comparing these findings with an examination of local authority spending on treatment would be insightful, and could form a source of valuable auxiliary evidence for any future State of the Sector surveys.



Many respondents raised serious concerns about the impact of funding reductions on their services, service users and staff. This was felt particularly in regards to high worker caseloads, the lack of workforce development and, most importantly, the delivery of core services. Some respondents felt that the quality and safety of their services had been compromised in a bid to make savings. However, there were examples of both survey respondents and telephone interviewees who were clearly dedicated to mitigating as many of the negative impacts of funding reductions as possible by working in new and more effective ways.

“ The transition into different ways of working will take some time and there are some stresses throughout that process, but it is a situation that I recognise because it is fundamental to both staff wellbeing and to the quality of services that the people that use our services get. Funding challenges have to be seen as a spur to innovation. ”

David Biddle, CRI

2015 and September 2016. While these figures are indicative of considerable churn in local commissioning cycles, compared to the findings of last year’s survey (54% and 49% respectively) they could suggest that the pace of commissioning cycles is gradually slowing.

Concerns were expressed that frequent retendering can be destabilising for both service users and staff, and constitute a diversion of scarce resources away from the delivery of frontline services. Some smaller providers feel they are disadvantaged in the commissioning system, owing to their relative lack of resources to devote to tendering. Views of retendering, though, are far from universally negative. Encouragingly, considerable proportions of respondents believe that as a result of recent retendering, services: better reflect local need (40%); better reflect good practice (44%); and have prioritised quality (38%).

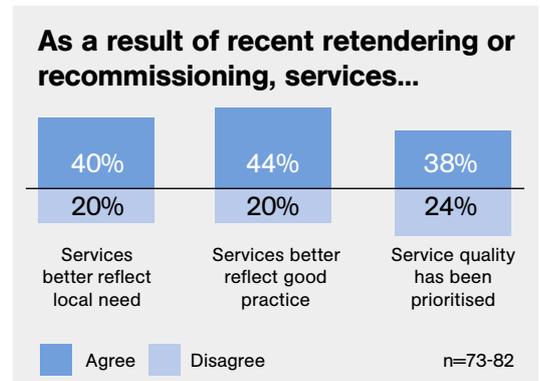
“Service users are fed up from the changes.”

“Services better reflect local need - on paper you can definitely see a trend for recovery communities, social enterprise and satellite working.”

b. Contract length and commissioning cycles

Survey responses suggest that in many local authorities commissioning cycles remain fairly compressed, with only 14% reporting a current contract of greater length than its predecessor, compared to 23% reporting the reverse.

44% of services have been through retendering or contract renegotiation in the previous year, and around half (49%) are expecting to go through retendering or contract renegotiation between September

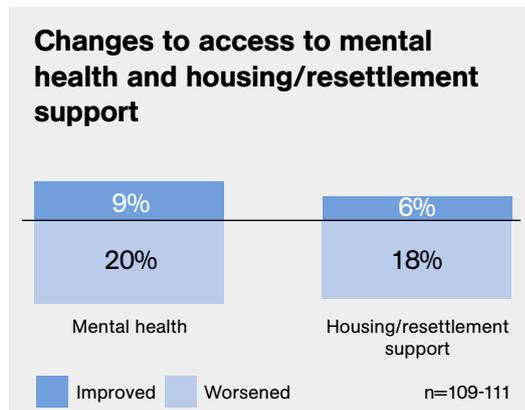


c. The delivery of services

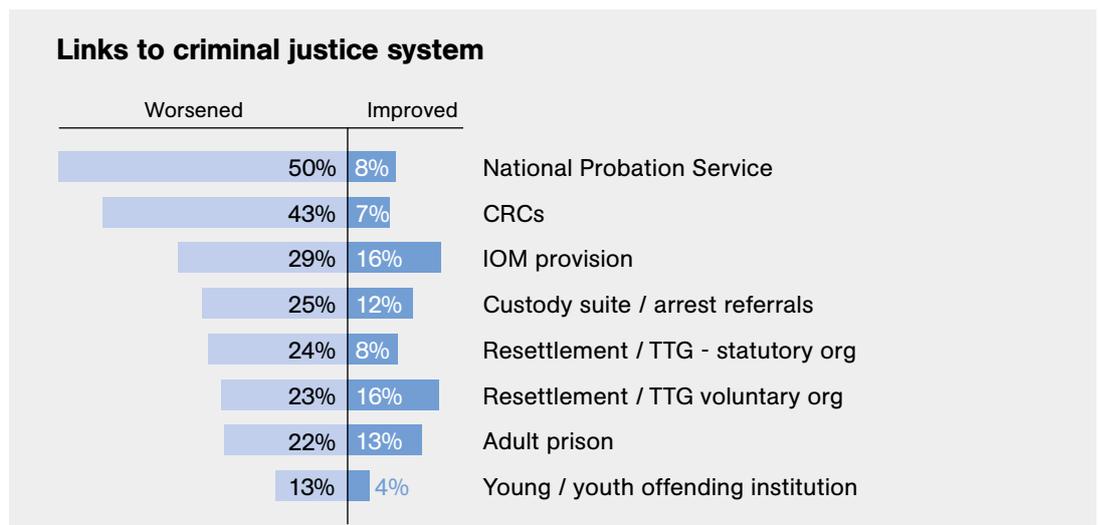
Multiple and complex need

Though not in any way a new issue for the sector, the challenge of providing joined-up support to service users with multiple and complex need, such as a 'dual diagnosis' of substance use and mental ill health, emerges as a prominent theme across the three years.

Though, encouragingly, a number of participants reported improved partnerships with mental health services, the survey as a whole paints a varied picture. A fifth of respondents feel that access to mental health provision has worsened, with only 9% reporting an improvement. The consistency with which access to mental health services has been flagged as an issue suggests that it remains a key challenge.



Access to suitable accommodation continues to be perceived as problematic. Three times as many feel that availability of housing/resettlement services has worsened over the last year as improved (18% vs 6%). Interviewees made it clear that there are some examples of new partnerships and in-house initiatives to improve access to housing, though regional variation was emphasised in the comments and interviews, particularly regarding access to the private rented sector.



For many, links with criminal justice services have remained relatively stable. However, 43% feel that links with Community Rehabilitation Companies (CRCs) are weaker than relationships held with their public sector predecessors - perhaps surprising given the new CRC providers were due to begin delivery in February 2015. Around a quarter of respondents report that both custody suite/arrest referral work and work with statutory and voluntary resettlement/'through the gates' organisations has reduced. Greater positive engagement might have been hoped for

given Transforming Rehabilitation's increased emphasis on providing offenders with holistic support.

Taken together, all this information articulates both the complexity and importance of working with people with complex and multiple need – as one of the interviewees eloquently put it:

“ Understanding how to deliver good quality services to people with complex needs is probably going to be one of the sector's biggest challenges over the next few years, not because we don't know how to do it, but because we're going to have to do it with less and less resources – and not just less resources for us, but less available support in those local areas from other sectors and agencies. ”

*Karen Biggs,
Phoenix Futures*

d. Harm reduction and naloxone

In October 2015, new legislation came into force allowing substance use services commissioned by a local authority or the NHS to supply naloxone without a prescription. As this survey was open from early September to mid-October 2015, a follow up in one year's time would better demonstrate any impact of this change. However it is encouraging that 61% respondents felt confident that their staff have the skills, knowledge and support to engage with naloxone provision, a modest increase on last year (55%).

“We are engaging with naloxone. Last year we had none! Since October it's so much easier, we have a target for each locality to hand out packs, everyone is talking about it, we want to improve the link in prisons.”

“ Since the changes from 1st October we can distribute more easily. In practice that means that instead of what was happening before – a training session with an individual around the safe use of naloxone, then having to pass that information on to the nurse who then has to physically hand over naloxone, we can do it there and then, so we can get naloxone out in a much more timely fashion and on a much bigger scale. ”

*Maggie Telfer,
Bristol Drugs Project*

Services continued to recognise the importance of harm reduction more broadly, including among many abstinence-based residential rehabilitation services. Eighty per cent of respondents felt that harm reduction needs were met through local provision, and comments provided suggest that in some areas testing, vaccination and pathways into treatment for blood-borne viruses (BBVs) are improving. Other comments indicate that variation between local areas and services remains.

**For more information,
please contact**

Lauren Garland
Policy Officer
policy@adfam.org.uk
0207 553 7640

March 2016

