



Department
of Health &
Social Care

Government response to ACMD Report

Commissioning impact on drug treatment services

February 2018

DH ID box
Title: Government Response to Advisory Council on Misuse of Drugs– Commissioning impact on drug treatment services report
Author: GPH/ Population Health/ Healthy Behaviours / 10800
Document Purpose: Policy/Independent Report/Government Response
Publication date: February/2018
Target audience: Advisory Council on Misuse of Drugs
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Executive summary

The Government thanks the ACMD for its report on commissioning structures within treatment services entitled *Commissioning Structures, the Financial Environment and Wider Changes to Health and Social Welfare Impact on Drug Misuse Treatment and Recovery*.

The Committee made a number of recommendations for the Government to consider; the Government response is set out below.

Recommendation 1 – Protecting levels of investment

National and local government should give serious consideration to how current levels of investment can be protected, including mandating drug and alcohol misuse services within local authority budgets and/or placing the commissioning of drug and alcohol treatment within NHS commissioning structures.

- 1.1. We agree that it is important the Government explores how to ensure sufficient investment in drug and alcohol services to deliver high quality services. We remain firmly of the view that local government is best placed to assess and meet the need for public health interventions, including substance misuse treatment.
- 1.2. The Department of Health and Social Care is currently seeking evidence of the prescribing in regulations of specific local authority public health activity. Responses are invited by 17th April 2018.

<https://consultations.dh.gov.uk/public-health-workforce/public-health-prescribed-activity/>

- 1.3. The Government remains committed to the primary legislative framework for public health which was established in 2012, however it is recognised that it is timely to take stock of the regulations to ensure the system is working as it should be and is fit for the future. We would encourage the ACMD to respond to the consultation and submit relevant evidence.
- 1.4. A condition currently attached to the public health grant is that a local authority must, in using the grant, have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services. The Government is considering what steps to take to ensure that there is sufficient transparency and accountability for outcomes from drug and alcohol services in future.

Recommendation 2 – Financial reporting

National government should ensure more transparent and clear financial reporting on local drug misuse treatment services, together with new mechanisms to challenge local disinvestment or falls in treatment penetration

- 1.5. We do not agree with this recommendation. We feel that the current system of reporting of spending by local authorities provides a clear and open record of actual spend on drug misuse services, which fulfils the needs for transparency.
- 1.6. Local Authorities in England report intended and outturn expenditure to the Department for Communities, Housing and Local Government and their compiled returns are published as official statistics. Data quality is assured through validation exercises with the Chartered Institute of Public Finance and Accountancy who detail five categories of spend for substance misuse, one of which relates to adult drug treatment.
- 1.7. Public Health England use reported spend and treatment data to produce guidance and tools that can assist local areas to consider the social return on investment and cost effectiveness of the services they commission.

- 1.8. Public Health England Centre teams assist local areas with tools and guidance to understand trends and current levels of need and demand for services, and how best commissioners might respond.

Recommendation 3 – Transparency

National government’s commitment to develop a range of measures which will deliver greater transparency on local performance, outcomes and spend should include a review of key performance indicators for drug misuse treatment, particularly those in the Public Health Outcomes Framework (PHOF), to provide levers to maintain drug treatment penetration and the quality of treatment and achieve reductions in drug-related deaths.

- 1.9. We agree with this recommendation and the 2017 Drug Strategy makes a commitment to develop a range of measures which will deliver greater transparency on local performance, outcomes and spend. As part of this commitment, drug and alcohol treatment data is now included in Public Health England’s new [Public Health Dashboard](#). The dashboard makes it easier to compare local authorities’ performance against a set of key indicators including comparisons of waiting times for drug treatment, proportion of opiate users not in treatment, successful drug treatment completion and deaths in treatment.
- 1.10. The new Home Secretary-chaired Drug Strategy Board will regularly review the expanded set of indicators outlined in the strategy, which includes treatment access or penetration rates.
- 1.11. Successful completion of drug and alcohol treatment, drug related deaths and alcohol related hospital admissions are key indicators in the Public Health Outcomes Framework. While there are clear benefits in maintaining a relatively stable set of indicators for the Public Health Outcomes Framework, we expect to begin a process of reviewing the fitness for purpose of all the indicators in 2018.

Recommendation 4 – Service costs and staffing

National bodies should develop clear standards, setting out benchmarks for service costs and staffing to prevent a ‘drive to the bottom’ and potentially under-resourced and ineffective services.

- 1.12. We believe that there is already sufficient national guidance in place and are concerned about creating an overly prescriptive framework that unhelpfully ties the hands of local authorities. We therefore do not accept this recommendation.
- 1.13. The Drug Strategy is clear that local drug (and alcohol) treatment commissioners should assure themselves that the services they commission are safe and effective at improving individuals’ health, and in helping people recover from drug dependency. PHE provides commissioners with data and cost effectiveness tools to help them understand if they are meeting need and to track the value achieved by their commissioned services. PHE has also published quality governance guidance for local authority commissioners of alcohol and drug services.

- 1.14. There is a wealth of guidance and quality standards to support local authorities, for example a suite of NICE guidance and resources, which includes drug and alcohol treatment quality standards. There is also the recently published updated Drug Misuse and Dependence: UK Guidelines on Clinical Management.

[UK Clinical Guidelines on Management of Drug Misuse and Dependence](#)

- 1.15. The Care Quality Commission plays a vital role in assuring the quality of regulated services, supplementing local quality governance mechanisms. As outlined in the Drug Strategy, the CQC continues to enhance its capacity in relation to substance misuse services, and has now published a consultation on how it will rate substance misuse services. This will run until 23 March 2018 and is available on the CQC website at:
www.cqc.org.uk/get-involved/consultations/our-next-phase-regulation-consultation-3-independent-healthcare

Recommendation 5 – National review

The Government’s new Drug Strategy Implementation Board should ask PHE and the Care Quality Commission to lead or commission a national review of the drug misuse treatment workforce. This should establish the optimal balance of qualified staff (including nurses, doctors and psychologists) and unqualified staff and volunteers required for effective drug misuse treatment services. This review should also benchmark the situation in England against other comparable EU countries.

- 1.16. The Government accepts that, as set out in the Drug Strategy, commissioners should be sure that the services they commission have a workforce which is ‘competent, motivated, well-led, appropriately supervised and responsive to new challenges’. This means that services need to have the capacity to train and develop their workforce and we are committed through the strategy to working with Health Education England, commissioners and providers to enable this to happen.
- 1.17. The Drug Strategy Board will drive the implementation of the 2017 Drug Strategy and respond, as necessary, to any emerging risks. This may include reflecting further on what a national review of the drug misuse treatment workforce might add. We will take into account any relevant evidence of workforce from other countries in the EU and beyond.

Recommendation 6 – Local and national systems

Local and national government should consider strengthening links between local health systems and drug misuse treatment. In particular, drug misuse treatment should be included in clinical commissioning group commissioning and planning initiatives, such as local Sustainability and Transformation Plans (STPs).

- 1.18. We accept this recommendation and can advise that work on STPs in the NHS is ongoing, led by NHS England.

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- 1.19. As part of the development of STPs, NHS organisations and local authorities in different parts of England have come together to develop 'place-based plans' for the future of health and care services in their area.
- 1.20. The 2017 Drug Strategy is clear that locally-led recovery systems require close collaboration and effective partnership working to deliver the full range of end-to-end support for those with drug and alcohol problems. Aligned commissioning is required across the housing and homelessness sector, employment services, children's services, social care, and mental and physical healthcare.
- 1.21. To reflect this, the new Drug Strategy Board will be attended by all relevant departments and will hold different elements of the system to account.

Recommendation 7 – Contract length

Commissioners should ensure that recommissioning drug misuse treatment services is normally undertaken in cycles of five to ten years, with longer contracts (longer than three years) and careful consideration of the unintended consequences of recommissioning. PHE and the Local Government Association (LGA) should consider the mechanisms by which they can enable local authorities to avoid re-procurement before contracts end in systems that are meeting quality and performance indicators.

- 1.22. The Drug Strategy acknowledges that re-tendering has frequently been an effective mechanism by which commissioners have stimulated the market, promoted innovation and increased the accountability of services. It also acknowledges that the process can be complex and can generate unintended consequences.
- 1.23. Local areas must remain compliant with relevant regulations and it is their duty to interpret and apply them. The Government does not accept that it should mandate particular cycles of commissioning services. However, the Government agrees that commissioners have a broad range of other mechanisms at their disposal to enhance quality and outcomes, such as performance management and collaborative approaches to improvement. PHE will continue to work with commissioners to help ensure the appropriate use of recommissioning and other commissioning methods.

Recommendation 8 – Research

The Government's new Drug Strategy Implementation Board should address research infrastructure and capacity within the drugs misuse field. Any group set up to work on this should include government departments, research bodies such as the Medical Research Council (MRC) and the National Institute for Health Research (NIHR) and other stakeholders.

- 1.24. The Government accepts this recommendation. The Government fully acknowledges the importance of research in developing a better understanding of harm and effective responses, and we have funded a number of research studies on aspects of treatment and recovery in recent years, through the National Institute for Health Research (NIHR). The Drug Strategy makes a commitment to grounding our approach in the latest available evidence.

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- 1.25. Research needs to be properly resourced in its own right. However, the relationship between research funding and the capacity of the commissioned treatment system to support it is an important issue and we are keen to explore this further with the support of the ACMD. The outputs of this process could then be considered by the Drug Strategy Board if appropriate.