



WHITE PAPER

# TOWARDS SUSTAINABLE DRUG TREATMENT SERVICES

PUBLISHED JULY 2019

## Foreword

### Kerrie Hudson, The Well Communities

*The Well Communities was established in 2012 and builds a community response to recovery for individuals and families facing severe and complex problems.*

High-quality, effective and compassionate recovery services are fundamental to a fair and equitable society. It should be a matter of great national pride that the UK's recovery system offers world-class support to some of the most vulnerable members of society. Our services recognise that people in recovery should be given the opportunity to receive evidence-based, personalised care and support, and that this has great benefits for individuals, families and communities.

It is important that we protect the successes in building a world-class recovery system in the UK; ensuring that it continues to be fit for purpose, is able to adapt to new challenges and is open to new innovations.

Over the last seven years of working with people recovering from drug addiction at The Well Communities, I have seen first-hand how services have needed to cope with ever-growing demand while facing an increasingly uncertain funding environment.

This report from Camurus highlights the scale of the challenge faced by commissioners, providers, and the service users that depend on their support. The evidence shows that we are fast approaching a point at which we risk doing irreparable damage to our hard-won recovery system, leaving services unable to meet the scale of need that exists. If we are to fulfil our duty to provide the best chances of recovery for people struggling with addiction, we cannot afford to be passive about this.

The recommendations within this report constitute an achievable call to action for national policymakers, informed and endorsed by a range of experts in recovery, public health and policing.

The consistency of the message from all stakeholders brings a clear focus to what needs to change to deliver sustainable treatment services now and into the future.

Furthermore, pockets of best practice from across the country have demonstrated that the will to excel in the delivery of drug services is there – but to generate wide-scale change across the UK, we cannot rely solely on local champions to innovate and deliver improvements against the odds.

Continuing as we are is not an option. Those at the helm of shaping the national approach to drugs policy must heed the voices from the ground, and take concrete action on improving the national context for drug treatment services.

Kerrie Hudson  
The Well Communities

## Introduction

The United Kingdom is widely recognised to have built a world-class substance misuse treatment system over the last century. Publicly-funded treatment services offer high-quality, evidence-based recovery and harm reduction services, including psychosocial support, needle exchange programmes and opioid substitution therapy. Services in England are funded by local authorities out of the public health grant received from central government and delivered by both voluntary sector and NHS providers commissioned locally.

Substance misuse services offer a vital pathway to stability and recovery for some of the most vulnerable members of society. There is strong evidence that treatment for drug dependence, such as opioid substitution therapy, reduces drug use and prevents overdose deaths. Beyond the vital importance of treatment for individuals and families, the wider community benefits span the health, criminal justice and social services sectors. The return on investment from drug treatment is substantial, with the costs of delivering services recouped twice over.

Despite significant achievements over the years in reducing the harm from drug use – with notable successes including keeping the rate of blood borne viruses such as HIV low in the UK population – consistent underfunding in recent years has left services struggling to maintain levels of delivery. Local authorities, faced with year-on-year reductions in the public health grant, have had little leeway for investment. As a consequence, the system has struggled to deliver against its objectives - eroding progress made in reducing the harm from illicit drug use.

Services have increasingly struggled to invest in new treatments and approaches which have the potential to improve outcomes for service users. Although a small number of local areas have bucked the trend and implemented innovative approaches to recovery and rehabilitation, these unique local examples have so far failed to translate into broader action at national level. This is due to a variety of factors, not least the cost-constrained environment in which commissioners have been forced to operate – exacerbated by a fragmented system that fails to incentivise new approaches or partnership working, and lack of a supportive national framework that encourages innovation.

This white paper presents analysis of English local authority spending on drug treatment for adults since 2015. The findings illustrate the scale of cuts to drug treatment services and their impact on outcomes. Informed by in-depth interviews with those at the forefront of commissioning and service provision, it also calls for four actions towards delivering more sustainable, innovative services that improve outcomes.

Without urgent change, we risk irreparably damaging a system that provides a crucial pathway to recovery, and is an integral aspect of a healthy society. The time for action is now.

### How this white paper has been developed

This white paper is informed by the following:

- An anonymous survey of 22 Directors of Public Health in England, undertaken in January/February 2019.
- Analysis of local government expenditure on drug treatment for adults between 2015/16 and 2018/19.
- Interviews with commissioners, providers and other stakeholders in substance misuse, who between them have years of expertise in drug services and policy.
- Contributions made from attendees of the Opioid Addiction Summit held in October 2018, which brought together policymakers, providers, service users and other experts in substance misuse to discuss how best to improve outcomes in opioid addiction.

## Key findings

### **Drug treatment budgets have declined by almost a third over the past four years, with the scale of cuts outstripping those to other public health services.**

Adult substance misuse treatment budgets in England have been cut more severely than other public health grant budgets, with councils reducing spend by an average of 27 per cent since 2015/16. Almost one in five local authorities has cut budgets by 50 per cent or more since 2015/16. The highest cuts have been disproportionately concentrated in areas with high rates of drug-related deaths. The overall decline has outpaced the general reduction in the public health grant, which fell by 1 per cent in the same period.

### **Cuts in spending on drug treatment are negatively impacting the ability of services to meet demand and putting the outcomes of treatment services at risk.**

Over half of Directors of Public Health surveyed believe that the removal of the ring-fenced public health grant will lead to less funding for substance misuse services in future. Over a third of Directors of Public Health believe they will be unable to keep up with demand for substance misuse services in the coming year, and over half are concerned that cuts will have negative consequences for the quality of treatment and its outcomes.

### **Local public health leads want to prioritise innovative ways of delivering services and treatments, but access to innovation is inhibited by a lack of resources.**

Directors of Public Health are concerned that a lack of resources is inhibiting their ability to invest in new treatments and services, despite over 80 per cent of survey respondents suggesting that introducing new service innovations is a priority.

### **Innovative approaches to service delivery are occurring in a small number of areas and have the potential to improve national outcomes.**

Innovative models of delivery that could be replicated across the country are occurring at local level in a handful of places with transformative effects on outcomes in health, crime, safeguarding and other areas. Translating these local exemplars into wide-scale approaches requires a greater national focus on spreading the adoption of innovation and highlighting best practice.

### **Partnership working is seen as crucial to the delivery of successful treatment services, but a lack of resources and incentives to partner mean that many areas are struggling to take a joined-up approach to planning and delivering services.**

Local authorities view local Police and Crime Commissioners and Clinical Commissioning Groups as important partners in the delivery of substance misuse services, but levels of engagement vary across the country. About a third of Directors of Public Health surveyed felt that they did not have a collaborative relationship with their local PCC or Clinical Commissioning Group. Public sector partners in health and criminal justice are able to provide much-needed additional resources, expertise, insights and capacity; and are integral to delivering holistic services that meet the complex needs of service users.

## Recommendations

### 1. Increase local government expenditure on drug treatment services

Government should use the upcoming Spending Review to increase expenditure on drug treatment services by providing local authorities with additional funding towards these services. Without sustainable long-term funding for vital public health services such as substance misuse the ability of services to meet demand will continue to be eroded, with grave consequences for outcomes.

### 2. Guarantee the delivery of substance misuse services by making them a mandated service.

The delivery of substance misuse services should be made a mandated service from April 2020 when the ring-fenced public health grant is due to be replaced by business rates. This will end the current ambiguity around their delivery and underline the importance of protecting budgets for these services.

### 3. Introduce a new innovation fund to stimulate new approaches to delivering drug treatment and services and spread best practice.

Directors of Public Health see the importance of delivering innovative substance misuse services but are constrained by a lack of resources. Government should introduce a ring-fenced “trailblazer” Public Health Innovation Fund, which will allow local areas to invest in innovative approaches to service delivery and foster dissemination of best practise at national level.

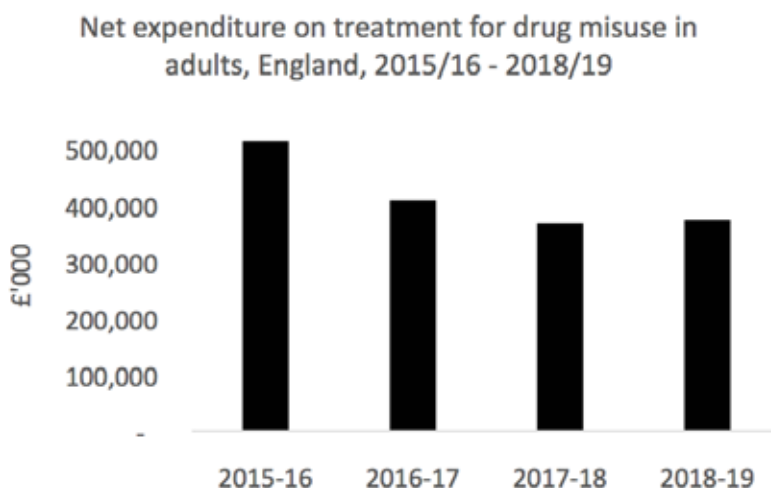
### 4. Fully support the newly-appointed Recovery Champion to deliver a cross-sector approach to improving drug recovery and ensure that the Champion’s recommendations are implemented at the earliest opportunity.

The Home Office has recently appointed the long-awaited National Recovery Champion. The Champion must be equipped with the necessary tools and powers to engage partners at local and national government level, supporting collaboration between criminal justice, health and other sectors. The Champion must be given a clear mandate to champion service improvements through innovation and their recommendations should be at the heart of the government’s policy development in this area.

## Drug treatment budgets have declined by almost a third over the past four years, with the scale of cuts outstripping those to other public health services.

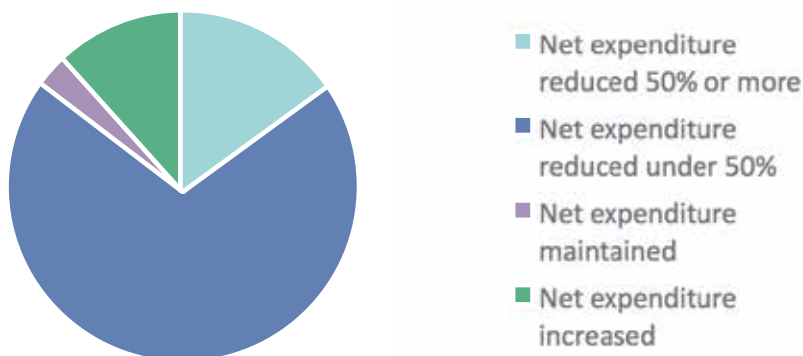
Adult drug misuse budgets in England have been cut more severely than other public health grant budgets, with councils reducing spend by an average of 27 per cent since 2015/16. Almost one in five local authorities has cut budgets by 50 per cent or more since 2015/16. The highest cuts have been disproportionately concentrated in areas with high rates of drug-related deaths. The overall decline has outpaced the general reduction in the public health grant, which fell by 1 per cent in the same period.

Analysis of local authority net expenditure on drug misuse treatment for adults shows that council spend fell by 27 per cent across all local authorities in England from 2015/16 to 2018/19 (adjusted for inflation).<sup>1</sup>



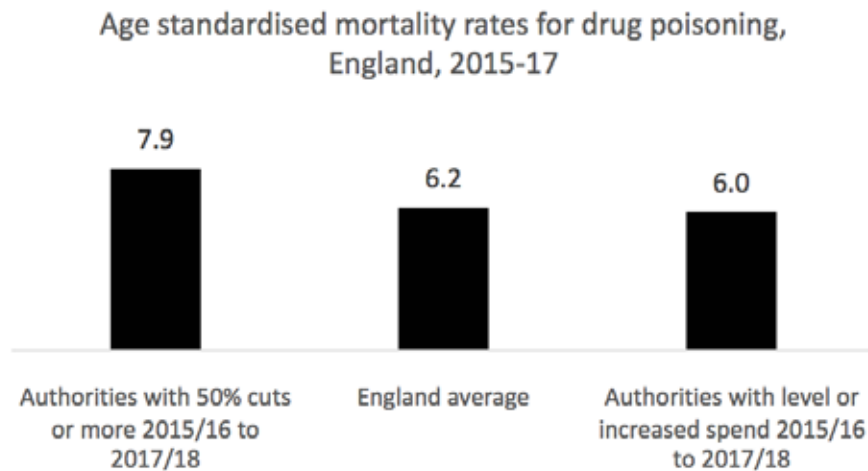
Overall, the vast majority - 131 out of 152 local authorities - have cut spending since 2015/16, compared to only 20 where spending has stayed level or increased.

28 authorities have cut spending by 50 per cent or more since 2015/16, which is equivalent to almost one in five (19 per cent) of all councils with responsibility for drug services.



<sup>1</sup> Analysis of Local Authority Revenue Expenditure and Financing data on Substance misuse - Treatment for drug misuse in adults, 2014/15 to 2018/19. Raw data available from: <https://www.gov.uk/government/collections/local-authority-revenue-expenditure-and-financing#2018-to-2019> (Accessed Feb 2019).

The steepest cuts to spending on drug treatment (50 per cent or more) have disproportionately been in areas with high rates of drug-related deaths, which have an average rate of 7.9 deaths compared to the England-wide rate of 6.2 (age-standardised drug poisoning death rates 2015-17).<sup>2</sup> Areas where spend has been protected, or has grown, have a lower than average mortality rate of 6.0.



Five of the 29 councils that have cut spend by 50 per cent or more are within the top decile nationwide for rates of death from drug poisoning (Blackpool, Hartlepool, Liverpool, North Tyneside and York). In contrast, only one council (Bournemouth) within the top decile has increased its spend on substance misuse services, which went up by just 3 per cent from 2015/16 to 2018/19.

Net public health expenditure in England decreased by 1 per cent from 2015/16 to 2018/19 (adjusted for inflation), indicating that the scale of cuts to substance misuse treatment has outpaced the overall trend by a significant margin. Analysis of the public health grant by the Health Foundation showed that drug and alcohol treatment services for adults have experienced the third largest proportional reductions in spend since 2014/15, behind only drug and alcohol services for youth and smoking cessation services.<sup>3</sup>

## Recommendation: Increase local government expenditure on drug treatment services

Drug treatment services will remain vulnerable to further erosion without a reversal of the austerity-driven cuts to their budgets, with grave consequences to outcomes. The government should use the upcoming Spending Review to ensure increase funding for local government drug treatment services and to provide certainty over the next three-year spending period, allowing commissioners the clarity they need to invest in substance misuse services which have long-term benefits across society.

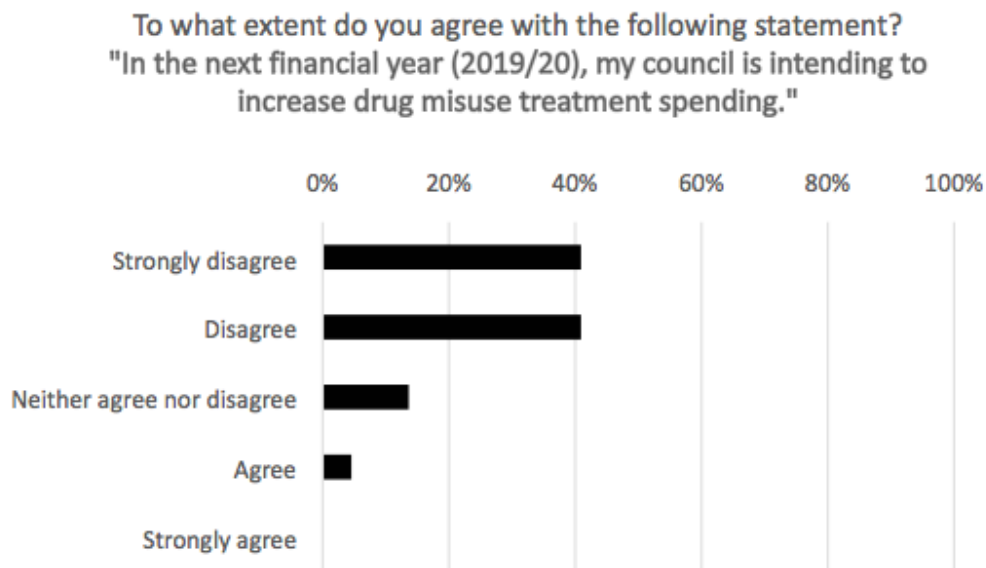
<sup>2</sup> Analysis of ONS data on Deaths related to drug poisoning in England and Wales: 2017 registrations. Raw data available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2017registrations> (Accessed Feb 2019).

<sup>3</sup> The Health Foundation (October 2018) Briefing: Taking our health for granted – Figure 2. Available from: [https://www.health.org.uk/sites/default/files/upload/publications/2018/Taking%20our%20health%20for%20granted\\_for%20web.pdf](https://www.health.org.uk/sites/default/files/upload/publications/2018/Taking%20our%20health%20for%20granted_for%20web.pdf) (Accessed Feb 2019).

## Cuts in spending on drug treatment will negatively impact the ability of services to meet demand and put the outcomes of treatment services at risk.

Over half of Directors of Public Health surveyed believe that the removal of the ring-fenced public health grant will lead to less funding for substance misuse services in future. Over a third of Directors of Public Health believe they will be unable to keep up with demand for substance misuse services in the coming year, and over half are concerned that cuts will have negative consequences for the quality of treatment and its outcomes.

Our survey of Directors of Public Health in England indicates that there is little confidence that the trend in declining spend will be reversed in the next financial year. Only one respondent was optimistic that their council would be increasing spend, compared to 18 responses (82 per cent) indicating that the council would not be increasing spend on drug treatment services in 2019/20.

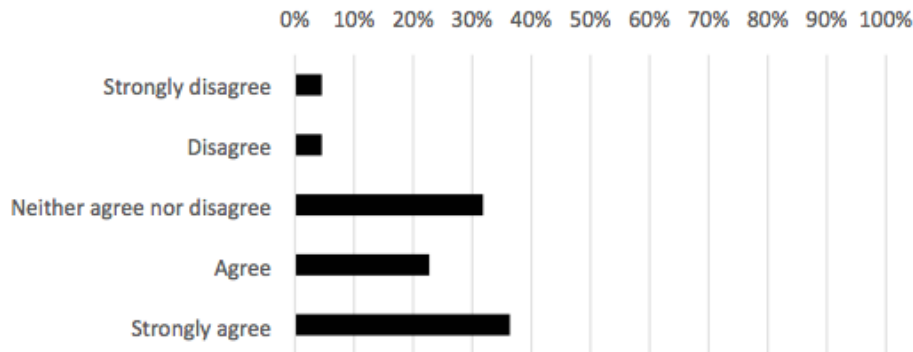


Further, Directors of Public Health were pessimistic about the impact on drug treatment services of removing the ring-fenced public health grant, which is due to be replaced by higher business rates retention from April 2020.<sup>4</sup> Over half of the survey respondents (59 per cent) believed that the removal of the grant would result in further reduced funding for their council's drug misuse services.

<sup>4</sup> Local Government Association (July 2018) Local government funding: Moving the conversation on – page 4. Available from: [https://www.local.gov.uk/sites/default/files/documents/5.40\\_01\\_Finance%20publication\\_WEB\\_0.pdf](https://www.local.gov.uk/sites/default/files/documents/5.40_01_Finance%20publication_WEB_0.pdf) (Accessed Feb 2019)



To what extent do you agree with the following statement?  
 "Removing the public health grant in favour of higher business rates retention for councils will mean the council must reduce its funding for drug misuse services."



For example, Durham County Council could face a reduction of over £19 million, or almost two fifths of its current public health budget, should the switch to business rates occur – a reduction that would follow a 12.8 per cent decline in the public health grant monies received by the council since 2013.<sup>5</sup>

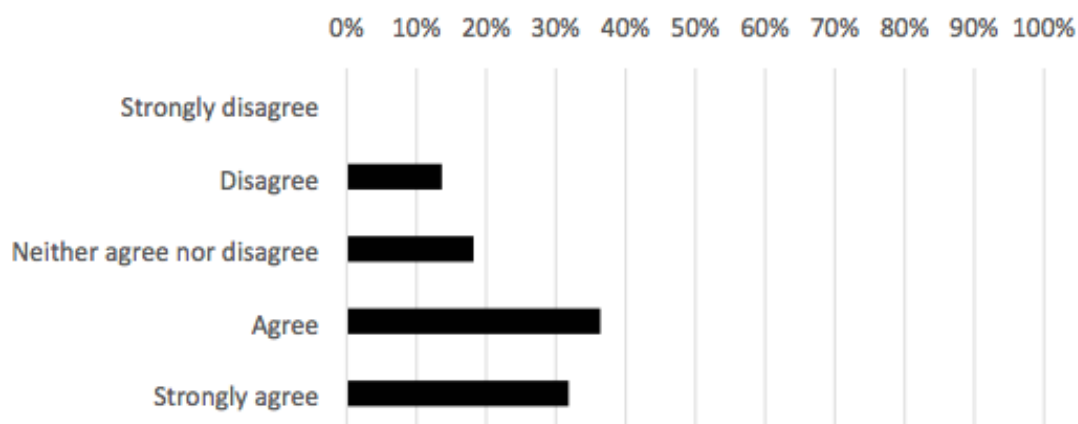
*"As PCC, I have concerns regarding the future allocation of public health funding in Durham, via the Public Health Grant, and the knock-on effect for policing. I am fearful that I will face the triple-whammy of a reduction in police funding, a further reduction due to changes in the funding formula, and the consequences of a decrease in public health funding. The consequences of these changes are likely to include a significant increase in crime in County Durham and Darlington."*

**Ron Hogg, PCC for Durham and Darlington**

The sustained cuts to spending of drug misuse treatment have negatively impacted councils' ability to commission effective services, and there is evidence that services are struggling to keep up with demand. Over two thirds of the Directors of Public Health surveyed (68 per cent) agreed that funding cuts have significantly impacted their council's ability to commission effective drug misuse treatment services, and a higher number (73 per cent) were pessimistic or unsure of whether their council would be able to keep up with demand for services in the next year.

<sup>5</sup> Durham County Council (Feb 2019) Councillors agree additional £74 million capital investment. Available from <https://www.durham.gov.uk/article/21061/Councillors-agree-additional-74-million-capital-investment> (Accessed Feb 2019).

**To what extent do you agree with the following statement?  
"Funding cuts to the public health grant have significantly impacted my council's ability to commission effective drug misuse treatment services."**



This outlook comes at a time when demand for treatment services remains high, with deaths from drug misuse in 2017 reaching the highest levels on record.<sup>6</sup> The rate of drug-related deaths in England and Wales is amongst the highest in Europe, at 70 drug deaths per one million people aged 15-64. This is over three times the EU average (including Norway and Turkey) of 21.8 deaths per million. In Scotland the figures are even bleaker, with the drug-related death rate around 2.5 times that of the UK average.<sup>7</sup>

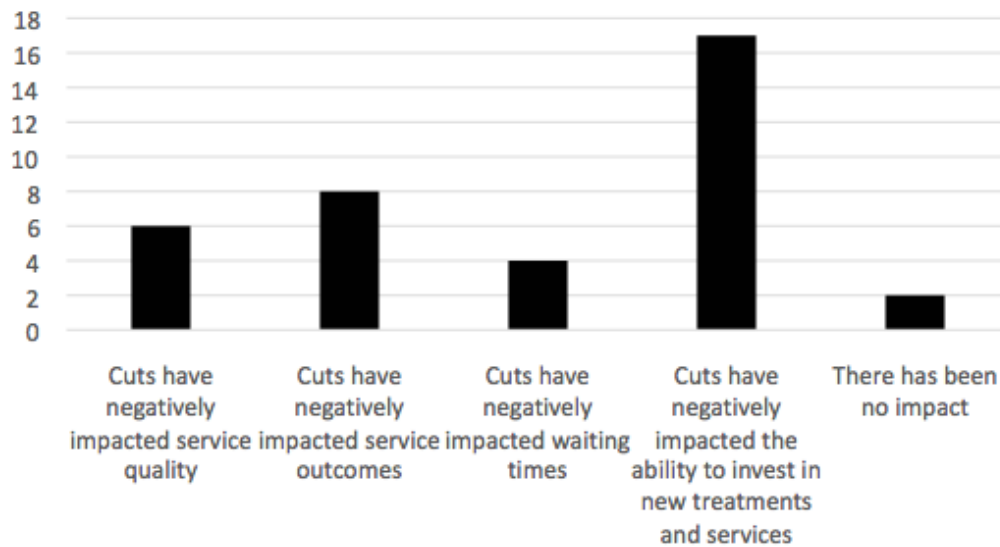
*"You can't get away from the fact that budgets cuts are killing people – that's the reality of the situation. There are avoidable deaths that are occurring as a direct result of the defunding of addiction services."*  
**Paul Sweeney, MP for Glasgow North**

Almost two thirds of survey respondents (64 per cent) indicated that the greatest negative impact of cuts has been to service outcomes and quality. Directors of Public Health highlighted negative effects on the range of services available, citing examples where providers have had to remove the provision of one-to-one sessions, stop outreach services or impose limits on the number of individuals able to access treatment. A number of respondents also cited the knock-on effects of cuts to related services such as health visiting, which in the words of one Director of Public Health have *"amplified the toxic trio of drugs, domestic violence and mental health"*.

<sup>6</sup> ONS (August 2018) Deaths related to drug poisoning in England and Wales: 2017 registrations. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2017registrations> (Accessed Feb 2019).

<sup>7</sup> National records of Scotland (July 2018) Drug-related deaths in Scotland in 2017. Available from: <https://www.nrscotland.gov.uk/files/statistics/drug-related-deaths/17/drug-related-deaths-17-pub.pdf> (Accessed March 2019).

What has been the most significant impact of cuts to the public health grant on drug misuse services? (Please choose all that apply)



*“Cuts to local authority public health budgets have been made as part of austerity measures, leading to increasing caseloads and other pressures for treatment providers.”*

**Oliver Standing, Director of Collective Voice**

On a purely economic basis, the scale of disinvestment in drug treatment as a result of central government’s cuts to local government budgets and the public health grant is short sighted. There is strong evidence that services such as opioid substitution treatment are able to drive reductions in crime and reduce drug deaths, with additional benefits of treatment in areas such as hospital admissions and rates of blood-borne viruses. Drug-related offending is estimated to cost £13.9 billion annually.<sup>8</sup> Research commissioned by the government itself has concluded that drug treatment can “substantially reduce” the social costs associated with drug misuse and dependence, with an estimated cost-benefit ratio of 2.5 to one.<sup>8</sup>

### **Recommendation: Guarantee the delivery of substance misuse services by making them a mandated service.**

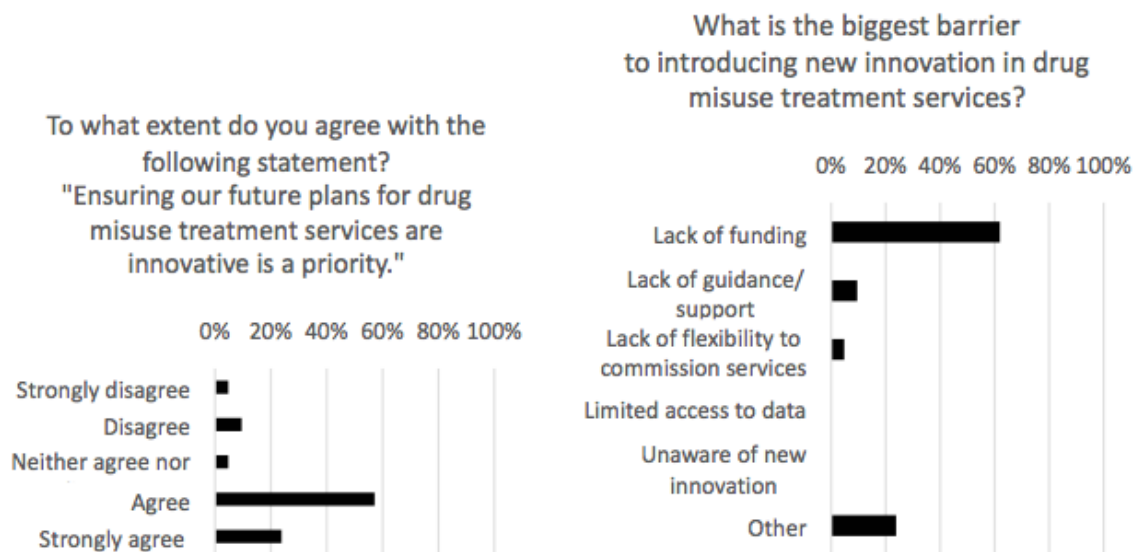
There is strong concern from public health stakeholders that the pending removal of the ring-fenced public health grant will result in resources being diverted away from areas such as substance misuse in order to fund core services. Making substance misuse services a mandated service for local government will end the current ambiguity around their delivery and underline the importance of protecting budgets for these services.

<sup>8</sup> House of Commons Library (Nov 2017) Human and financial costs of drug addiction – Debate pack. Available from: <http://researchbriefings.files.parliament.uk/documents/CDP-2017-0230/CDP-2017-0230.pdf> (Accessed Feb 2019).

## Local public health leads want to prioritise innovative ways of delivering services and treatments, but access to innovation is inhibited by a lack of resources.

Directors of Public Health are concerned that a lack of resources is inhibiting their ability to invest in new treatments and services, despite over 80 per cent of survey respondents suggesting that introducing new service innovations is a priority.

Respondents to the survey felt overwhelmingly that innovation in drug misuse treatment was a priority (82 per cent). However, the biggest barrier to implementing this was a lack of funding (identified by 64 per cent of respondents). Worryingly, the majority of respondents (77 per cent) felt that funding cuts had already negatively affected their ability to invest in new treatments and services.



Higher costs are a barrier to embedding innovative treatment approaches. While novel approaches can require higher levels of support and coordination – and thus more expenditure up front – they have the potential to ultimately deliver cost savings.

Cost savings from innovative treatment approaches also often deliver savings outside of the local authority, in areas such as the criminal justice and health services. This creates a lack of incentivisation for local authorities to invest in new approaches that deliver savings that they may not directly benefit from, despite the potential benefits to local communities of investing in new innovations.

*"Service provision is highly reactive and not able to develop a longer term horizon to look at proper rehabilitation and long term treatment."*

**Paul Sweeney, MP for Glasgow North**

PHE estimates that the future population of people in drug treatment will increasingly consist of those with complex needs and more severe drug dependence, such as older long-term heroin users.<sup>9</sup> Commissioners need to ensure that arrangements are in place to meet the needs of this cohort of users. Increasingly, this means looking at new and innovative forms of treatments for drug dependence, which have the potential both to improve outcomes and introduce efficiencies. The severely cost-constrained environment means that local authorities are struggling to maintain essential services, leaving little leeway for investment in potentially transformative new approaches.

### **Recommendation: Introduce a new innovation fund to stimulate new approaches to delivering drug treatment and services and spread best practice.**

While an innovative approach to meeting local drug treatment needs should be promoted as standard across the country, the severe cost constraints on local authorities has made investment in this area a luxury that few are able to afford. In the immediate future, establishing a competitive Innovation Fund would provide successful local authorities with additional funding to improve service delivery and create best practice examples through the use of innovative approaches. Successful bids should demonstrate commitment to partnership working and have the potential to improve outcomes in drug treatment which can ultimately be replicated across the country. The Faculty of Public Health has called for a similar fund for public health as a means to protect and incentivise services that deliver longer-term returns, such as substance misuse services.

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<sup>9</sup> Public Health England (Jan 2017) An evidence review of the outcomes that can be expected of drug misuse treatment in England. Available from: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/586111/PHE\\_Evidence\\_review\\_of\\_drug\\_treatment\\_outcomes.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/586111/PHE_Evidence_review_of_drug_treatment_outcomes.pdf) (Accessed Feb 2019).

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## **Innovative approaches to service delivery are occurring in a small number of areas and have the potential to improve national outcomes.**

**Innovative models of delivery that could be replicated across the country are occurring at local level in a handful of places with transformative effects on outcomes in health, crime, safeguarding and other areas. Translating these local exemplars into wide-scale approaches requires a greater national focus on spreading the adoption of innovation and highlighting best practice.**

In a small number of areas, new approaches to delivering drug treatment have been successful in improving outcomes and delivering savings. Innovative approaches to delivering drug treatment include anything from designing new, multi-agency pathways into treatment to new forms of opioid substitution treatment, as well as using peer-led programmes. Innovations such as injectable long-acting buprenorphine can offer tangible benefits for service users and providers, such as more convenient dosing – replacing the need for daily visits to pharmacies; and reducing the risk that medication will fall into the wrong hands.

While examples of innovative local approaches such as those outlined below are encouraging, they remain the exception rather than the rule. Funding constraints are limiting innovation in substance misuse, as are additional barriers such as the lack of any national imperative for collaboration, and failure at a national level to provide a supportive policy framework for new approaches in substance misuse services. Translating local exemplars into wide-scale approaches will require a greater national focus on spreading the adoption of innovation and highlighting best practice.

### **Case Study**

#### **Innovation in Partnerships: Durham**

In Durham Constabulary, the Checkpoint scheme provides low- and medium-level offenders with drug dependency an opportunity to address the underlying causes of their offending, with a pathway into local substance misuse services offered as an alternative to receiving a caution or going to court. Pioneered by the Durham Police, Crime and Victims' Commissioner Ron Hogg and Chief Constable Mike Barton, Checkpoint has an emphasis on collaborative working with public health, child protection and other services. The scheme has been shown to reduce arrests by 11 per cent and convictions by 9.7 per cent, with additional improvements across participant's drug use, physical and mental health, accommodation status, finance and relationships.

The achievements of Checkpoint are all the more notable in light of the 15 per cent decline in Durham County Council's net expenditure on adult drug treatment services since 2015/16, and the 22 per cent decline in spend by Darlington Borough Council (both councils are within the Durham Constabulary area).

Durham's success in implementing Checkpoint has been largely down to the strength of local leadership within the Constabulary, and its dedication to implementing new approaches to reducing the individual and societal impacts of drug misuse. It highlights the importance of having strong multi-agency approaches to delivering substance misuse services, and of other public sector partners – such as Police and Crime Commissioners - for driving innovative ways of working and improving outcomes in the context of a resource constrained environment.

**Partnership working is seen as crucial to the delivery of successful treatment services, but a lack of resources and incentives to partner mean that many areas are struggling to take a joined-up approach to planning and delivering services.**

**Local authorities view local Police and Crime Commissioners and Clinical Commissioning Groups as important partners in the delivery of substance misuse services, but levels of engagement vary across the country. About a third of Directors of Public Health surveyed felt that they did not have a collaborative relationship with their local PCC or Clinical Commissioning Group. Public sector partners in health and criminal justice are able to provide much-needed additional resources, expertise, insights and capacity; and are integral to delivering holistic services that meet the complex needs of service users.**

The dramatic contraction in local authority budgets has led to a situation where partnerships with other organisations such as Police and Crime Commissioners (PCCs) and NHS Clinical Commissioning Groups (CCGs) are increasingly important for funding and shaping substance misuse services. Partnership working between criminal justice, health and local authorities is critical if the situation described earlier in this white paper, in which local authorities have little incentive to invest in new services that deliver benefits outside of their own budgets, is to be changed.

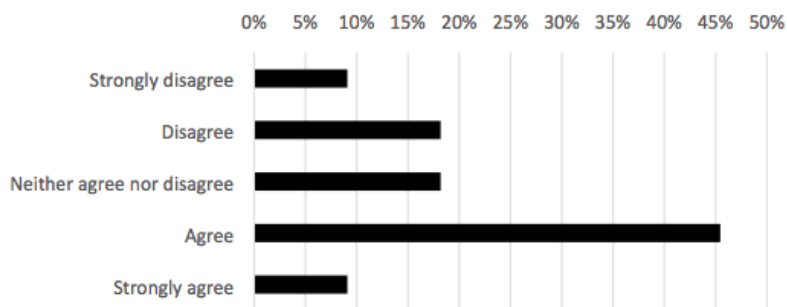
The drivers for local authorities to partner with other local public services include access to additional resources, capacity and expertise, as well as the benefits of shared intelligence and a multi-sector approach to meeting holistic needs of the drug using population.

*“A partnership approach to the planning and delivery of services between all commissioners of health and justice services can bring mutual benefits. Police and Crime Commissioners play a central role in shaping the actions taken by local authorities, enforcement bodies and other local partners.”*

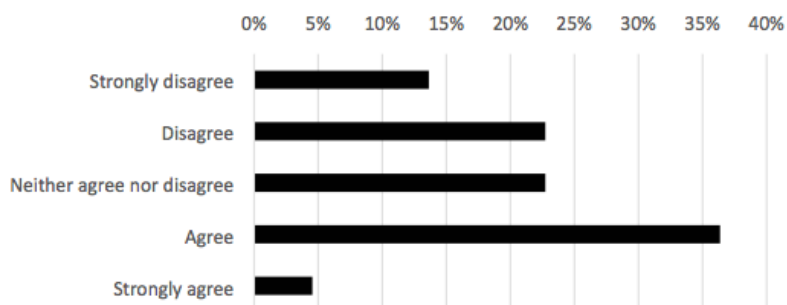
**Ron Hogg, PCC for Durham and Darlington**

While local authorities recognise the value in partnership working, levels of engagement vary across the country. While most survey respondents (55 per cent) agreed that they have a collaborative relationship with their local PCC, almost a third (27 per cent) did not. Similarly, 36 per cent of respondents did not feel that they had a strong relationship with their local CCG. One respondent noted that relationships with criminal justice agencies (such as the police and probation services) used to be strong, but had “suffered badly due to budget cuts in those agencies”.

To what extent do you agree with the following statement?  
 "We have a collaborative and cooperative relationship with the local Police and Crime Commissioner(s) for the delivery of drug misuse services."



To what extent do you agree with the following statement?  
 "We have a collaborative and cooperative relationship with local Clinical Commissioning Group(s) for the delivery of drug misuse services."



These findings illustrate varying levels of collaboration amongst key partners in the delivery of substance misuse services, with areas of the country that have lower engagement with partners such as PCCs and CCGs at risk of missing out on vital resources, capacity and insights.

There is substantial scope for improved partnership working between local authorities, PCCs and CCGs. Public sector partners can provide local authorities with vital additional resources, intelligence and capacity, and are crucial for delivering holistic, person-centred treatment. The government's 2017 Drug Strategy promised the appointment of a National Recovery Champion responsible for providing national leadership for improvements in drug treatment services and driving cross-sector collaboration amongst public services. The Champion was appointed in May 2019 - over a year since publication of the Drug Strategy.

**Recommendation: Fully support the newly-appointed Recovery Champion to deliver a cross-sector approach to improving drug recovery and ensure that the Champion's recommendations are implemented at the earliest opportunity.**

The Home Office has recently appointed the long-awaited National Recovery Champion. The Champion must be equipped with the necessary tools and powers to engage partners at local and national government level, supporting collaboration between criminal justice, health and other sectors. The Champion must be given a clear mandate to champion service improvements through innovation and their recommendations should be at the heart of the government's policy development in this area.





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