

Karen Biggs – presentation at *Strategic decisions: what the national drug strategy means for the future* – 30 June 2008.

I am not sure but I suspect the reason I have been asked to speak today is due to how vocal I had been during the strategy consultation and my keenness to find some common principles that could be offered to the Home Office through that process.

Having been involved in government consultation processes before I believe that the best way to effect change is to focus on those areas of consensus and prevent civil servants from using the fact that we do have a difference of view on some issues to not listen to the points we can agree on.

What I found, when we got a group of Chief executives around a table to discuss the priorities for the next strategy was that we were able to find a great deal of consensus on the big enough issues.

So what did we ask for?

- As providers of abstinence and harm reduction service we asked that the next strategy should firmly position harm reduction and abstinence along a treatment continuum and not as two ideologically separate and opposing approaches
- We felt strongly that too many commissioning decisions are made for institutional convenience or through personal preference, rather than as part of a thought through and agreed strategy.
- We asked for a fundamental review of the commissioning for drug treatment services within the health, social care and criminal justice fields. To build on the good progress made over the last 10 years.
- We felt particular attention needs to be paid to assessment of needs for local areas – so developing a consistent needs-led approach to commissioning drug services across the country.
- We asked that the government place drug treatment firmly in the localism agenda to forge greater value for money out of drug services by encouraging joint commissioning. So we can demonstrate the lasting improvements our services have on individuals and communities well being.
- We asked for a concerted effort to realise effective seamless delivery of services within the health and criminal justice frameworks. This will achieve real improvement in efficiency and importantly improve real outcomes within the health and criminal justice fields.

Overall we felt a well directed and well funded drug strategy could deliver good outcomes in four key social domains;

- Reducing Addiction
- Improving Health
- Reducing Crime
- Strengthening Communities

So did they listen?

Well there is some evidence that they did. When you look through the strategy you see:

- Review of commissioning within prisons for sure
- And a toe in the water for change in the way services are commissioned through Drug System Change projects - Reflecting individual need and managed locally.

- Focus on evidencing outcomes throughout the plan in a number of action points
- Cross departmental approach – particularly evident in its commitment to families.
- Actions that focus on a holistic approach particularly looking at accommodation, training and employment needs.

So all good stuff that can't really be argued with.

As ever we need to be careful what we wish for and I want to spend some time now looking at the impact of the strategy and some of the challenges it may present for us. I don't want this to be interpreted as a criticism of the strategy.

I think the danger for providers is that we view this as a benign strategy. A steady state approach that consolidates the achievements made over the last 10 years. I think there are real challenges buried in this strategy for providers regardless of size and type of provision. Those challenges derive from the political environment and the inevitable maturing of the sector. And in my view if any of us want to develop and mature with it there are some clear messages we need to hear.

I think the strategy has three messages for us as providers

1. **be open to and ready for change**

Piloting new approaches to commissioning wholistic services is in my view the right thing to do at this point in the sectors development.

Whether you operate within prisons, or within the community, whether you offer tier 2 and tier 3 services or are provider residential services there are clear markers that you will experience change over the next three years. Some of it could be radical, some threatening and some could offer you opportunities. So we as individuals need to be ready

2. **demonstrate the effectiveness of what we do**

I have heard a lot of people over the last few months – who quite frankly should know better say they don't know how to demonstrate outcomes. There are opportunities for us to work with MoJ, NTA and government departments to help them through this. The danger is everyone goes off on their own path and we end up with an increase in bureaucracy and a web out come measures.

This offers us an opportunity to show that different services deliver different outcomes and offers an escape route out of the entrenched ideologies that I paralyze us.

Of course as we focus on outcomes we need to have processes in place to improve performance – because no matter how much we would hope, all our services are not excellent all of the time and we have to engage with measures that seek to continually asses and improve what we do.

We need to engage with this at a national and a local level and that will have a resource implication on us and our staff regardless of how small we are or how geographically spread we are.

3. **improve our efficiency**

Overall there is no real new money coming into the sector but there are new ideas and new ambitions. This means a recycling of existing funding and an attempt to get more bang for your buck. This pressure will be put onto providers and we should all be ready to demonstrate efficiency gains and the value for money of our services. And we are already cheap; we don't have huge back rooms supporting overly managed infrastructures. The trick will be to meet the new demands within the strategy and still do that with existing or reduced resources.

Of course, we are calling it a 10 year strategy but actually it is the three-year plan that is the important. And whether we move through that action plan unencumbered is dependent on whether we see fundamental changes in the political environment. The action plan has a lot of work in it.

I love the focus on families and the cross departmental approach set out to realize the new package for families. The commitment to see how the needs of the individual can be better accommodated through the commissioning of services is important. The recognition that drug treatment sits within a wider context of social policy and contribute to the betterment of individuals and communities is excellent – gives us an opportunity to work in partnership with each other (dare I say) and housing employment and training providers to deliver holistic services.

The commitment to focus on improving drug treatment within the criminal justices systems is extremely welcome and something I feel the sector has a lot to contribute to. I suspect this element of the strategy will feel like it is being held in stasis for a while and progress if any will be seen on the back room structures initially before we can start to see real improvements in prison programme delivery and a continuity of care reflected in the commissioning of services between prison and community.

And that really is my fear for the success of the whole strategy – that structures (or restructures), back room changes and decisions regarding who holds the purse strings prevents us from making real progress.

The onus is on us as providers to understand our contribution to making it a success. So let's listen to what it is telling us:

- Recognise the challenges as well as the opportunities to inform and lead the developments
- Let's not give any excuses to the civil servants or the media to disregard us by taking our differences into the public arena
- Let's focus on what we can agree on
- Let's make those messages loud and clear.

Let us demonstrate our services are an intrinsic element of an overall social policy framework that addresses the needs of some of the most vulnerable people and communities in our society.