

‘Feast or famine’: barriers and solutions to deploying one-year funding for the Universal Grant and Inpatient Detoxification

Following the publication of Dame Carol Black’s independent *Review of Drugs in England*,¹ the Government announced an additional £80 million to improve drug treatment for some of the most marginalised people in the country.

Two elements of this investment – a one-year, £50 million Universal Grant to Local Authorities and a smaller fund to revitalise in-patient detoxification (IPD) – are explored in this research paper. We draw on the experience of a range of strategic stakeholders as they tried to access and make best use of this sudden surge in investment after a more than a decade of austerity.

Throughout the report you will hear diverse and committed voices from key staff who were tasked with making an abrupt transition from long-term famine to short-term feast, against a backdrop of service fragmentation and deskilling across the sector.

This research identifies real problems highlighted by interviewees, the most obvious being the one-year funding cycle, which limited severely the ability of teams to plan for the future and to recruit and train staff effectively. A consistent theme emerges of a profession under siege: of being in a perpetual state of overwork, responding to a succession of requests to bid for a succession of discrete funds, many of which only benefit a narrowing cohort of heavily marginalised drug users.

One clear message is that Dame Carol’s *Review of Drugs* is a necessary wake up call for government to develop a long-term, sustainable drugs treatment and rehabilitation strategy.

¹ <https://www.gov.uk/government/collections/independent-review-of-drugs-by-professor-dame-carol-black>

What we did

We conducted 60 semi-structured interviews with key stakeholders including:

- 26 local authority commissioners
- 18 providers
- 10 Public Health England (regional and national) representatives
- 6 inpatient detoxification providers and consortium leads.

The topics in these interviews covered:

- the situation prior to the arrival of additional funding
- the use of the grant, including local priorities
- barriers faced in deploying the grant – staffing, resources, organisational change
- what will happen when one-year funding ends, including plans for sustainability.

These interviews were conducted in a one-month period, beginning in mid-July 2021. They were recorded, fully transcribed and coded using NVivo. As many interviewees had little involvement in inpatient detoxification there is a greater focus in this report on the impact of the Universal Grant.

What we heard

The interviewees expressed a broad view that the 2012 Health and Social Care Act – which saw major changes in national commissioning structures along with widespread budget cuts and the loss of ring-fenced budgets – had resulted in initial benefits, mostly centred on efficiency savings.

But most felt the sustained nature of subsequent funding cuts has been deeply damaging. The loss of skilled professionals and a retreat into 'silo working' with different agencies having little or no incentive to pool resources, are common themes. This loss of shared expertise and capacity is reducing the ability to support those with complex needs.

With little ability to 'join the dots' between criminal justice, drugs treatment, housing, employment and social care, interviewees spoke of the immense difficulty of developing effective rehabilitative treatment programmes, with drugs workers routinely holding case-loads of 90 people.

It was into this stretched and failing system that £50m – around 20% of many local authority treatment budgets – was invested for one year. In describing their response to this windfall finance, interviewees identified two key challenges to making this hugely welcome investment as effective and sustainable as possible: staffing and structural challenges.

The staffing challenges were:

- shortage of appropriate recruits in the community
- competition for the few available staff from neighbouring areas and other organisations

- multiple earlier recruitment rounds for similar big ticket projects draining the talent pool
- the unattractive nature of fixed-term contracts for those with the best skills
- compressed timescales, as new recruits invariably needed DBS checks and many also needed to serve notice periods before starting a new role.

The structural challenges were:

- governance structures that curtailed creativity, with large providers having to ensure that all provision was standardised
- managing multiple separate funding streams
- the near-impossibility of securing a full year of delivery from a one-year fund
- a reluctance to promote time-limited new services to repeatedly-failed service users
- the impossibility of achieving – or evaluating – impact within a year.

Despite these barriers, the interviewees spoke with passion and vision about how the new funding opened up genuine possibilities for new services and capacities.

Interviewees reported that the additional funding has enabled:

- renewed focus on harm reduction
- renewed focus on crime reduction
- gendered and trauma-aware provision
- new partnerships, including new IPD consortia
- Inpatient detoxification gains – new beds, and new facilities
- residential treatment gains with new funding and capacity.

By the time this research was underway, many of those we spoke to had recruited staff to a small proportion of posts, but were not yet delivering everything.

A small number of commissioners and providers reported filling all new vacancies and delivering full new services. Contrasting with this picture of success, almost all other interviewees said they were struggling with recruitment and staffing. As the first quarter of funding ended, a notable proportion of interviewees reported that no services were yet operational.

With this in mind, many interviewees felt the sustainability of the gains made from the new investment could be in peril. They saw little hope for retaining new services without renewed funds. If no new funding was available, they believed, this would result in the loss of:

- newly-employed staff
- newly-established facilities
- all gains arising from the one-year funding
- trust of service users, obstructing future engagement.

To reduce the risk of these negative outcomes the following recommendation are made.

Recommendations

1. **Providing secure, long-term integrated funding and direction:** to implement in full the recommendations in Dame Carol's independent review. Working to long-term, clearly defined strategic goals within measured and realistic timeframes
 - This should ensure that best practice skills and new facilities gains (eg new IPD units) from the one-year investment are retained and expanded rather than lost.
2. **Establishing national skills standards/professional career path across the disciplines:** to 'level up' and professionalise a service which interviewees said was widely seen as 'second class.'
 - By developing skills through structured frameworks, the status of the profession would be raised and job retention/enhancement improved
3. **Promoting collaborative working to tackle complex needs:** return to pooled budgets and a focus on outcomes to promote collaboration and creation of multi-agency teams and the rebuilding of capacity (approval for the Black Review cross-government Drugs Unit)
 - Reversing the fragmentation of provision following the loss of National Treatment Agency and designing a service to meet complex needs of an ageing population.
 - Blending the need for locally informed and delivered services with clear national direction and standards backed by ring-fenced long-term funding.

To read the full report please go to york.ac.uk/prepare-reports

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