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Evaluation of the Implementation of the Substance Misuse Strategy for Wales

Research Summary

Social research

Number: 28/2013

The aim of this study was to evaluate the implementation of *Working Together to Reduce Harm: The Substance Misuse Strategy for Wales 2008-2018* during its first three years of operation.

The Strategy covers use of alcohol, illicit and licit (prescribed and over-the-counter) drugs within its remit and one of its key objectives is to reduce the harm associated with substance misuse. Four priority action areas are identified in the Strategy: preventing harm; support for substance misusers; supporting and protecting families; and tackling availability.

The evaluation used a mixed methods approach, which included: a review of policy documents and reports, a focused review of the literature on 'what works' in relation to substance misuse, scrutiny of the Welsh National Database for Substance Misuse (including Treatment Outcome Profile data), analysis of previous evaluations, and formal recorded interviews with 52 key stakeholders in Wales.

Conclusions:

- The Strategy was essentially sound, and had widespread support. The emphasis on alcohol as well as illicit drugs was also widely praised.
- All main elements of the Strategy had been implemented, although considerably more resources had been devoted to 'supporting substance misusers' than to the other action areas.
- Good progress had been made in the provision of 'wrap-around support'. However, these services remain patchy across the country.
- The commissioning processes were variable in fairness, effectiveness and transparency, and decisions were often difficult for providers to challenge.
- The Substance Misuse Strategy Implementation Board and the Advisory Panel on Substance Misuse were not operating as effectively as they might.
- While there are many examples of excellent practice in terms of service delivery across Wales, there remains much inconsistency between areas.
- The Welsh National Database on Substance Misuse (WNDSM) was not producing information that adequately assesses performance or outcomes.
- There is no clear research and evaluation strategy built into the Strategy or Implementation Plans.

Dadansodi ar gyfer Polisi



Analysis for Policy

Aims and methodology

The main aims of the evaluation were to determine whether and to what extent:

- (1) All aspects of the Strategy had been implemented
- (2) The intention to provide “wrap around services” had been fully implemented
- (3) Good practice had been followed;
- (4) Resources had been allocated effectively
- (5) Statistics were being used effectively to monitor the efficiency and effectiveness of treatment agencies
- (6) There was evidence of reductions in harm arising from the implementation of the Strategy.

At the time of the fieldwork significant changes were underway in the substance misuse field in Wales, including a shift from local to regional level commissioning of services and a revision of the national Key Performance Indicators. The evaluation focused mainly on the system prior to these changes, but also commented on their likely implications.

Given the complexity and scope of the task, we had to make a pragmatic assessment of what was feasible and what methods of data collection and analysis would produce the most useful results within the limited time available. We placed greatest emphasis on conducting a series of in-depth interviews to mine the knowledge and views of a wide variety of ‘key stakeholders’ in Wales. Limits on

time and resources caused us to omit from this exercise one of the most important voices, that of service users themselves, and we acknowledge that this is a weakness of the study. However, a recently published report by Health Inspectorate Wales (2012) includes the results of such interviews, and the findings support a number of our conclusions.

In summary, the results were based on the following methods and sources of information:

- (1) reviews and analysis of existing documents and reports, including the Strategy itself, implementation plans, lists of funded projects and services, and other internal and published policy and practice documents;
- (2) a focused review of the general research literature on ‘what works’ in relation to substance misuse, against which to assess the Strategy and implementation plans;
- (3) scrutiny of available statistical data from national databases;
- (4) analysis of previous evaluations of aspects of substance misuse interventions in Wales;
- (5) formal recorded interviews with 52 key stakeholders, including government officers, local and regional commissioners, managers of third sector provider agencies, GPs and consultants, police, probation and prison managers, members of advisory groups and other external experts;

- (6) informal discussions with many others in the field.

Findings

- The evidence gathered suggests that the design of the Strategy was guided by clear principles (including a focus on harm reduction, a balance between drugs and alcohol, and partnership approaches) which had wide support in Wales and drew on a range of ideas, experience and evidence.
- Wide consultations were undertaken across government and with external stakeholders, and APoSM (a panel of substance misuse experts representing a diverse range of organisations), played an important advisory role in the development of the Strategy. Research evidence was used extensively, if not always in a systematic fashion.
- Analyses of the content of the Strategy document shows that it is broadly consistent with global evidence about effective ways of tackling substance misuse.
- Based on a 'systematic review of systematic reviews', it is clear that there is good international evidence to justify the strong focus on support to substance misusers, and particularly the use of pharmaceutical interventions to provide maintenance, as well as psychosocial interventions. There is also some support for the use of schools-based preventive interventions, and for the use of brief interventions for alcohol misusers.
- Most stakeholder interviewees were knowledgeable about the Strategy, and most considered it a good document, particular mention being made of its broad scope, the inclusion of alcohol, and its readability and clarity.
- A small minority felt there was insufficient attention to particular issues or client groups, including offenders and non-traditional service users.
- Some respondents thought that the 10-year time frame was too long to remain fully relevant as circumstances and views changed. However, others welcomed the longer time frame, not least as a barrier against over-hasty reactions to 'fashionable' ideas or political imperatives.
- The evaluation identified a number of fundamental tensions and dilemmas that impact upon efforts to tackle a problem as large and complex as that of substance misuse. These include:
 1. Differing views about the relative effectiveness of – and hence the relative weight to give to - different ways of responding to substance misuse.
 2. Differing views about how and how far to adapt the implementation of the Strategy in response to changing expert views, new evidence, or political or media concerns, as well as the emergence of new drugs

or new patterns of substance misuse.

3. Tensions between the aim of implementing reasonably consistent services across Wales, and the aim of responding effectively to local needs.
4. Tensions in commissioning between competition, collaboration, and the need for continuity.

These tensions emerged repeatedly in various guises in the interviews with stakeholders.

Allocation of resources

- The Substance Misuse Branch was found to have considerable influence - mainly through its ownership of the three-year Implementation Plans, the intermediary role played by the Substance Misuse Advisory Regional Teams (SMARTs), and its ultimate control of the 'purse strings' - on the broad shape of the services to be commissioned in local areas.
- Nevertheless, within this framework, there was ample space for local decisions about the precise nature of the interventions to be commissioned and which agencies would deliver them – until recently such power resided mainly in the hands of commissioners at CSP level.
- There were wide variations across the country in the nature, quality, fairness, effectiveness and transparency of the processes followed, and ranges in practice from areas where competitive commissioning was the norm, to those where most contracts were routinely renewed without competition. Most interviewees agreed that there were some excellent commissioners and some whose practices left much to be desired. It was also pointed out that there was no satisfactory way of complaining about the latter.
- On the question of whether the advent of Area Planning Boards (APBs), the regional commissioning bodies replacing CSP level commissioners, are likely to produce a more strategic approach, more consistency and a higher quality of commissioning, stakeholder views were mixed. Most interviewees felt that they had the potential for better decision-making and more strategic approaches, although some fears were expressed that they could be pushed off track by powerful individuals, for example advocating the interests of particular local areas within the region.
- It was also pointed out that definitive guidance about the role and powers of APBs had been slow in materialising, and that in its absence considerable differences had already emerged across Wales in how the Chairs interpreted their tasks. However, following a Welsh Government review of APBs, such guidance was issued shortly after the completion of our research.

The system as a whole: coverage, balance, coherence and fragmentation

- Despite some gaps in the information it was clear that, while the services funded span the whole range of interventions proposed in the Strategy document, by far the greatest emphasis (in terms of both numbers of projects and allocation of funding) was placed on just one of the four action areas in the Strategy, 'support for substance misusers'. This covered a range of services, the most common being treatment through prescribing or psychosocial interventions. Comparatively little investment was made in 'Preventing harm' or 'Tackling availability'.
- Despite this apparent imbalance, most interviewees were reasonably happy with the distribution of funding between action areas. Perhaps the strongest area of disagreement was between interviewees with health and other backgrounds, over the level of priority that should be given to clinical treatment as against psychosocial interventions and 'wrap around' support.
- In terms of the operation of the system as a whole, there was wide agreement among stakeholders that it varied widely in quality and cohesion across Wales, services in many areas being handicapped by fragmentation and duplication, and that an individual's 'journey' through them was often not

smooth or 'seamless'. Too often, it was disrupted by agency rivalries, complex funding arrangements, or lack of communication and coordination. Some held out hope that such problems would be ameliorated by the advent of APBs.

- At the same time, some serious concerns were voiced about the possible loss of services for offenders – and knock-on effects on the system as a whole - if the incoming PCCs decided to spend the funds previously used to run the Drug Implementation Programme (which will no longer be ring-fenced) elsewhere.

Oversight, monitoring and change management

- Few interviewees expressed confidence in the accuracy and value of the KPIs used to monitor performance at local and individual provider level, and most welcomed the imminent shift to more outcome-focused measures. Most providers and commissioners also agreed that the fairest and most productive means of understanding how well an agency was carrying out its tasks was to consider formal performance indicators alongside more qualitative data, service user feedback, and discussions at monitoring meetings.
- A small number of service providers pointed out that, whereas their work was closely scrutinised, that of

commissioners was not, and that there should be more formal complaints mechanisms for providers dissatisfied with procedures or decisions.

- Deficiencies were also identified in terms of oversight of the implementation of the Strategy as a whole. The Implementation Board was seen as potentially the key body to comment on how well implementation of the Strategy was going, and to challenge government officers if problems were apparent. However, the Board was widely described as too big and unwieldy, losing focus, and prone to becoming bogged down in detail.
- A need for a broader kind of oversight of the Strategy – involving strategic thinking about the general ‘direction of travel’ - was also identified, especially at a time when new patterns of substance misuse were emerging and new responses (such as the ‘recovery’ agenda) were being advocated. The key body mentioned in this context was APoSM which, having played a prominent part in the development of the Strategy, appeared to have had relatively little influence thereafter.
- The national database (WNDSM) was found to suffer with major problems of inaccuracy and missing data. Furthermore, the WNDSM does not allow longitudinal monitoring of the progress of service users post treatment.

- Where research and evaluation are concerned, a number of isolated studies were found, but they were not collected in one place and there appeared to be no systematic research plan.

What can be concluded about the effectiveness of the implementation of the Strategy?

- It is concluded that, although the Welsh Government is clearly committed to using monitoring, evaluation and research to develop and improve its substance misuse services, there is relatively little strong evidence about the effectiveness of individual projects, particular types of intervention, or indeed the implementation of the Strategy as a whole. This is largely because of weaknesses in the design of the various instruments and databases for collecting information, combined with poor compliance among practitioners in supplying requested data accurately and fully.
- Furthermore, while a number of internal and external evaluations have been undertaken, these have generally not been planned systematically and have often been dogged by problems of the availability of appropriate data. They have also often been short in duration and commissioned too late in the day to ensure that appropriate data collection systems are developed from the outset.
- In short, in terms of what can be said with confidence about the

effectiveness of the implementation of the Strategy, the list is rather short. It is clear from WNDISM data that waiting times for assessment and treatment have reduced, and from TOP data that, among those entering treatment, there have been at least short-term improvements in alcohol and drug use, physical and psychological health, and quality of life, although large amounts of missing data call these findings into some question.

- The available published research also contains a few positive findings, especially short-term reductions in substance misuse and progress in relation to social problems, but again caveats must be entered because of weaknesses in data and methodology. The overall conclusion has to be that the whole area of data collection, monitoring and evaluation is one that needs close and systematic attention. Indeed, it could be argued that a planned programme of research and evaluation should be built into the Strategy and its Implementation Plans.

Recommendations

- We recommend that the aims, membership and terms of reference of the Implementation Board are urgently reviewed, with a view to equip it to exercise more effective oversight of the implementation of the Strategy and to challenge the government's performance in this area when necessary.

- We recommend that the aims, operation and membership of APoSM are reviewed in order to equip it to make a more proactive and effective contribution to debates about possible shifts in approach or emphasis during the lifetime of the Strategy. (There is also a case for a formal APoSM-led 'mid-Strategy review'.) Consideration should be given to creating a paid position for the Chair and/or for members who undertake specific investigations, and to allocating more resources for support to the Board (eg for literature searches, small-scale research commissioning, or data analysis).
- We recommend that consideration is given to the creation of a formal complaints procedure in respect of commissioning and other decisions made by APBs.
- We recommend that thorough reviews are carried out of the WNDISM in order to determine what kinds of information are most useful for the monitoring of service provision and the meaningful measurement of outcomes, with a view to ceasing the collection of redundant information and focusing on data that has a clearly useful purpose. Priority should also be given to finding the most effective ways of tracking the progress of individuals across different providers over time.
- We recommend that actions are taken to ensure that compliance

with data entry requirements moves closer to 100 per cent, especially in relation to pieces of information that (we suggest) are flagged as essential.

Dialogue with those responsible for providing the data should include explanations of how the databases have been improved, as well as more feedback of the results of analysis, in order to convince them that their entries are used productively.

- We recommend that more analysis is conducted on TOP data and the results are published in a more accessible form.
- We recommend that a coherent research and evaluation strategy is built into implementation plans. Evaluations should include not only centrally commissioned projects, but, for example, comparative studies of the quality of implementation and the impact of psycho-social interventions that are routinely implemented across the country; a small fund could also be made available on a competitive basis to support evaluations of local innovative practice.
- In addition, while recognising the limitations imposed by current budget restraints, we believe that there is a strong case for developing a planned programme of broader research, for example into changing patterns of substance abuse in Wales, or into drug or alcohol problems among specific social groups. Such studies – in the oversight of

which, we recommend, APoSM should play a major role – would provide a strong evidence base for the development of future Substance Misuse Strategies for Wales.

- We recommend that evaluations of interventions funded by the WG are well signposted and displayed together in an appropriate place on the WG website. There is also a case for creating a numbered series of studies with standard covers. Consideration should also be given to collecting together evaluations that have been commissioned or produced at local level and placing the best of them on the website too.
- We recommend that continuing careful attention is paid by the Substance Misuse branch to the working practices and governance of APBs, which we regard as critical to the effective implementation of the Strategy. This should build on, and monitor the implementation of, its recent guidelines (issued after the completion of our research), focusing on issues such as the membership of APBs; their powers; their strategic and commissioning roles; their relations with CSPs and the Substance Misuse Branch; their administrative and information support systems; and their governance, including complaints procedures.
- Further consideration should be given and, if thought appropriate, advice should be issued about how best to

assess need across a region; how to ensure that balance is maintained between expenditure on, say, medical treatment and 'wrap-around services' as funds shrink; and the kinds of commissioning processes that should be followed (eg in terms of balance between specifying services precisely and allowing flexibility; or the extent to which services should be 'competed').

- We recommend that contingency plans should be drawn up to help fill the serious gaps in service provision that will arise if PCCs in one or more areas decide to use the existing DIP funds for other purposes.
- We recommend that continuing serious consideration is given to ways of improving service users' experience of substance misuse interventions by 'joining up' services more effectively: for example through further development of information sharing arrangements, common referral and assessment instruments, coordinated 'hand-overs' at exit points from particular services, and more single points of contact, 'one stop shops' and co-location of agencies.
- Further efforts should also be made to improve links and streamline referral routes between treatment agencies and those providing 'wrap around' services such as assistance with housing, training and employment.

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