NHS 10-year plan - WithYou response

Summary

Q1. What does your organisation want to see included in the 10-Year Health Plan and why?

- Recognition of charities role in delivering front-line health and social care services
- Alcohol and drugs recognised as key priorities for improving health
- Ensure public health funding via local authorities is a central pillar of the 10 year plan
- Move away from time limited grants
- Develop more holistic measures of success
- Ensure there is 'no wrong door' for people seeking support
- Greater parity between physical and mental health

Q2. What does your organisation see as the biggest challenges and enablers to move more care from hospitals to communities?

- Improve joined-up working and greater awareness of community services

Q3. What does your organisation see as the biggest challenges and enablers to making better use of technology in health and care?

- Inequity in how technology is prioritised between NHS and third sector providers
- Sustained long-term funding enables better use of technology
- Lack of uniformity in the systems being used
- Effective nationwide digital interventions are not funded by local authority commissioned contracts

Q4. What does your organisation see as the biggest challenges and enablers to spotting illnesses earlier and tackling the causes of ill health?

- Stigma is a major barrier to people accessing services
- Too many services operate in isolation
- There is no coherent prevention strategy

Q5. Please use this box to share specific policy ideas for change. Please include how you would prioritise these and what timeframe you would expect to see this delivered in, for example:

Quick to do, that is in the next year or so

- Improved prescribing infrastructure to ensure the Electronic Prescription Service can be used for prescribing in instalments
- Further relax Naloxone regulations

In the middle, that is in the next 2 to 5 years

- Prevention and early intervention strategy
- National rollout of community drug checking services and supportive legislation to enable easier licensing of drug checking services
- Ensure primary care supports people with drug and alcohol challenges
- Commit to reviewing levels of alcohol-related harm and develop a standalone alcohol strategy

Long term change, that will take more than 5 years

- Encourage a cultural change around the use of alcohol and other drugs to reduce stigma
- Evaluate potential benefits of drugs consumption room

Full response

Q1. What does your organisation want to see included in the 10-Year Health Plan and why?

Recognition of charities role in delivering front-line health and social care services

Too often charities and third sector organisations are not adequately recognised as providers of front-line public services. In the drug and alcohol treatment and recovery sector, charities are the main providers of substance use treatment in England, and account for 80% of the workforce. To ensure these providers are not de-prioritised compared to NHS providers, the NHS 10-year plan must ensure there is clear recognition of the crucial role that charities play as front-line public service delivery organisations, and that they are a key part of the health and social care sector.

Alcohol and drugs recognised as key priorities for improving health

Responding to drug and alcohol use needs to also be recognised as a priority for the whole healthcare system, rather than the role of a single organisation or budget. Drugs and alcohol have a significant impact on the healthcare system. There were 5,448 deaths related to drug poisoning registered across England and Wales in 2023, with the drug mortality rate continuously rising since 2012. In 2022, nearly 6% of all hospital admissions in 2021/22 were alcohol-related, there were 10,048 deaths from alcohol-specific causes in the UK, and over 260k hospital admissions where the main reason was directly attributable to alcohol. This figure rises to 942,260 if we add in secondary diagnoses. The annual costs to the NHS and healthcare Services in England is estimated to be around £4.91bn.

All parts of the healthcare system have a vital role in reducing drug and alcohol related harm. Primary care has a critical function on referring clients into community treatment services, and as such everyone in the system should have appropriate understanding and training in how to link into wider support services. This also includes the role of community pharmacies in the dispensing and supervision of opiate substitution therapy, where more can be done to ensure this essential medication is consistently available across the country.

Ensure public health funding via local authorities is a central pillar of the 10 year plan

There needs to be long-term political and financial investment in local government funding which has experienced significant cuts to their budgets. Key to tackling the problems we address in our services is addressing some of the wider determinants of health and investing in the services which help prevent problems before they occur, such as in housing, youth services, mental health and children's services.

Local authorities are at the forefront of public health service provision, however cuts to the public health grant (approximately 24% on a real-terms per capita basis since 2015/16) significantly impacted local authority budgets, and has had a detrimental impact on many areas of public health. Funding for drug and alcohol treatment, which largely is passed to local authorities via the public health grant, has suffered long term under-investment which impacted the quality and capacity of drug and alcohol treatment. Though this is now being reversed following the Black Review and the injection of additional funding through the Supplementary Substance Misuse Treatment and Recovery grant, it is critical that the investment in public health via the public health grant is sustained at current levels at the very minimum, rising with inflation, for the duration of the 10 year plan.

Move away from time limited grants

For many of our clients, they may need to engage with our services for several years

before they can exit successfully. Stability of provision is essential. Time-limited grants, such as the Supplementary Substance Misuse Treatment and Recovery (SSMTR) grant or the public health grant pose challenges in delivering stable, sustainable services. Each year, the nature of the provision is determined by the announcement shortly before the new financial year, limiting the opportunity for providers or commissioners to take a strategic, long-term view of how to treat people with substance use issues, creating delays in recruitment, burden and delay.

For example, the funding process of the SSMTR has been a long, drawn-out process with significant delays in agreeing/sign-off. The impact of this includes delays in recruitment, uncertainty for staff for funding of posts and the need to reprofile and gain sign-off for changes in OHID proposals later in the year (in response to local need), adding burden and delay. Ultimately, additional sustained longer-term funding is needed. It will take 5-10 years to really see improvements in how organisations operate at a local level. They will need to see a better margin so they can invest in improving their infrastructure, especially around the systems they use to operate, and in the quality training they can provide.

Develop more holistic measures of success

Many of the metrics used to measure the success of services fail to provide a true measurement of the breadth of impact front-line services are having. For example, the key indicators of success used to measure the SSMTR grant, such as the number of opiate clients starting treatment, provide only a narrow measure of the impact services are having. Other measures like 'successful completions' are very broad terms and are not always appropriate where maintenance will lead to greater stability in a client's life (arguably a more 'successful' outcome). Placing too much focus on a small group of metrics means commissioners and policy-makers are not getting a fully holistic understanding of the positive change the drugs and alcohol treatment and recovery sector is having at a local level.

Ensure there is ‘no wrong door’ for people seeking support

Where people have co-occurring mental health and drug or alcohol dependency, there is inconsistency between national policy and local practice when it comes to accessing care. Our research has shown that many people are afraid to disclose their drug or alcohol use when seeking mental health support fearing they could be deemed ineligible for mental health treatment, and/or because they don’t feel ‘safe’ to do so. Many people cannot access appropriate support due to strict eligibility criteria, often at a local level, excluding people from the help they need. Their co-occurring needs around drugs and alcohol, and mental health often aren't treated as a shared responsibility for different services.

There should be 'no wrong doors', with people able to access the right support for them regardless of where they first present in the healthcare system. We have found that guidance on this has been poorly implemented, and access to services remains deeply inadequate. There is a clear inconsistency between national policy and practice at the local level. Improved specialist and integrated care is essential, along with a better understanding among professionals that there is 'no wrong door' for people with co-occurring mental health and drug and alcohol use who want to access services. More effective implementation of the 'no wrong door' approach would mean ensuring that A&E and other crisis services can provide an entry point into follow up care and treatment options

Greater parity between physical and mental health

The 10 year health plan provides a crucial key opportunity to achieve parity between physical health and mental health. Access to mental health treatment should not be held back by an inability to reach other healthcare/treatment goals (e.g. abstinence).

The plan should have a broader focus on social determinants of mental health (e.g., poverty, education, housing) within the health plan to address root causes and create long-term change. The plan should also reframe the current mental health system with sustainable solutions, community first approaches and working with the community to build on existing practice and create change. Mental health should be tackled collaboratively across departments, with shared responsibility to address both mental health issues and their social determinants.

Ensure the higher cost of newer drugs is appropriately reflected in budgets for commissioned services

In the drug and alcohol sector, newer treatments like Buvidal come at a higher cost than older drugs like methadone. This results in their use being limited, and treatment using these newer drugs being rationed, causing inequalities. Budgets for commissioned services need to better reflect these higher costs so we're not stuck 10 years behind the curve in what we can offer.

Q2. What does your organisation see as the biggest challenges and enablers to move more care from hospitals to communities?

Improve joined-up working and greater awareness of community services

There is a clear need to increasingly shift people who need support for drugs and alcohol from hospitals into the community, and to ensure that this is a smooth transition process. However, in many places hospitals do not work in an adequately

joined-up way with community services, not understanding what community services there are, what they provide, and how to refer into them. Information gathering and sharing, in both directions, from hospital to community and community to hospital is often poor.

Addressing this requires hospitals to have a far better awareness of the existence of community based services and what they can offer, ensuring healthcare staff are providing adequate screening and referral. Better training is needed for staff across the healthcare system, to ensure there is a better understanding of the issues around drugs and alcohol use, and that it is recognised as core business for all healthcare staff and institutions.

Q3. What does your organisation see as the biggest challenges and enablers to making better use of technology in health and care?

Inequity in how technology is prioritised between NHS and third sector providers

There is also inequity in how existing technology is utilised in the healthcare system. For example, prescription generation in the drug and alcohol sector has to be done by producing paper copies of NHS prescriptions - a less efficient and less safe option than electronic prescribing - because the NHS electronic prescribing facility utilised by GPs and hospitals is not yet set up to support instalment prescriptions. These are required to enable pharmacists to dispense the medication in the daily scheduled doses clients receiving opioid replacement therapy require. A relatively straightforward adaptation of existing technology could improve the prescribing of these controlled substances to reduce the administrative burden, create a more secure and streamlined prescribing process

Sustained long-term funding enables better use of technology

In the drug and alcohol treatment sector, short term funding rounds and funding uncertainty has restricted the ability of service providers to properly invest in improving their systems and technology. As such, the sector requires more effective systems and IT infrastructure, equipment and processes. These factors culminate in recovery workers and clinicians spending what could be direct intervention hours with clients on doing jobs that others could do instead. Administrative work is pushed onto clinicians and front-line recovery workers, while caseloads and the complexity of cases has risen. For services to make better use of technology, this requires both investment and time. Organisations will need to see a better operating margin on commissioned contracts so they can put money aside to invest in improving their infrastructure, especially around the systems they use to operate. Clear and secure funding is essential to provide the stability needed for this investment to be made.

Lack of uniformity in the systems being used

Across our sector and related sectors, different services and local authorities use different case management systems which in many cases do not effectively work together. Often there will be different datasets being used, and a wide variance in the levels of progress different areas have made in integrating their different systems. This affects how well staff can work across different specialties, departments and organisations, whether in the community, or with primary care.

Effective nationwide digital interventions are not funded by local authority commissioned contracts

Where there have been very successful digital tools that utilise technology to deliver universal services, such as WithYou's webchat service that manages over 20,000 conversations with clients and potential clients every year, there are few mechanisms to have these digital interventions funded. As these interventions rely on a digital platform and have universal access, the limited impact they have within a local authority area means it is funded by their contracts. Enabling the better use of technology to deliver health interventions will require better funding mechanisms.

Q4. What does your organisation see as the biggest challenges and enablers to spotting illnesses earlier and tackling the causes of ill health?

Stigma is a major barrier to people accessing services

There is a high degree of stigma experienced by the people we work with, and of the services we provide, including how our clients and services are perceived within the healthcare sector. This experience is exacerbated for some demographic groups, such as women, and people from ethnic minorities. A consequence is that many people who would benefit from treatment and support do not access services they need. People in treatment and recovery frequently experience stigma, they may fear family break-up, having children being taken into care, or losing a driver's licence, and many employers are often wary of hiring people who use drugs or alcohol or are in recovery. Our clients often feel unwelcome in many mainstream healthcare settings, and are often excluded from housing, and mental health services. It is essential that all healthcare staff see supporting people who use drugs and alcohol as a key part of their role, like any other medical condition, and feel confident in screening, supporting and referring to people who use drugs and substances.

Too many services operate in isolation

There are clear links between issues such as drug and alcohol use, mental health,

physical health and wider social and economic factors such as housing. Drug and alcohol dependency is a chronic condition that exists in a wider social context. Alongside psychosocial interventions, people who use these substances will often need to access a wide variety of public services from family support services, to mental health, housing and employment support. Effective support requires a connected approach across different professionals, interventions and organisations. But too often there are isolated funding streams and performance and contract management processes that only look at outputs and outcomes in one domain, when an effective substance use intervention, for example, might reduce use of mental health services, or an effective intervention in an acute hospital might reduce the pressure on housing or substance use support. Services operating in isolation is also made worse by case management systems that don't effectively link into one another. People's health – and the promotion and support of this – needs to be considered across the system as a complex, interconnected and interacting set of elements. This should then entail the involvement of a wide range of organisations and perspectives in support, working together.

People who use drugs and alcohol often have particular physical healthcare needs, with physical comorbidities such as HIV, hepatitis C, heart and lung disease being far more common than in the general population, often made worse by poor living conditions and poor nutrition. However, the healthcare system is often poor at engaging and supporting people who use drugs who have additional physical health needs. Those involved in providing care - including prescribing - should be able to access a service user's complete health record in order to review the full range of needs, and be able to make the most informed decision on the person's care possible. There also needs to be better joined-up social prescribing services to health services with support from the third sector.

There is no coherent prevention strategy

Action is required across government as well as in the NHS in order to give greater priority to prevention and to tackle the wider determinants of health and wellbeing. Despite drug and alcohol prevention being an important government objective, the implementation of prevention programmes throughout the UK has been limited and there is still a relatively small evidence base from which to develop effective interventions. As such, government departments still do not have a comprehensive understanding of how to change behaviours and reduce the number of people taking drugs and using alcohol.

Furthermore, drug prevention was not a prominent feature of the "From harm to hope" drugs strategy in 2021 which instead concentrated on improving the quality and provision of drug treatment and supply reduction. The funding allocation for

prevention was small, with half of the funding for reducing demand (£30m) going to drug-testing people in custody, and only £5m dedicated to developing and delivering innovations in prevention. To date, there has been little research into the behaviours and factors that lead to drug use. Approximately only £350k has been committed to examining the drivers of recreational drug use, equivalent to less than 0.03% of the drugs strategy funding over 2022–23 to 2024–25. As a result of the lack of investment and innovation, many of the approaches to tackling drug demand are still based on outdated approaches to behaviour-change, often delivered through the criminal justice system rather than through education, health or social care.

Q5. Please use this box to share specific policy ideas for change. Please include how you would prioritise these and what timeframe you would expect to see this delivered in, for example:

- Quick to do, that is in the next year or so

Improved prescribing infrastructure to ensure the Electronic Prescription Service can be used for prescribing in instalments

The Electronic Prescription Service is currently unable to support prescribing of opioid substitution therapy via instalments - a paper FP10 prescription still needs to be generated for this purpose. As such, prescribers are unable to utilise the Electronic Prescription Service to support clients and reduce administrative burden on the sector.

A relatively straightforward adaptation of existing technology could improve the prescribing regulations of controlled substances, allowing the Electronic Prescription Service to be used for prescribing in installments. This would greatly to reduce the administrative burden, create a more secure and streamlined prescribing process

- In the middle, that is in the next 2 to 5 years

Prevention and early intervention strategy

Prevention must be embedded as a central pillar within policy making with clear commissioning guidelines. One of the priorities of the 2021 drugs strategy was to develop a “generational shift” in attitudes towards drugs, and to reduce overall use across the population to a “30-year low.” Though overall population prevalence of drug use is lower than in the late 1990s, the use of some drugs, such as cannabis, nitrous oxide, ketamine and powder cocaine, has increased and there have been rising levels of drug-related harm, such as in hospital admissions, drug-related deaths.

An effective approach to reducing drug and alcohol consumption would require a focus on early intervention and engagement, increasing awareness of the support available and providing multiple routes into accessing services. Prevention approaches must address the wider determinants of health to find and focus on the reason why people end up using drugs in the first place. Achieving real long-term changes requires sustained investment in addressing adverse childhood experiences, provided across wider services that support prevention and recovery, encompassing housing, parenting support and physical and mental health.

Explore making Naloxone available in pharmacies without a prescription

The recent changes to expand access to Naloxone are welcome. Once rolled out, the success of this expansion will need to be closely monitored, and kept under review. However this expansion can go further to ensure all people who may be present in the event of an opiate overdose have access to this life saving medication. With the appropriate exceptions and safeguards put in place, we would ideally like to see it be made available over the counter in pharmacies without the need for a prescription.

National rollout of community drug checking services and supportive legislation to enable easier licensing of drug checking service (such as in festivals)

Increased market penetration of synthetic drugs contaminating the illicit drug supply is contributing to increasing levels of drug-related deaths. The illicit market has no quality control or reliable information on strength, and this problem is forecast to get much worse in the coming years. The prevalence of contaminated drug supplies across the UK is an emergency, and requires an emergency response. This should include the expansion of existing harm reduction measures such as widening access to take-home naloxone, as well taking bold steps to research and implement more innovative approaches such as supervised consumption sites and community based drug checking services.

This should also include the development of supportive legislation to enable easier licensing of drug checking services in places which do not have to be a fixed premises - such as at festivals.

Ensure primary care supports people with drug and alcohol challenges

Currently, individual GP surgeries and community pharmacies can choose whether to support substance use provision. Given that the foundation of treatment for opioid use disorder is prescribed opiate substitution treatment, if someone lives in an area where the pharmacy refuses to provide supervised consumption of an opioid medication, then they cannot realistically start the pharmacological element of their treatment. This is a key priority for the system, as without accessible prescribing,

dispensing and supervision, we cannot offer effective, evidence-based support to people with opioid use disorder, and the evidence suggests that this will lead to increased transmission of HIV and Hepatitis C, as well as increased crime.

Commit to reviewing levels of alcohol-related harm and develop a standalone alcohol strategy

It has been over 10 years since the government produced an alcohol strategy. The aims of the 2012 alcohol strategy have not been met and it is clear alcohol policy and addressing alcohol-related harm has not been given the appropriate focus it needs. Government could commission an independent review on alcohol harm to inform a new national alcohol strategy, to complement the Black Review which informed the Government's 10-year Drug Strategy. It is clear there needs to be a whole system review of our approach to alcohol policy and treatment. This must look beyond assessing just commissioning models or treatment pathways, but take a detailed examination of all areas of the alcohol policy and treatment system, as well as looking at our models prevention, access to services, workforce expertise, primary care, and the role of marketing, labelling and affordability. This is a complex, wide-ranging issue, where the whole system needs examining, alongside the evidence base, before any structural changes are proposed. This requires long-term thinking, not short-term solutions.

- Long term change, that will take more than 5 years

Encourage a cultural change around the stigma faced by people who use drugs and alcohol

The stigmatisation of people who use drugs and alcohol makes health improvement challenging. Drug and alcohol use is often stigmatised, seen as a personal failing or moral weakness rather than a health issue, which can discourage individuals from seeking help. This can lead to self-stigma where individuals feel unworthy of help and may exclude themselves from services. Stigma can also extend to families, who may feel guilty or ashamed about what their loved one is experiencing. This in turn can deter them from preventing them from seeking support for themself or for their loved one. Clear commitment from the government on this issue could have a significant impact at a whole population level, including starting with the language used in government literature

Evaluate the potential benefits of drugs consumption rooms

More than 100 drug consumption rooms are already operating in 10 countries worldwide, and evidence from around the word shows that drug consumption rooms

can reduce drug-related deaths, encourage safer injecting practices, prevent blood borne virus infections, and increase engagement with treatment and support services. The new drug consumption room that will be operated by Glasgow Health and Social Care Partnership will bring welcome evidence from a UK context, however, additional evidence from UK based sites would be beneficial to build a better understanding of the potential benefits here, and the legislative challenges that would need overcoming.