HEALTH MJ

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NHS tops the election agenda with social care in the shadows

By Michael Burton

Political parties of all colours have failed to deliver changes to how care is funded and what individuals are expected to pay

A group of 15 organisations and charities have called in an open letter for adult social care to be at the top of the next Government's agenda.

The letter comes as Sir Andrew Dilnot, chair of the UK Statistics Authority and head of the 2011 Dilnot Commission on social care which recommended a cap on care costs told party leaders to 'stop talking and start doing.'

Sir Andrew told a seminar: 'Most political parties are in favour of this cap but they just haven't done it. My plea to politicians is stop talking and start doing. The amount of money involved is not massive.' His commission recommended a cap of £35,000 on care costs and £10,000 a year for residential care.

In their joint open letter to party leaders, the Local Government Association and other groups, including Age UK, NHS Confederation and Care England, say that action should be taken on funding reform and changes to the adult social care system, 'to ensure older and disabled people and unpaid carers have timely access to the support they need.'

The letter says: 'For the past two decades political parties of all colours have failed to deliver changes to how care is funded and what individuals are expected to pay. This General Election is a chance for the incoming government to finally "grasp the nettle" and find a lasting solution.'

It adds: 'Social care must be at the top of the domestic policy agenda, and the newly elected government must commit to clear proposals on what this should look like as soon as possible.

Chairman of the Local Government Association's community wellbeing board, Cllr Ian Hudspeth, said: 'As the number and range of signatories of this letter demonstrates, whoever is in power after the election needs to put social care at the top of the domestic policy agenda.'

The letter comes as the NHS overtakes Brexit as the key issue in the political parties' election campaigns with the Conservatives fearful of a winter crisis hitting the health service just before the 12 December election. However, social care has been conspicuously absent from the debate due to its sensitivity. The Conservatives have avoided talk of publishing a Green Paper while the Liberal Democrats have promised a commission and Labour has devoted its spending pledges to the NHS.

Key targets for cancer, hospital care and A&E have been missed for over three years, with delays for hospital care and in A&E hitting their highest levels since both targets were introduced.

Latest monthly figures, the last before the election, show 4.4 million patients on the waiting list at the end of September, the highest ever number, and only 84.8% of them waiting under 18 weeks, the worst performance since the target was introduced in 2012.

Nuffield Trust chief economist professor John Appleby said: 'These figures show the next Government will immediately be faced with one of the bleakest winters in the NHS's history. We have many months to go until seasonal pressures really hit the NHS, but October has already seen an unprecedented slump with performance against the main A&E target worse than ever. The health service is seeing far more patients, yet one in six is now waiting more than four hours in A&E. If the usual trends continue after Christmas, that would head towards one in five.'

INSIDE: Paul Smith on new ways to help the disabled thrive. See p8

comment

By Michael Burton

We thought this election might be about Brexit. In fact the B-word has barely featured. Instead, it's all about the health service. Perhaps this is unsurprising when you hold an election in December just when the NHS is at its most stretched.

The last time a December General Election was held (1923) the NHS didn't exist. Now it forms the centrepiece of every party's manifesto and spending commitments. The Conservatives are on tenterhooks, fearing they will be blamed if there is a wave of negative headlines about patients lying for hours on trolleys and the system overwhelmed by a winter flu crisis, hence their pledge to put even more money into the NHS than Theresa May's £21bn promise last year. Just to make sure the message sinks into voters' minds Boris stood up before the CBI conference and blocked a proposed cut in corporation tax saying it was needed for the NHS.

However, the other side of the equation – social care – is totally absent from the debate. In non-election times even politicians will admit the NHS is adversely affected by pressures on adult care. During an election period the subject is utterly taboo for Labour and Conservatives even though it is near the top of the list of priorities for whichever party wins the election.

Again, this comes as little surprise. Each party has made social care a political football with accusations of 'death tax' and 'dementia tax' whenever a funding solution is offered. Since most voters have no idea about the crisis in social care just bringing the subject up at all is a guaranteed vote loser. It sank Theresa May's 2017 election campaign.

That does not mean the subject must be shunted aside in the long-term. There have been suggestions that finally the main parties may come together to deliver a solution to the social care funding crisis. This has to involve a mix of extra spending and insurance as proposed by the Dilnot Commission. It just needs politicians to grasp the nettle for once.

Michael Burton is editorial director of Health MJ
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CQC: A&E 'needs to improve patient support'

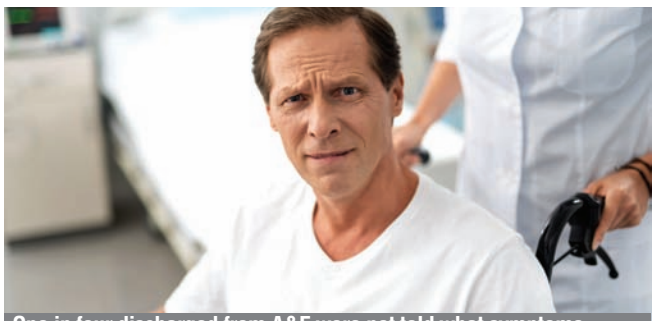
By Paul Dinsdale

Most patients treated in NHS emergency and urgent care departments have a good experience, but problems are still being experienced by a sizeable minority, according to a survey.

The findings, in a report by the Care Quality Commission and Picker, are based on responses from more than 50,000 people treated in September 2018.

A total of 85% of these patients had attended a 'Type 1' major accident and emergency department, with the remaining 15% attending 'Type 3' urgent care centres and minor injuries units. The survey asked people about aspects of their experience from attending to discharge.

Good communication is seen as crucial for patients, particularly in an emergency, and there were small improvements in the proportion of 'Type 1' attendees who said that they 'definitely' had confidence and trust in (76% in 2018 vs 75% in 2016) and time to discuss their condition with doctors and nurses (75% in 2018 vs 73% in 2016), but one in four patients reported 'room for improvement'.



One in four discharged from A&E were not told what symptoms to watch for

The survey also identified a need for improvement in information given to patients on discharge. Half of all attendees at major A&E departments (49%) said that they were not 'completely' told what symptoms to watch for regarding their condition after they went home and one in four (25%) were given no information about this. Less than three-fifths (59%) were 'definitely' given enough information to help care for themselves at home.

One in eight (13%) of all respondents who attended a major A&E department reported they had previously attended the same department about the same condition within the last month.

Waiting times in major A&E departments continue to be a challenge. As in 2016, one-third (33%) of respondents said that they waited more than one hour to be examined or treated. Longer waits were less common in 'Type 3' departments, where less than a quarter (23%) of patients waited more than an hour to be examined or treated.

Chris Graham, chief executive of Picker, said: 'These findings show only marginal improvements in people's experiences of emergency and urgent care in the NHS between 2016 and 2018.

'The lack of progress is disappointing given the system's policy focus on person-centred care – but it is also reassuring, given the widely reported pressures on emergency departments, that standards have at least been maintained from the patient perspective'.

Three-quarters of councils 'divert resources' due to Brexit

Adam Lent

More than three-quarters of councils have had to divert resources from key public service priorities to prepare for Brexit, a report suggests. Councils are increasingly pessimistic about the impact of Brexit on services, according to the survey by the New Local Government Network (NLGN). As many as 71% of council chiefs expect it to have a negative or very negative impact on their local economy, an increase of 16% since March 2018, while those who expect Brexit to have a positive or very positive impact has halved to 5%.

Among Conservative-led councils, almost half (46%) expect Brexit to have a 'negative' or 'very negative' impact on their local economy and only 11% believed it would have a 'positive' or 'very positive' effect.

Optimism in the local business environment has continued to decline and is now the lowest since the first NLGN quarterly Leadership Index survey in March 2018.

Adam Lent, director of the NLGN, said: 'Wherever you stand on the UK leaving the EU, it is clear that Brexit has already exerted an economic toll, stripping resources from vital services that are already eroded by years of cuts.

'The bottom line is that while the timing and impact of Brexit is unclear, planning remains an uncertain endeavour, which is sucking energy and resources from our communities.'

Sharp rise in younger stroke survivors

The number of under 65-year-olds suffering from a stroke is rising sharply, but the majority of people still believe that they mainly occur in the elderly, according to a survey commissioned by a national charity.

The survey for Different Strokes asked 1,010 people how common they believed stroke was among younger and working age people.

A total of 84% of respondents believed it was one in 50 or less. However, the prevalence of stroke in those aged under 65 is actually one in four.

Stroke happens instantly when blood supply to part of the brain is cut off. It is the leading cause of death and disability in the UK and is in the top 10 causes of childhood death.

Austin Willett, chief executive officer of Different Strokes, a charity for younger stroke survivors, said: 'Younger stroke is on the rise and with it the need for increased awareness is vital. Our recent survey shows 84% of the general public are still not aware of just how common strokes are in the under 65s.

'Stroke is devastating at any age but stroke at working age comes with unique challenges. Treatment, rehabilitation, and support services have traditionally been set up to accommodate people aged 70 and over, leaving younger survivors and their families struggling to get the right support.'

Many younger survivors are told they will never walk or talk again, and some can be left unable to use their arms or legs, with many facing life-changing memory issues, cognitive problems, disabling fatigue, as well as depression and anxiety.

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Social media improves take-up of breast cancer screening

Hundreds of practice nurses across the country are using social media to improve health as a result of an NHS Digital Widening Digital Participation project.

After an initial pilot using Facebook to promote breast screening, one area saw a 12.9% increase in the take-up of screening services and jumped from 58th in the country for uptake to 11th.

The same techniques are now being harnessed elsewhere in the country to encourage patients to attend for other cancer screening tests.

Around 350 practice nurses and other practice staff have so far been trained in adopting the technology, including learning how social media can help promote practice services.

The social media skills being taught were first used by the North Midlands Breast Screening Service in Stoke-on-Trent in a 'pathfinder' project run by charity Good Things Foundation as part of the work the NHS is doing on digital inclusion.

A Facebook page was created to provide information and reduce anxiety about breast examinations.

The team also posted information about screening on community groups and the Facebook Messenger service enabled women to easily make appointments and ask questions about the screening process.

Since the page was launched, attendances for first-time appointments at the North Midlands Breast Screening Service increased by an average of 12.9% between three-year screening cycles from 2014 to 2018.

The project continues to develop, with the latest innovation a link-up with Lancaster University to develop an AI chatbot which would assist staff in answering queries sent via Messenger.

Electronic prescriptions to become NHS standard practice

Prescription processing is to become digital by default as the final phase of the Electronic Prescription Service (EPS) is rolled out across the country. The latest improvement to EPS – known as Phase 4 – allows prescriptions for all patients to be sent using an electronic system, not only for those who had chosen a regular 'nominated' dispenser. Electronic prescriptions will save the NHS £300m by 2021.

EPS saves the NHS time and money by reducing the amount of paper processing required by GPs, pharmacists and the NHS Business Services Authority (BSA). GP practices across England took part in a successful pilot, which saw 329,000 prescriptions dispensed by more than 3,100 community pharmacies.

The roll-out of EPS Phase 4 starts in November, beginning with GP practices using the TPP SystemOne system. Implementation will continue into next year with other system suppliers, while clinical commissioning groups will manage the roll-out in their own areas with support from NHS Digital and the NHS BSA.

Patients will see little or no change to the process of being prescribed medicines by their GP or how they request and collect them from their community pharmacy. The 32 million patients who already have a nominated pharmacy will still have their prescriptions sent electronically without needing a paper copy.

Dr Ian Lowry, director of digital medicines and pharmacy at NHS Digital, said: 'The system is safer and more secure, as prescriptions can't be lost and clinicians can check their status online..'

All parties must 'commit to free adult personal care'

The IPPR estimates that by 2028 there will be a shortage of over 400,000 workers in social care

By Paul Dinsdale

A long-term settlement for adult social care should include free personal care for over-65 year-olds and an ethical commissioning charter requiring providers to meet minimum standards, says a left-leaning think-tank.

The IPPR report, *Ethical Care*, says that 84% of beds are now provided by the private sector, and that many providers are failing to deliver high-quality care for all and operating 'risky debt-fuelled business models'. The think-tank says social care 'desperately' needs a long-term funding settlement.

It calls for a bold reform plan to ensure that future investment spreads best practice and stamps out inadequate provision and outdated models of care It wants the Government to introduce free personal care in England and commit to meeting pressures from an ageing society at a cost of up to £10bn per year by 2020/21.

This would expand the principle of 'free at the point of need' from the NHS to social care, which 'should be funded out of increases in general taxation', it recommends. It claims that reforms to integrate care with the health service could save the NHS up to £4.5bn a year.

It also calls for a social care transformation fund worth £2bn over five years – £400m per year – to spread best practice care models, and improve care quality and standards.

The IPPR estimates that by 2028 there will be a shortage of over 400,000 workers in social care. Care providers should be required to pay at least the real living wage to help tackle the workforce retention crisis and ensure carers receive fair pay, and a new system of 'sectoral collective bargaining' for social care workers should be introduced to drive up working conditions. Care workers should also have to obtain a care certificate to give them a mandatory license to practise.

To ensure good quality care for all, social care providers who receive state funding should be required to meet basic standards on workforce pay and conditions, quality of care and their financial management or face being replaced by state providers.

Harry Quilter-Pinner, an IPPR research fellow, said: 'Every political leader for a generation has promised to solve the social care crisis but none have kept their word.

This must change. All political parties should commit to introducing and fully funding free personal care, so social care is 'free at the point of need' just like the NHS.

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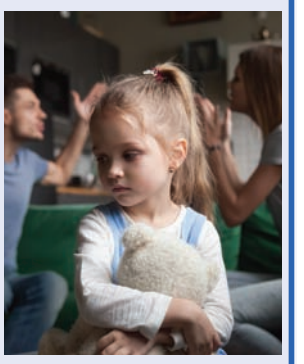

■ Researchers have devised a novel approach to social care provision which aims to decrease the rate of re-referral for families. The model, called GEMS, has been developed by Emma Maynard, from the school of education and sociology at Portsmouth University, to help make lasting changes in complex families and is aimed at families who have had social care intervention previously, but who have found it difficult to maintain long-term change. The new model is being rolled out by Portsmouth City Council this month with training of practitioners. It is estimated that 54% of families in the social care system are re-referred within five years. Last year, the Association of Directors of Children's Services called the issue a 'national crisis'.

■ The latest picture of recorded prevalence of 21 health conditions, including asthma, hypertension, dementia, diabetes, and depression are published today by NHS Digital. The annual publication, *Quality and Outcomes Framework (QOF) – Prevalence, Achievements and Exceptions Report*, England 2018/19 also identifies how the recorded prevalence of these conditions has changed since the previous year. Prevalence data on these conditions can be broken down sub-nationally to regional and general practice level. This robust dataset is made up of information voluntarily provided by 95% of general practices in England. It is collected through the QOF, which is primarily used to improve the care patients receive by rewarding practices financially for the quality of care they provide.

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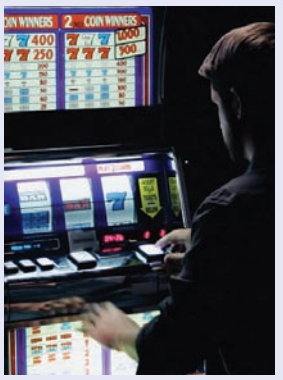


■ Public Health England is to carry out an evidence-based review into the specific health aspects of gambling-related harm to guide future prevention and treatment. The review will be the first of its kind. The request comes after the Department for Digital, Culture, Media & Sport led a consultation on gaming machines and social responsibility. Their response to the consultation resulted in a package of measures, including reducing the maximum stake on fixed odd betting machines from £100 to £2, improving player protections on category B machines and strengthening player protections, specifically around age verification and identifying risks to players. The consultation also aims to tackle gambling advertisements to protect those most vulnerable.

■ The first manual of expressions describing cancer has been developed by researchers to help patients understand their disease. The metaphor 'Menu' comes from research by Lancaster University, based on the views of more than 100 people involved in cancer care and analysis of more than one million words. They recommend doctors and the media should avoid portraying cancer as a battle because this can be disempowering for terminally-ill patients and make them feel worse. But researchers stress there should be no 'blanket ban' on certain metaphors and that patients should be encouraged to use the terms best suited to them. The menu and cancer-related language will be the focus of an event as part of the annual Economic and Social Research Council's (ESRC) Festival of Social Science.

NHS deliveries at lowest level in a decade

The use of analgesics or anaesthetics before or during delivery has dropped from 67% of all deliveries in 2008/09 to 61% in 2018/19. The number of deliveries is also at its lowest level in a decade, falling 7.5% from 652,638 in 2008/09 to 603,766 in 2018/19. There has been a 3.6% drop from 2017/18, when there were 626,203 deliveries.

NHS maternity statistics bring together detailed information on hospital care received before, during and after delivery from the Hospital Episodes Statistics (HES) database.

The NHS Digital report also shows that deliveries for women under 20 have more than halved in a decade, falling from 42,209 in 2008/09, to 16,956 in 2018/19

Deliveries for women in their thirties has increased by 7%, climbing from 279,206 in 2008/09, to 298,590 in 2018/19.

The report also uses figures from the Maternity Services Data Set (MSDS) which provides information on a range of measures reported at a mother's booking appointment, as well as information on the labour and delivery along with babies' demographics, diagnoses and screening tests.

Health spending cuts hitting poorest areas

A disproportionate burden of cuts are in the most deprived areas with the greatest public health needs

By Paul Dinsdale

The most deprived communities in England have faced the most substantial cuts in spending on public health, say researchers.

The IPPR study finds that latest local government data shows overall expenditure on public health services, such as sexual health, drug, alcohol and tobacco services has fallen by almost £900m.

The most deprived areas have faced a disproportionate burden of these cuts, despite having the greatest public health need. Analysis found cuts fell heaviest in areas with high levels of deprivation such as Blackpool, Liverpool and Birmingham. This unequal distribution means that more than £1 in every £7 cut from public health services has come from the 10 most deprived communities in England, whereas in the 10 least deprived communities in England, only £1 in every £46 has been cut, the figures show.

In total, absolute cuts faced by the poorest areas – £120m – have been six times larger than the least deprived – £20m – says the IPPR.

Public health programmes aimed at tackling drug and alcohol abuse, smoking, obesity and improving sexual health are needed by vulnerable communities, but they have faced the greatest cuts, it says.

The IPPR calls for a fairer funding settlement for local authorities, so they can provide public health and wellbeing services based on their communities' needs. The cuts currently restricting public health provision should be ended. Reversing cuts since 2014 and linking rises in the public health budget to rises in the NHS budget (3.1% per year until 2023/24), would put public health on a significantly more sustainable footing. It would make £1bn more available for public health services by 2023.

Chris Thomas, IPPR Research Fellow, said: 'Austerity has meant substantial cuts to local government funding, including the public health budget. The health and wellbeing of the most vulnerable people in our country has been put at risk, and puts unnecessary strain on the NHS. Government must ensure our health and wellbeing by investing in a fairer deal for local government.'

Coffee drinkers 'have lower risk of liver cancer'

Coffee drinkers have a lower risk of the most common type of liver cancer, hepatocellular carcinoma (HCC), say researchers.

The study took place in the UK over 7.5 years and looked at the coffee-drinking habits of 471,779 participants in the UK Biobank, one of the largest studies of middle-aged individuals in the world.

The research team's overall findings suggested a reduced risk of hepatocellular carcinoma, the most common form of liver cancer, in coffee drinkers, compared to those who did not drink coffee.

Dr Úna McMenamin, researcher from the Centre for Public Health at Queen's University Belfast and co-author of the study said: 'This is one of the first studies to investigate the risk of digestive cancers according to different types of coffee and we found that the risk of HCC was just as low in people who drank mostly instant coffee, the most common type in the UK.

'We need much more research to determine the possible biological reasons behind this association.'

Coffee is one of the most commonly consumed beverages worldwide. Previous research has shown there are many health benefits of drinking coffee, which may be due to its high levels of antioxidants.

The results were presented at the National Cancer Research Institute (NCRI) conference and published in the *British Journal of Cancer* earlier this year.

Many alcohol addicts 'do not receive treatment'

Alcohol: it is believed the figures only scratch the surface of this country's problem

By Paul Dinsdale

Only a small proportion of people with alcohol dependency are receiving the treatment they need, says a report by Public Health England (PHE).

Its adult substance misuse treatment statistics report for 2018/19 show that an estimated 586,797 adults in England have an alcohol dependency and are in need of specialist treatment, but only 104,153 individuals are in treatment, leaving 82% in need of the service who were not receiving it.

Nearly half of those who are receiving the treatment they need were living in the 30% most deprived areas of the country, the majority of which are in the North of England.

The report also explains that of the figures for people starting new treatment journeys in 2018/19, an alarming 60% said they had a problem with alcohol, compared to only 32% of new patients seeking new treatment for opiates, 22% for crack cocaine, 19% for cannabis, and 15% for powder cocaine.

Of the people who presented for the first time for alcohol treatment, 66% said it was their only problem substance.

The figures also reveal that of all people in contact with drug and alcohol services between 1 April 2018 and 31 March 2019, 40% of people with alcohol only problems were female.

Nuno Albuquerque, group treatment lead at alcohol addiction treatment experts UKAT, says: 'Alcohol is a legal yet extremely lethal drug, and we believe that today's figures only scratch the surface of this country's problem because there will be many people out there unwilling to accept that they have a problem.

'Year-on-year we treat more clients for alcohol than we do any other addiction type, and last year, we treated more women than men for the first time. It is as addictive as any illegal drug, and as these figures show, twice as deadly. If people don't receive the treatment they need, they could die as a consequence. We urge anyone struggling with their relationship with alcohol to seek the professional help they need.'

The report shows that people having problems with opiates and alcohol only have the biggest increases in the number and rate of deaths. These have seen significant increases since 2011/12, where the total number of deaths in the groups has risen from 1,816 to 2,696 people.

Number of community pharmacies rises in last decade

The number of community pharmacies has increased steadily over the last 10 years, with more opening that closing in certain parts of the country, according to figures from NHS Digital.

There were 11,539 community pharmacies in England in 2018/19, an increase of 9.8% since 2008/09 and a decrease of 0.7% since 2017/18.The number of appliance contractors – who monitor medical devices – has remained stable at 111 since 2016/2017.

During 2018/19, 38 community pharmacies opened and 103 pharmacies closed. On average, the number of items dispensed by each community pharmacy in 2018/19 was 87,212, an increase of 18.8% since 2008/09 and no change since 2017/18.

There were 11,539 community pharmacies in England in 2018/19, an increase of 9.8% since 2008/09

The number of items dispensed by each appliance contractor on average has increased by 114.8% since 2008/09. As many as 64.9% of prescription items dispensed by community pharmacies in 2018/19 were via the Electronic Prescription Service, an increase of 50.1 percentage points since 2014/15.

In terms of vaccines, 1.4 million doses were provided in 2018/19 by 9,105 National Influenza Adult Vaccination Services (NIAVS) in community pharmacies across England and Wales.

This works out at 157 vaccines per pharmacy on average, which is an increase of 90.1% since 2015/16, when 7,195 pharmacies provided 595,467 vaccines through an NIAVS.

GP's IT suppliers awarded NHS contracts

Nearly 70 GP IT system suppliers are to be awarded contracts to supply IT systems through the GP IT Futures framework.

NHS Digital says the latest phase of the procurement process has been completed following a rigorous assessment and review of all supplier submissions. The next stage of systems assurance is now under way and will be completed next month.

The NHS body has notified 69 companies of the intention to award framework agreements to those suppliers, subject to them completing the assurance process successfully.

This includes 16 existing suppliers, as well as three new entrants offering core clinical systems and 53 new entrants offering a range of additional system capabilities to the UK primary care market.

This is the first framework to be awarded as part of its *Digital Buying Catalogue*, which will act as a digital marketplace allowing buyers to search for and compare supplier solutions that will meet their needs.

The supplier systems are now being evaluated and assured against the new standards set by the NHS, with successful existing systems to become available from 1 January 2020 and 'new to market' solutions coming online throughout next year.

Sarah Wilkinson, NHS Digital's chief executive, said: 'GPs and their patients deserve the most effective and efficient modern technology with which to run their practices and access their data, and the wider health and care system needs better access to the critical data held in primary care to enable better secondary care and a richer flow of data into medical research'.

Are wellbeing boards a ve

Health and wellbeing boards turn six this year. **Cllr Bill Borrett**, chairman of the Norfolk health and wellbeing board, describes how he is driving forward system change

Health and wellbeing boards turn six this year. Since their initial inception, the landscape around them has seen a marked evolution.

In 2016, Sustainability and Transformation Plans emerged, and subsequently evolved into partnerships. By 2021, they are set to change again to form integrated care systems, with local delivery groups and primary care networks providing them with a place-based foundation.

Within this seemingly crowded landscape, you might be forgiven for asking whether health and wellbeing boards still have relevance. But throughout, and despite these changes, boards have proved to be the bedrock of the system, providing the stability, constancy, accountability and leadership required to drive forward improvement.

Late 2018 saw the launch of our joint health and wellbeing strategy. Developed alongside plans for the integrated care system, the strategy has brought about a renewal of purpose in the strategic direction and role of the board – with the environment right for it to take a wider system leadership role.

The strategy focuses on simplifying systems and reducing duplication and inefficiency, drawing on the breadth of the board's membership and its reach across systems and into communities, to deliver on the distinctive added value that only a health and wellbeing board can bring.

A significant step has been achieving commitment to the strategy from all board members.

This means the strategy stands as our single, system-wide, shared commitment to taking collective accountability for the health, care and wellbeing of our communities.

The strategy sets out a vision of a single, sustainable health and wellbeing system – prioritising prevention, tackling inequalities in communities and integrating ways of working.

This new strategic direction gives us some challenging system objectives, including 'securing collective accountability' and 'reducing the number of organisations'.

People being treated for crack cocaine problems increased by 18% since last year and 44% since the year before that

Drug and alcohol services struggle to meet demand

Paul Dinsdale examines how local councils are tackling increasing demands from addiction

In the last nine years of austerity, drug and alcohol services suffered some of the heaviest cuts in local authority spending and some services have been reduced to what some critics call a 'minimum' level. But with drug and alcohol addiction issues still a major public health issue, the Government may have to increase funding again as the number of people affected rises.

The National Drug Treatment Monitoring System (NDTMS) compiles figures on adults receiving help in England for problems with drugs and alcohol. They share many similarities, but also have differences and the figures divide people in treatment into four substance groups:

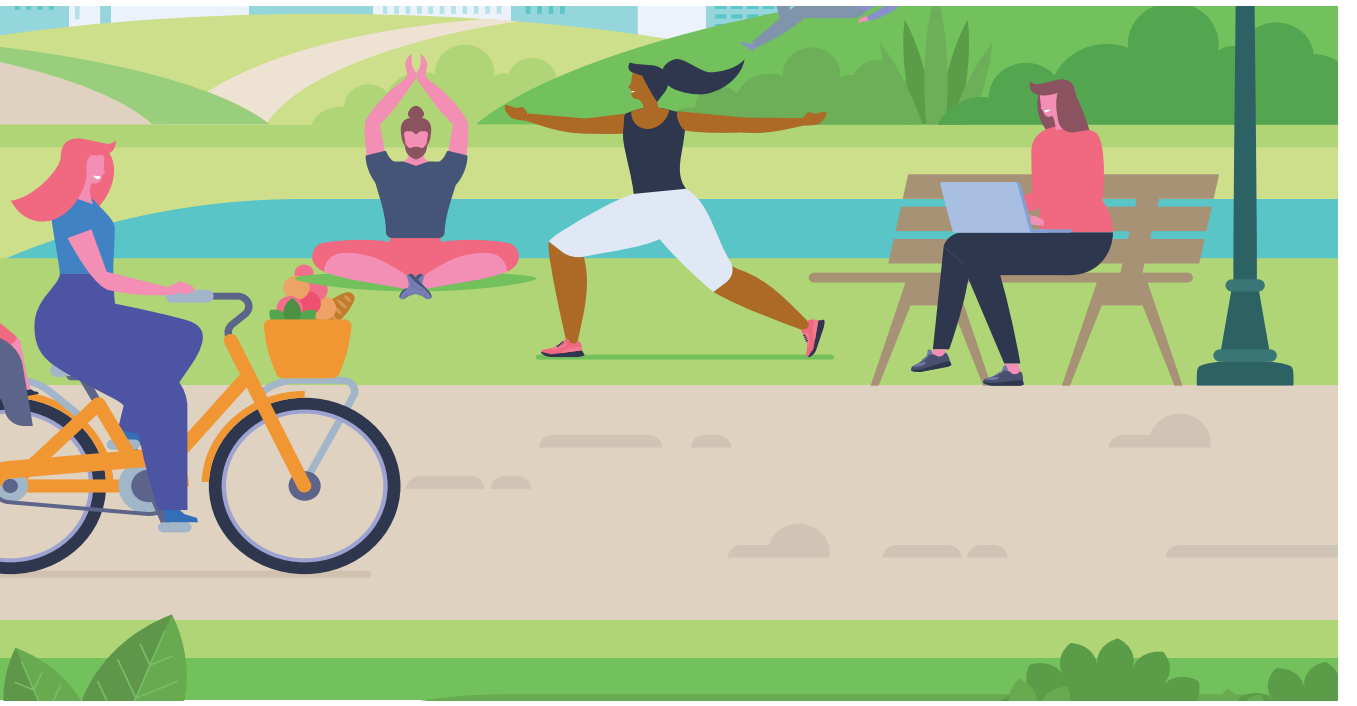
- *Opiate:* people who are dependent on or have problems with opiates, mainly heroin.
- *Non-opiate:* people who have problems with non-opiate drugs, such as cannabis, crack and ecstasy.
- *Non-opiate and alcohol:* people who have problems with both non-opiate drugs and alcohol.
- *Alcohol only:* people who are dependent on alcohol but don't have problems with any other substances.

In 2017/18 there were 268,390 adults in contact with drug and alcohol services – a 4% reduction on the previous year's figure of 279,793. The number of people receiving treatment for alcohol alone decreased sharply since last year, falling by 6% to 80,454 to 75,787 and by 17% from a peak of 91,651 in 2013/14.

People in treatment for opiate dependence made up the largest proportion of the total numbers in treatment – 53% or 141,189 – a fall of 4% since the previous year.

The number of people entering treatment who were in the non-opiate group and the non-opiate and alcohol group (35,473) was broadly the same as the previous year (35,491). However, the number of people being treated for crack cocaine problems –

ehicle for system change?



Translating this into action on the ground will require strong systems leadership and a clear focus on shared outcomes from all board partners.

Norfolk has a strong foundation of effective collaboration to build upon. Our board provides a genuinely joint forum with local NHS partners, with an extended membership of providers as well as commissioners, enabling the board to oversee and influence strategic commissioning.

We have longstanding integrated commissioning and multidisciplinary teams – jointly funded and co-located.

We are driving forward a countywide strategy to prevention to establish a comprehensive approach to improving population health, with the prevention Green Paper providing greater impetus for all partners to embed this at the heart of what we do.

Our district councils have formed a sub-committee to lead on the work addressing health inequalities, drawing on their important role as place-shapers and anchoring the strategy within localities.

It is clear that the development of integrated care systems, together with the arrival of the NHS Long Term Plan, with its central message about the need for health and care systems to work together, represents a considerable shift forward.

As we deliver our strategy over the next few years we must continue to test and stretch our commitment as system leaders to drive improvements and innovations beyond organisational boundaries and sectors to use resources in the most effective way.

It is only through genuine collaboration that we will make progress.

but not opiates – increased by 18% since last year (3,657 to 4,301) and 44% since the year before that (2,980 to 4,301). The increase of numbers of people in treatment for crack but not opiates during 2017/18 was seen in all age groups except 65 years and over.

There was also a 3% increase in people entering treatment for both crack cocaine and opiate problems (21,854 to 22,411), which was seen primarily in those aged 35 and over. This represents over half (54%) of people entering treatment for opiate problems in 2017/18, compared to 35% in 2005 to 2006. The latest published estimates of crack cocaine use in England (2014/15) reported a 10% increase in the numbers of people estimated to be using the substance since 2010/11 (166,640 to 182,828).

Public Health England (PHE) says the increase in the number of new users may be in part caused by changes in the purity and affordability of crack cocaine and patterns of distribution over the last few years.

As a recent report shows, the heaviest cuts to public health have been made in 10 of the most deprived areas of the country, where needs are greatest, while the 10 least deprived areas have had some of the smallest cuts. *(See news story p4).*

This has been the result of the funding formula for public health spending devised many years ago and the formula has now come under renewed scrutiny, amid calls from some think-tanks, such as the IPPR, and the voluntary sector for it to be recalculated.

Although spending on drug and alcohol services has fallen from £795m in 2012/13 to £695m in 2018/19, the Local Government Association (LGA) says that services are being maintained in all areas of the country, although there has been a rise in demand overall.

People in treatment for opiate dependence made up the largest proportion of the total numbers in treatment – 53% or 141,189 – a fall of 4% since the previous year

One of the challenges has been that the street price of illegal drugs has been falling, which in turn has led to more drug-related deaths. The UK as a whole has one of the highest rates of drug-related deaths in Europe and a recent conference organised by the European Monitoring Centre for Drugs and Drug-Related Deaths (EMCDDA), which is funded by the EU, heard that Scotland has the highest number of such deaths in Europe.

The EMCDDA collates figures from all 28 EU countries and has warned that there is an upward trend in most countries, which has implications for other services such as mental health services, and additional costs for NHS care.

The trend in the UK has seen higher levels of opiates and cocaine use, and many of these users have an alcohol addiction as well, and all these factors combined have created what one expert calls a 'potent mix' for services to handle.

Another trend has been for some councils to disinvest in residential rehabilitation services, either due to high costs, or because some commercial providers have gone out of business. In some cases, commercial providers have merged together because of higher running costs and they have more limited capacity.

There is also a shortage of drug and alcohol specialists, such as counsellors and psychiatrists in some areas, particularly big cities such as London, Manchester and Glasgow. The LGA says most councils have been coping with the shortages well, but more funding is needed in future to recruit and retain staff.

Chairman of the LGA's community wellbeing board, Cllr Ian Hudspeth, says: 'Councils are committed to ensuring that people with substance misuse problems get the right support and treatment. The causes of substance misuse and the solutions for tackling it are complex. However, adequate funding and early interventions can have a positive impact.

'More people are entering treatment which is encouraging, but the increase in drug-related deaths is still a serious cause for concern, particularly in relation to rising numbers of those seeking help with heroin, crack and powder cocaine. The exploitation of young and vulnerable people by county lines gangs linked to recreational drug use is also a significant and growing concern for councils, who take this issue extremely seriously.

'Councils continue to work closely with local partners including the police, health service and community groups to ensure everyone affected gets the help they need. The next Government must provide sustainable, long-term funding for councils' public health services to help relieve pressures on the NHS and criminal justice system further down the line.'

Shirley Cramer CBE, chief executive of the Royal Society for Public Health (RSPH) echoes the LGA's view: 'The continued cuts in public health and local government funding are being most sharply felt in some of our most deprived communities...such cuts limit access to vital services for the most vulnerable, potentially fuel the rise in preventable diseases, and compound already unacceptable health inequalities.

'The RSPH has long argued that cuts to public health funding are short-sighted. As we head into a General Election, we hope all parties commit to the £1bn of investment missing in the public's health.'

A new way to help the disabled

The 2018 Government-commissioned independent review of disabled facilities grant's main recommendations are around building a system that puts the disabled person first and makes their home safe and suitable for them to live as independently as possible

Paul Smith, director of Foundations, looks back on 30 years of the disabled facilities grant and the need for closer collaboration between counties and districts and health and care

When I started working in December 1989, I had no idea that just two weeks earlier a new Act of Parliament had introduced the disabled facilities grant (DFG) – which has turned out to be the cornerstone of my career for the last 30 years. During that time some things have changed, but the founding legislation has stayed largely untouched.

My first job was in the architect's section of a smallish district council, where I had a full-sized drawing board, used a dye-line printer and had to dictate letters and memos to be prepared in the typing pool. Being the youngest in the office I was given the home adaptation projects to design and manage. For any aspiring surveyor, it is a good introduction to construction and gave me invaluable experience of how the construction industry works.

At that time, the emphasis was on getting as many applications through as possible, with very little in the way of choice or involvement for the people we were there to help. Two walls of white tiles, basic sanitaryware, a low-level tray but with a choice of non-slip flooring colour was the standard approach to shower adaptations.

In 2002, the architect's section was closed and I was given the opportunity to manage the new in-house home improvement service. With the internet recently connected and my monthly usage allowance of 50MB I started my research and came across an organisation called Foundations – the national body for home improvement agencies.

With its support we developed a caseworker led approach that was person-centred and resulted in more co-produced designs. I also introduced a greater choice in materials, a schedule of rates and a much more collaborative relationship with contractors.

Agency services are still the most effective way to deliver DFGs, allowing pooling of other funds from health and social care for a one-stop shop approach

This period defined my approach to how DFGs should be provided and when a nearby unitary authority wanted someone to set up a new agency service for them, I jumped at the opportunity.

With a bigger budget from the Supporting People programme and more staff, I experimented with 3D visuals and guidance booklets and won awards for incorporating a home safety check into the process.

At the time, other housing grants were still available so we could ensure home repairs were carried out alongside any adaptations.

More Supporting People funding meant I was able to establish a handyperson service to carry out the smaller jobs that would not be covered by grants and we had the archetypal, holistic home improvement agency that was available to support vulnerable homeowners across the borough. During this period the Government also relaxed some of the restrictions on how DFG could be spent, which encouraged us to review our housing assistance policy to meet local issues.

By 2010, I had become interested in commissioning and moved to a county council, primarily to commission extra care housing. But my knowledge and experience of DFG meant that I inevitably got drawn back into reviewing delivery and trying to establish a more consistent and joined-up approach to delivery between the county and the district councils.

Years of discussions and negotiation did finally lead to a countywide home improvement agency service, although there was still a degree of variation from district to district.

When the opportunity to lead Foundations presented itself in 2015 it felt like something I had been working towards for 25 years. A few months later, when the chancellor announced that the DFG budget would double as part of the Better Care Fund, it was a game-changer. Rather than helping councils to make savings, we were being asked how to spend more and have a greater impact on health and social care.

We carried out a survey in 2016 and found that only 53% of councils had a housing assistance policy, but with our support that has now increased to 85%. These policies mean councils can do things like revise the means test, fully fund large and complex adaptations, fast track adaptations for hospital discharge or provide preventative adaptations for people with dementia.

We also found that agency services are still the most effective way to deliver DFGs as it allows pooling of other funds from health and social care for a one-stop shop approach – from grabrails to stairlifts, hoists to level access showers.

In 2018 we worked with the University of the West of England on a Government-commissioned independent review of DFGs. The response to that review is under consideration but the main recommendations are around strengthening the collaboration between districts and counties and between housing, health and social care – building a system that puts the disabled person first and makes their home safe and suitable for them to live as independently as possible.

As we reflect on 30 years of the DFG, I am sure this was the original intention and one that I hope we can finally meet.