Camurus submission to Health and Care Bill Committee, 8th September 2021

Introduction

Camurus is pleased to provide this submission to the Health and Care Bill Committee as part of the public consultation on the legislation. The Bill outlines a range of measures for reform to NHS and care services, with a particular focus on better integration of local and community services through updated Integrated Care Systems and alignment with local authorities.

Camurus is a biotechnology company committed to improving outcomes in opioid dependence treatment; we are particularly interested in the implications of this legislation for drug treatment services.

Patients who use drug treatment services across the country are some of the most vulnerable in society. Their needs are most effectively met through collaboration, joint working, and service integration in their local area. As such, we very much welcome the clear focus in the Bill on moving towards a place-based, integrated approach to health and care, and see this as an opportunity for drug treatment services to be incorporated into this approach to improve patient access to services and reduce drug-related harm.

However, it is important that there is clarity about how public health services will be commissioned, funded, and delivered through the new system. Currently only obesity and water fluoridation are mentioned specifically in the Bill but there are many other vital public health services that will be impacted by it. It is vital that critical services like drug treatment services are not forgotten, especially given the continued increase in the rate of drug-related deaths in England and Wales in 2020.[i]

Given the above, there are a number of areas that we hope the Bill Committee will be able to seek clarity on during their scrutiny of the Bill, and ensure that public health, and particularly substance misuse services, are properly considered and accounted for in the new integrated health system. These include:

1. What place public health services, including drug treatment services, will have in the new structures
2. How collaborative working will be supported by funding commitments which enable innovative commissioning and long-term planning
3. How new accountability frameworks will work for public health services, like drug treatment, which sit between departments at a national level
4. How procurement process reforms will empower commissioning which focuses on good quality services and evidence-based treatment.

Response

1. Public health in the new structure

This Bill creates an opportunity to develop an integrated approach to commissioning and funding drug treatment and wider public health services to better support patient access. It is welcome that

Integrated Care Partnerships (ICPs) will bring together Integrated Care Boards (ICBs) with partner local authorities and other locally determined representatives. This should include public health leaders. Establishing a framework which mandates the inclusion of public health representatives on ICP committees could provide a stronger basis for supporting and improving public health. This is particularly important as ICPs will be responsible for developing strategies that address the public health needs of their local systems.

The *Integrated Care Systems: design framework*, published in June 2021, states that:

> "*we expect public health experts to play a significant role in these partnerships, specifically including local authority directors of public health and their teams who can support, inform and guide approaches to population health management".*[ii]

Clarity about the formal inclusion of public health teams on all ICP committees is essential to ensuring that communities are not disadvantaged by a lack of Integrated Care System (ICS) integration with public health services, particularly in relation to services such as drug treatment which are siloed from NHS provision under the current system.

In 2019, the Government commissioned Dame Carol Black to undertake a review on drugs, focusing on supply, violence, treatment, prevention, and recovery. The second part of that report, released in July 2021, states that:

> *"responsibility for treatment and recovery is cross-departmental … Since 2012, the government has entrusted all decision making on drug treatment services to local authorities, with virtually no accountability or recognised standards. The current system of local commissioning is fractured, with different bodies responsible for different services and no real incentive for them to work together."*[iii]

The overhaul of commissioning outlined in the Health and Care Bill establishes a framework for the collaboration required to address that fragmentation and better support drug treatment and recovery in the community. To achieve this, it is vital that public health functions are properly incorporated and clarified within the new NHS structures.

2. Funding to enable collaborative and innovative commissioning

The legislation proposes a new mechanism to allow ICBs, NHS providers and others to form joint committees, make joint arrangements, and pool funds. This will be particularly valuable in areas struggling to address high rates of drug-related deaths that have seen high funding cuts. It will be vital that this flexibility on budgets is seen as a key focus for ICSs and is actively encouraged and supported by the government and by NHS England.

Dame Carol Black's review noted that every £1 spent on harm reduction and treatment gives a combined health and justice ROI of £4.[iv] Cuts to funding for drug treatment services fell on average by 27% between 2015/16 and 2018/19, while costs to deliver those services rose. Budget cuts have been inconsistent across English local authorities, and cuts have been on average higher in areas with the highest rates of drug related deaths.[v]

Drug treatment services are funded by the public health grant and, while the government committed to increase the grant by a modest 2.6% in real terms in 2020/21, according to the Health Foundation (2020) the grant remains at 22% lower on a real term per capita basis than in 2015/16.[vi] Without a clear place and a clear funding pathway in the new model, drug treatment services and other public health services are at risk of being left behind to the detriment of patients and their wider communities.

Public health services must not fall through the gaps between creating the new ICS-led system and the National Institute for Health Protection and Office for Health Promotion, and it is essential that the Health and Care Bill provides clarity on where public health sits in the new structure. There must be sustainable and adequate funding for drug treatment services which reflects the true scale of need, enables commissioners and service providers to introduce innovative services and ways of working, and to deliver choice in treatment options to all patients.

3. Accountability frameworks

At a local level, effective accountability will be improved by joint commissioning of services, providing a more direct link between outcomes and the various parts of the system that benefit from them, such as health, policing, housing, employment, and other welfare services. ICSs should have a positive role here, assuming that public health is incorporated as a core focus and appropriate working with local authorities is established. The importance of a clear framework and inclusion of all key services cannot be understated.

Separately, the creation of a new cross-government unit to tackle drug misuse in response to Dame Carol Black's review is welcome, and – if given sufficient authority – could offer a focal point both for accountability and for direction in drug treatment services. Historically, accountability for the performance of drug treatment services has been negatively impacted by the lack of clear accountability within government, with the policy sitting within the Home Office but aspects of delivering drug treatment services directed and influenced by the Department of Health and Social Care, Public Health England, NHS England, the Ministry of Justice and the Ministry of Housing, Communities and Local Government.

The Joint Combating Drugs Unit (JCDU) will bring together multiple government departments and could play an important role in embedding collaborative working across health and public health services, in line with the move towards greater integration laid down through the Health and Care Bill.[vii] The model created by the JCDU could form a template for local ICSs working with drug treatment services, helping to establish a mode of patient care that better suits individual needs.

The Health and Care Bill must set out clear processes to create accountability frameworks; provisions enabling Secretary of State power of direction for public health functions must take into account the comprehensive networks involved in drug treatment services beyond public health teams and seek to support transparency and accountability across the whole system.

4. Procurement processes

A key barrier to services in England offering a full range of evidence-based options in opioid substance treatment (OST), and in broader treatment strategies is the commissioning environment. Greater collaboration and integration will support delivery of higher quality care as well as long-term planning and sustainability.

The measures in the Bill to eliminate disruption and the overly transactional nature of commissioning are welcome. The practice of tendering drug treatment services over relatively short timeframes has incentivised short-term decisions and an over-emphasis on cost containment over quality of outcomes.

The Advisory Council on the Misuse of Drugs (ACMD) has concluded that this model – which they describe as the "*frequent re-procurement of services*" – is "*using vital resources, creating unnecessary 'churn' and disruption and resulting in poorer recovery outcomes – at least in the short term*".[viii] This is particularly evident in the availability of different types of OST, with most services in England having varying levels of access and many areas not offering some treatment options at all, regardless of whether they have been recommended by NICE or clinical guidelines. Reforming procurement processes through the Health and Care Bill offers an opportunity to focus on commissioning good quality services and evidence-based treatment, adapting to local needs and ensuring expertise from a range of local stakeholders.

Conclusion

The Health and Care Bill has the potential to reform service provision in a way that fosters an environment of collaboration which will much better serve patients, in turn benefiting the NHS through less fragmentation and reduced reliance on secondary care. However, this can only be delivered if the Bill itself, as well as the powers that stem from it, fully acknowledge the importance of public health as a core part of the integrated system, as well as ensuring sufficient focus and funding for services, like drug treatment services, which sit outside the existing healthcare system.

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[i] Office for National Statistics, Deaths related to drug poisoning in England and Wales: 2020 registrations, 3 August 2021, https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2020

[ii] Integrated Care Systems: design framework, June 2021, https://www.england.nhs.uk/wp-content/uploads/2021/06/B0642-ics-design-framework-june-2021.pdf

[iii] DHSC, Review of drugs part two: prevention, treatment, and recovery, July 2021, https://www.gov.uk/government/publications/review-of-drugs-phase-two-report/review-of-drugs-part-two-prevention-treatment-and-recovery

[iv] DHSC, Review of drugs part two: prevention, treatment, and recovery, July 2021, https://www.gov.uk/government/publications/review-of-drugs-phase-two-report/review-of-drugs-part-two-prevention-treatment-and-recovery

[v] Camurus, Towards Sustainable Drug Treatment Services, July 2019, https://static1.squarespace.com/static/580e32b38419c22267d4373c/t/5daec72a527fc12344d769af/1571735340008/White+Paper+-Towards+Sustainable+Drug+Treatment+Services%5B8397%5D.pdf

[vi] Health Foundation, Health Foundation response to the public health grant allocations, 17 March 2020 https://www.health.org.uk/news-and-comment/news/response-to-public-health-grant

[vii] DHSC, 'New cross-government unit to tackle drug misuse following major independent review', July 2021, https://www.gov.uk/government/news/new-cross-government-unit-to-tackle-drug-misuse-following-major-independent-review%203

[viii] ACMD, Letter to Sarah Newton MP RE: Commissioning impact on drug treatment, 6 September 2017 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/642811/Final_Commissioning_report_5.15_6th_Sept.pdf