

## **Change Grow Live Representation to HM Treasury Autumn Budget 2024 and Spending Review**

We have contributed to, and support, the representation HMT have received from Collective Voice, the alliance of voluntary sector drug and alcohol treatment and recovery providers.

Given the urgency of the current funding situation, we have chosen to also submit this representation from the perspective of Change Grow Live, the UK's largest provider of drug and alcohol support services.

As voluntary sector providers funded by LA public health grants, our treatment and recovery services are easy to access, we don't have waiting lists, in the heart of communities and local criminal justice, youth services, health and social care systems. Moreover, good quality drug and alcohol support services help people return to or start work, reduce pressures on our criminal justice system, prevent knife crime and ease the burden on an already stretched NHS.

High quality and well-funded drug and alcohol services are fundamental to the Government's missions to create healthier and safer communities. Combating Drugs Partnerships have helped improve collaboration and communication between system partners and are a vehicle through which government can engage with local systems to support missions.

We have an active approach to user involvement and coproduction of services. We have traditionally been resilient, adapting our services to respond to financial challenges, changes in drug trends, and increasingly complex demands from people accessing our services. We have responded at speed to the reinvestment in our sector (replacing the disinvestment of the last decade) and stand ready to work with government, but a point had been reached where this resilience is under significant strain.

An uncertain future due to the use of time-limited grant funding poses a risk to the availability and effectiveness of drug and alcohol support across the country. We are approaching the end of an initial three-year funding cycle implemented through the National Drug Strategy, with grant funding set to expire on 31<sup>st</sup> March. Local authorities are therefore losing confidence in the government's long-term commitment. This grant funding does not have the usual protection of notice periods, creating a 'cliff-edge' scenario.

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In the absence of any formal indication of the likelihood of future funding, our ability to develop and deliver quality drug and alcohol services is diminished, posing a threat to national priorities, such as the early release prison scheme.

Beyond the impact our sector makes on the estimated £20bn cost of harms related to illicit drug use (Dame Carol Black's Independent Review of Drugs Phase One Report) and the £4 saved for every £1 spent on drug treatment services (PHE, Alcohol and drug prevention, treatment and recovery, why invest? – [www.gov.uk](http://www.gov.uk), 2018), we are actively working to build the evidence to demonstrate the value our sector contributes to:

- Reducing pressure on already stretched NHS points of contact and getting upstream of escalating physical and mental health needs, contributing to Core20Plus5; noting specific contributions to addressing low level mental health needs of adults and young people (with impact on pressure on NHS and economic productivity), reducing blood borne viruses, identifying COPD early, reducing drug and alcohol-related hospital admissions
- Reducing pressure on prisons and community criminal justice as well as wider social care systems by providing effective preventive and diversionary harm reduction, treatment and recovery interventions in the community that impact (re)offending and productivity rates for targeted groups including women and young people impacted by inter-generational substance use
- Implementing the recently published workforce strategic plan will enable us to further contribute to local skills-building, productivity, investing in the long-term healthcare workforce. We have invested significant organisational resources in additional workforce recruitment (1,000+ new staff), training and skills-building and are developing a number of transformation programmes to boost productivity and efficiency in preventing harm and responding to treatment need. Many in our workforce have lived experience and live and work in some of England's most deprived communities.

Collectively much has been achieved, to maintain this progress and to deliver the governments missions, Change Grow Live suggest the following actions are taken:

### **Funding**

- That the level of investment is continued and protected, including commitment to maintain steady state investment in core treatment budgets

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- That the cliff edge funding position is acknowledged, and funding confirmed at provider level in a timescale which removes the need to trigger exit plans before funding confirmation and allocations, ultimately allowing us to protect jobs and lives from unnecessary risks
- In the longer term, indicative dates of funding announcements would help strategic planning. This risk is only addressed at the point Local Authorities confirm contractual budget allocations with individual treatment providers

### **Combating Drugs Partnerships**

CDP's have helped improve collaboration and communication between system partners. Effective treatment systems are dependent upon wider partners including those in pharmacy, mental health services and primary care. CDP's and integrated care boards are critical to ensuring system wide support is available. They are a governance vehicle which can respond to Government missions. Our ask is that these are retained and further developed.

### **Clinical Guidelines**

Significant progress has been made with increasing numbers of people in treatment, but there are still challenges engaging opiate users. There are multiple factors at play including restrictive practices, which can deter people from engaging with treatment. With the growing presence and threat posed by synthetic drugs our ask is that this issue is explored in greater detail, including a review of clinical guidelines.

### **Inclusion of alcohol**

There is no dedicated national strategy for alcohol. The significant harm posed to society is well understood. Our ask is that alcohol is given the appropriate level of attention. We also support the submission HMT has received from our partners at the Alcohol Health Alliance with further evidence on this issue.

### **About Change Grow Live**

**Change Grow Live is the largest third sector provider of drug and alcohol services in the UK, and one of the largest employers of healthcare professionals outside of the NHS.**

We deliver support and care to over 200,000 people each year in over 250 services in communities across England and Scotland, through our teams of medics, psychiatrists, nurses, pharmacists, professional body specialists, trained staff and lived and living experience volunteers and peers.

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We are a nationwide charity providing confidential support for people, enabling them to change the way they use drugs and alcohol. We work with adults, young people and families with children, both in community and prison settings.

Many of the people we work with are also affected by social and economic deprivation, mental health issues, trauma and abuse, homelessness or unemployment. Too often, people who use drugs and alcohol face stigma and prejudice, which makes them reluctant to ask for help.

We want to work with the National and Local Government to agree a joined-up approach to tackling these issues creating collaboration spaces and partnerships to address inequalities in health and social care to better meet a broad range of needs.

Our work is informed by a simple principle that experience tells us works: believe in people.

This means we strive to create the conditions for our people to do their best work. It means that we believe that, with the right opportunities and support, anyone can change their life for the better.

We believe in the people who engage with us and the range of services we offer that enable change.

**Believe in people**