

Time to Join the LAA Table

In an era where greater freedom is being given to local areas to meet their needs, drug treatment is being held in a kind of limbo - a Never-Never-Land with a shrinking funding pot, contends drug policy specialist SARA MCGRAIL. Nowhere is this more apparent than in the absence of meaningful drug targets among the National Indicator set.

A new framework for local government has been introduced that includes everything *but* meaningful indicators relating to drugs.

The national set of 198 indicators covers everything from educational achievement in schools to building regulations to the mortality rate from cancer. Each local area will report on all indicators but will nominate 35 targets in which they agree to improve performance, alongside 17 statutory targets.

However, only one drug treatment output measure has made it into the 198 - 12 week retention as the sole indicator of effective treatment. Some Drug Interventions Programme targets are hanging round in integrated crime indicators for the partnerships, and there is an indicator about perceptions of drug dealing as a problem in a local area. But that is pretty much it. There are no indicators that enable us to look at the real outcomes of drug treatment investment, at reintegration, or at the reduction of drug related harm.

In the absence of a locally focused performance management system, DATs will not be able to plan and agree spending to meet local outcomes. Nor will there be any assurance that they will be able to benefit from the cross cutting and integrated approach to health and social care that the new localism heralds.

Apparently the plan is that local authorities, police forces and primary care trusts are still to be held accountable to the National Treatment Agency (NTA) and Home Office through a separate performance management system. But the Department for Communities and Local Government in publishing the new performance framework, has said "the national indicator set will be the only measures on which central

government will performance manage outcomes... from April 2008, all other sets of indicators will be abolished."

So does this mean the NTA and Home Office indicators will cease to exist from next April? Well technically, yes, except that the wording around the pooled treatment budget has changed. Instead of being an allocation of funding coming to each PCT to pay for drug treatment, it has become a pot of funding for which areas apply by filling in their treatment plan and agreeing to report on the NTA targets.

How has this situation happened? Why has the NTA not been able to make sure that drug issues are effectively included in the local indicator set? How



COMMENT
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can those concerned with drug issues locally get people committed at Local Area Agreement (LAA) level, if the NTA and all those government departments who are responsible for the drug strategy, have not put the levers in place that will help them do it?

There are a number of possibilities. One big one of course is that the new drug strategy is not out yet and therefore we have no strategic assessment or future plan against which to measure or monitor local investment. It is possible that the Department for Communities and Local Government or the Local Government Association simply did not think drug issues were important enough to our communities to look closely at the indicators. That in itself would say something about the marginalisation of drug strategy. It is also possible that the departments and bodies responsible for our drug strategy aggressively lobbied for drug issues to be treated in the same way as other

services, to be mainstreamed, but were turned down. On the other hand, they may have held back fearing that the current investment in drug treatment would not be maintained in a mainstream future.

In an era where greater freedom is being given to areas to meet their needs, drug treatment funding is being held in a kind of limbo, a Never-Never Land, where not only is the funding pot shrinking, but it is being redistributed in such a way that some areas of the country – and London most notably – are going to lose up to 30% of their budget for drugs over the next 3 years. Just as we really need to be mixing it round the LAA table, and asking colleagues in housing and social care and the PCT where their investment in drug treatment is, an ad hoc system of accountability has been devised that keeps DATs and drug services away from Local Strategic Partnerships and effectively out of meaningful partnership with mainstream services.

Someone recently described the drug strategy as a set of levers that are actually attached to nothing. It seems they were right. However it is also clear that this situation will not be sustainable. We might limp on until the next Comprehensive Spending Review, but it would not be surprising if some work were to be undertaken centrally to see how mainstreaming could be made to work. Let us hope that is the case, and in the meantime, rather than grumbling about our commissioners or DATs, actually remember that whatever the pressures to do otherwise, we will only succeed if we work in partnership – both across and outside the drug and alcohol treatment field.

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