For the first time, data from all 149 Drug Action Teams has been analysed to present a picture of drug treatment throughout England. So what does **MIKE TRACE**, former deputy drug czar and now in charge of Performance at the National Treatment Agency make of it all?

INTERVIEW BY **HARRY SHAPIRO**

DAT's much better

Are you pleased with the results?
The DATs are finally smelling the coffee and understanding what's being asked of them. It really is the first time that 149 DATs can articulate what service gaps they have and what the plans are to fill those gaps. Also for the first time, we have information of sufficient quality for us to draw out trends.

Where do the concerns lie?
Around the speed of change. Significant extra money is now being invested by government and the concern is how many years it will take until we've got it right. Many DATs still struggle to agree on what they should do. And many DATs struggle to assess the quality of their current service provision. It's a generally improving situation but things need to speed up. It's a very personal thing for me. I always used to think when I was in the Cabinet Office that a lot of the money was not particularly well directed. Now I know it's not.

So where does the money go?
Just about all the drug treatment budget supplied from the centre was appropriately spent. The only hitch was that many DATs had significant underspend last year. Quite a lot of the DATs got half-way through the year before deciding what they were going to do. By the time they contracted and recruited, they had underspent. Being able to recruit was another real-life issue, as was planning permission for buildings. In the last year or so that has been a real problem in many places (see *Druglink* 17 issue 2, page 6).

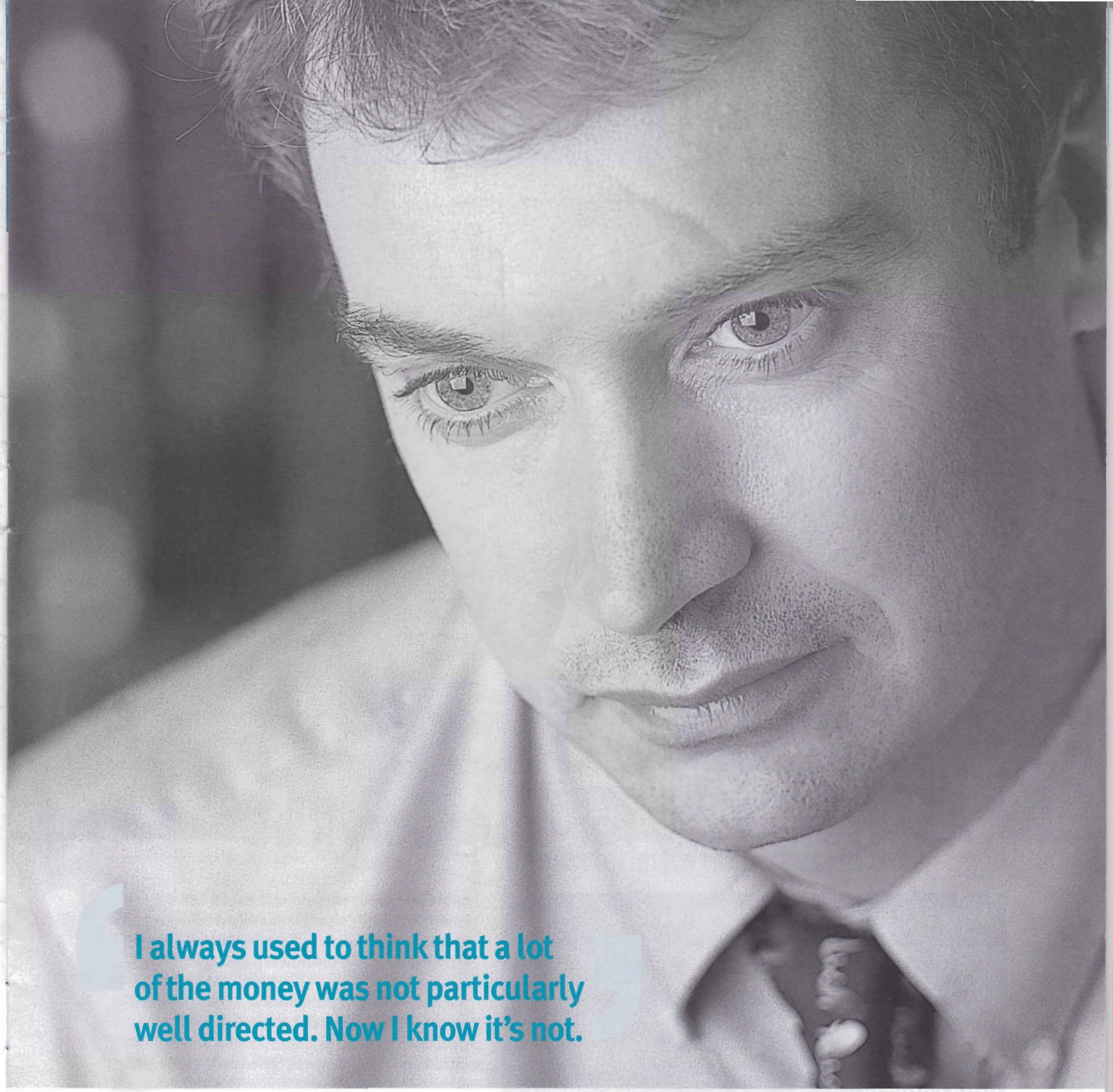
In terms of staffing – the analysis says that NTA work on developing competency frameworks and training, 'will only happen over a number of years'. What happens in the meantime?
The NTA isn't here to solve all the recruitment problems. But that is a concern. The need to recruit more drug workers was identified three years ago. The previous recruitment campaign, before the NTA, identified 42,000 people who wanted to work in this field. But there was no competence framework, no training, no curriculum, and no apprenticeship system. We won't make that mistake again. You have got to have those systems in place before we go out and drag them off the streets. But that presents us with a dilemma, because right now providers have to find an estimated 600 staff and that doesn't include the prison service.

We are starting the recruitment and apprenticeship programmes. For example, we have a scheme to recruit young black professionals in three parts of the country. But the message in this review to DATs is to say – don't just sit back and wait for the work force programme to do this for you because there is a time lag.

There are hints that the NTA think not enough money is going into residential rehab programmes and that overall, there might be some disinvestment on the part of pooled budget partners.
We found the money is going up for residential treatments. But given the fact that this modality consistently delivers good outcomes, one may have expected a higher level of increase over this last year. The planned investment is £5 million higher, but given the planned investment in prescribing is £30 million higher, that's more unbalanced than one would expect. Whenever there is money around, what seems to be happening with this pooled budgets process is not a million miles away from the old special health allocations. Whenever there is new money it goes to the doctors. In this case, the new money to the doctors can justifiably be linked to the issue of waiting times and service developments. So I'm not knocking that, it is just a question of balance.

What about service provision for black and ethnic minorities? How, after all these years of obvious service deficiencies, can we still be doing needs assessment?
I would agree with your analysis on that. The constant cry in this field on this issue is we just go around in circles – analyse the issue, produce the assessment and all go home. It goes quiet for next five years and then we do it all over again. If you look at those DATs who say they are developing ethnically specific services – a lot of those are doing yet more needs assessment. In this new era of action focussed commissioning, we should be hearing from DATs that they've done their needs assessment, they know what they want to do and here is the action.

> **The DATs are finally smelling the coffee and understanding what's being asked of them.**



I always used to think that a lot of the money was not particularly well directed. Now I know it's not.

The evidence is that joint commissioning is happening. But what about the quality of that commissioning?

We are worried that most of the DATs, as of April this year, are still reporting other commissioning going on in other places, most of which is not coming through the joint commissioning group. We put out some very strong messages this summer saying that if this is not solved by the end of the year, then we'll come down on them like a ton of bricks.

In terms of the figures, it's a good improvement. In terms of the functionality, as we call it, the big headline for me is how much better it all is. It was a bit of a shock to see how ropey some of the plans were in January. But looking at the state of the play of most DATs by summer – they can articulate what they want to do, what money they have got, and how they are to plan it. The issue is about the layers of quality commissioning below that. How deep are the needs assessments? Do we need more prescribing, or are the waiting lists just too long? Things vary greatly across the country; some DATs absolutely understand their target population and have the classic SMAS cycle going on. But a lot of DATs aren't that sophisticated.

I am encouraged though that despite this many are looking at the waiting lists and saying, 'we've got to do something'. This is a big step forward.

The other aspect of quality of commissioning is the contracting side - how they tender and how they build service specs. And again, this is very variable. About a third of DATs have got into the habit of planning this – here is the service spec, here are the monitoring arrangements and here are your annual targets. The rest have still to catch up. ■