

# Mike Trace urges drug field to think ahead

**In an exclusive interview with Druglink, Mike Trace, the UK deputy anti-drugs coordinator has expressed his concerns that the drug field is not geared up for the expansion promised by the extra money coming from the Comprehensive Spending Review.**

*So what's the story?*

"The fact that there is less than perfect joint strategy-making and joint commissioning is no great surprise to anybody. That's the challenge of the next three years – purchasers have to be a lot better at working out what they want jointly and a lot better at making sure the money follows that. There is still a need for the people who manage these budgets to better understand the national strategy."

*Any specific examples?*

"What worries me, for example, is that we put out a set of guidance asking purchasers to buy a range of young people's services. That money goes to a Health Authority and I hear hints that the first thing that happens is the Health Authority say, 'Oh young peoples' services, let's set up a young peoples' prescribing service, we've always wanted to'. What they should be doing is strategically talking to their partners like probation, social services, youth offending teams, and saying 'what is the problem with disaffected youth in our area and what are the range of services we want to jointly purchase to deal with this?' At the moment there are a lot of signs that purchasers won't be too good at stepping outside their own professional cultures."

*What about having DAT's as direct purchasers?*

"The DAT's responsibility is to develop a good plan jointly and show that the money being spent is following that plan. Now there are a number of ways of doing that, for example, you can have a joint purchasing group that works explicitly to the DAT, almost a sub-committee of the DAT that does the purchasing. But we're not telling people they must do it this way or that. What we're saying is the strategy must make sense and the money must follow the strategy – however they organise that."

*And what are your expectations of providers?*

"We have said that the sorts of things that good providers do will be funded and will be funded robustly. There may be providers who are not producing anything particularly useful and if they fall by the wayside, they fall by the wayside. But if you are providing a good service within the drug strategy and within those categories for priority, then we are saying we want to see you thrive."

"The problem at the moment is that many services are not thriving because of the current funding situation. And the providers, many of whose views I respect, are saying that even with this new money, 'it won't solve our problems, it won't allow us to provide the range of



services we want'. Now I think there is enough validity in that to make me worry, particularly in the residential sector. The judgment we've got to make is whether the plans we have at the moment are going to make things ok in the next year."

"But by the same token, what I want to get across to providers is that there is a lot of money arriving – so put yourself in the right position – get yourself ready to expand. People aren't really listening to that because they are so much in the current frame of mind which is: 'Oh God, I've got to make so and so redundant next week'. I am puzzled when we have publicly announced new investment, purchasers are saying they are not disinvesting existing money, but providers are predicting disaster."

*Are there any guarantees that the new money won't just be used to keep services at a current level with no real new investment in services?*

"This money is for an expansion of the treatment sector – an expansion above and beyond the level it would have been. The Treasury rule is that purchasers are not allowed to disinvest. No purchaser has the right to receive any of this new money if it is disinvesting a penny of existing money. So we want to hear about it if people are doing that."

*Okay, but however good the service, however much it fits in with the strategy, no agency has got any guarantee that it will get the money it needs or deserve – it's still all down to the quality of the bid they put in, they still have to get through that competitive tendering process bidding against agencies with large administrations.*

"Some of the goods we want delivered include being able to engage with the client group, the ability to gain trust and effect change with the client group. And we know that some of the small agencies are some of the best at doing that. That should be rewarded and small agencies should not be at a disadvantage because they don't have a big bureaucracy."

"Secondly, if a small agency is delivering the goods, then we would hope that they should be able to express how they are doing that as simply as possible. We are against 30 page application procedures for five grand, we are trying to simplify things as much as we can. But ultimately, even if you are just one man and his dog, if you can't say: 'this is our service, these are our inputs, these are our outputs', then you don't deserve any money. If you can't show to a funder what you achieve with the money, then you won't survive this – and I wouldn't lose any sleep over that" ■

**Interview by Harry Shapiro**

Whether you are a purchaser or a provider, how you respond to Mike Trace's claim that you need to get your act together? What are the problems of gearing up for expansion? Is the CSR money a dream, or a pipe-dream? Will the smaller agencies lose out to Drug Agency PLC? Is it happening already? Enraged or enamoured – write to Druglink. We will publish anonymous letters, so long as the name and address are supplied.