

'Nightmare scenario' for rehabs next April

'Wholesale closures' predicted as DoH 'reneges' on grant

A month during which rumours had spread mounting alarm ended on 15 October when Minister for Health Brian Mawhinney confirmed the scrapping of plans for a three-year 'specific grant' safeguarding residential drug and alcohol services after the community care reforms start next April.

What in May *Druglink* dubbed the "nightmare scenario" will now be visited on England as well as on Scotland and Wales from April 1993. Unless alternative arrangements can be engineered in time, drug and alcohol rehabs will have to seek payments from multiple local authorities and compete for limited funding alongside services for the elderly, the handicapped and the mentally ill.

An earmarked specific grant was intended to prevent just this scenario, responding to fears that local authorities would not fund services for 'alcoholics' and 'addicts' at the expense of their local elderly and other more 'popular' client groups.

Scrapping grant 'benefit'

Dr Mawhinney said the "advantage" of scrapping the grant was that local authorities would have treated it as a "spending limit". Incredulous laughter from his audience at Alcohol Concern's annual conference should have left him in little doubt that the services involved do not believe councils are itching to spend even more than might have been centrally allocated.

His olive branch was a late addition to his speech offering to consider "special guidance to authorities to encourage them to give proper weight to the need for provision of alcohol and drug services". One civil servant drily commented that there would be no compulsion on authorities to read, let alone follow, such guidance.

There was also a strong hint that the present embryonic specific grant set at £2.1 million for 1992/3 will be continued as a development fund. The present fund is allocated for specific improvements in voluntary drug and alcohol services on the basis of bids forwarded by local authorities, which themselves have to meet 30 per cent of the project's costs.

Complaints from SCODA and other bodies that scrapping the specific grant plan would be 'reneging' on a commitment given

by the then Health Secretary Kenneth Clarke in 1990 were brushed aside. The decision to ring-fence the community care grant announced two weeks earlier "fully meets [that] commitment", said Dr Mawhinney.

The double policy reversal began on 2 October with Health Secretary Virginia Bottomley's announcement that in 1993/4 the entire community care grant will be ring-fenced to ensure that it is spent "as ... intended - to help some of the most vulnerable in our society".

Phoenix House Sheffield, one of many threatened from next April



This protection will be phased out so that by 1996/7 the community care allocation will be merged into the overall central government grant to local authorities.

Ring-fencing the community care grant was previously strongly resisted by the government. Virginia Bottomley placed her decision to reverse this policy in the context of "very tight economic conditions ... which affect central and local government alike". Without ring-fencing, increasingly hard-pressed local authorities may have been tempted to raid the influx of new money for community care to support other activities.

Temporary ring-fencing of the community care grant is being used as the justification for not ring-fencing the portion for drug and alcohol services.

Carving a slice out of the grant to protect the interests of drug users would have been resisted by many local authorities, whose representatives estimate that the grant announced by Virginia Bottomley is £289 million short of their requirements in 1993/4.

The AMA estimates that the gap between the grant and the money needed to replace current social security payments to hostel residents will rise to £557 million in

1995/6, a shortfall of a third.

Less than a month before Mawhinney's announcement, SCODA reassured residential services that "there was no question [that] the agreement reached so far would be rescinded". The U-turn on the specific grant is being laid squarely at the door of the new Health Minister, who reportedly refused to sign the circular authorising the grant, which up till then had been considered a formality.

Two draft circulars, the latest issued in June, had envisaged a three-year breather from April 1993 during which funding for residential drug and alcohol services would be protected. Even after 1996 it was planned to continue the specific grant, dropping the stipulation that it be spent only on residential services and linking each authority's allocation to an assessment of the local need for specialist drug and alcohol services.

The draft circulars were the outcome of a collaboration between civil servants, local authorities, and representatives of drug and alcohol services. Civil servants who had engineered the mechanism over months of discussions are understood to have strongly advised against the abandonment of the plan.

Campaign coalition re-forms for second round

The tripartite SCODA/Turning Point/Alcohol Concern lobby which secured the initial commitment to the specific grant has been revived. Even before Mawhinney's announcement SCODA had promised a "public national campaign" to reverse any decision to scrap the grant. A Turning Point press release issued on 12 October said the DoH "broke its promise" over drug and alcohol funding. Eric Appleby of Alcohol Concern has said his organisation will "respond vigorously" and publicly to the withdrawal of the specific grant and spoke of "wholesale closures" unless it was reinstated.

The plan is to resurrect the parliamentary pressure which originally led to the specific grant concession with a view to reinstating the grant. But if this fails the lobbyists are prepared to quickly move on to attempt to generate media interest, focussing on the expected fate of the houses and their

residents if the campaign fails. However, the prospects of success in a campaign to secure special treatment for drug users cannot be considered anything but remote, with DoH civil servants sympathetic to the drugs/alcohol lobby seemingly losing their influence over ministerial decisions.

After dropping his bombshell, Dr Mawhinney told journalists that he had faith that local authorities would administer the community care grant in a way that gave due priority to drug and alcohol users and reaffirmed the government's commitment to drug and alcohol services.

The Local Government Drugs Forum points out that local authorities, anticipating that the mechanistic provisions of the specific grant would come into play for three years, have generally not geared themselves up to respond to the needs of drug and alcohol users. Assessment and care planning

procedures are way behind those for other groups and many authorities have made no financial provision for drug and alcohol treatment.

A joint SCODA/Alcohol Concern DoH-funded research project failed to find its target of five model local authority community care plans. Most authorities had not yet finalised their plans and none had a comprehensive system that others might follow.

Speaking to a Turning Point conference on 12 October, Clare Croft-White said drug and alcohol users were "extremely low down in the pecking order" of the authorities they had spoken to. Over half the specialist drug/alcohol agencies contacted did not know who they should speak to in the local authority about community care planning. The research noted "strong encouragement" from local authorities for the development of day care services as residential care was considered "too expensive".