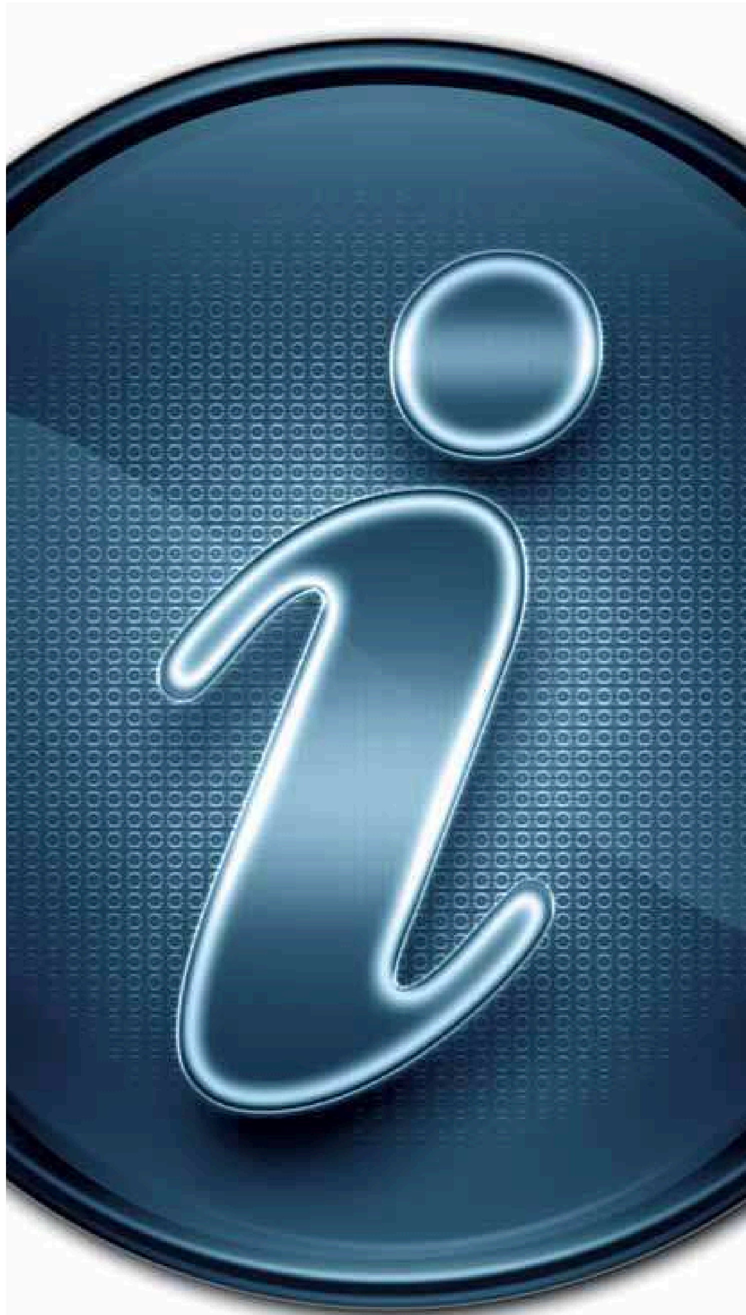

COMMENT

'THE NTA REPRESENTS EXCELLENT VALUE FOR MONEY'

With letters in our last issue critical of National Treatment Agency spending and targets, **Stephen Hodges**, the NTA's director of corporate services responds

A NUMBER OF RECENT LETTERS to *DDN* (1 February, page 9) have made misleading allegations about the NTA, its activities and funding, on the false premise that because we don't directly treat addiction we therefore don't have a valid role in the treatment system.

As a public body we already provide a large amount of information about the organisation on our website, and through our published accounts and board papers, which any member of the public can access. But I thought it would be helpful to set out some of the facts for *DDN* readers, and some new information as well.

As a special health authority set up specifically to improve the availability, capacity and effectiveness of drug treatment, the NTA receives funding from several government sources. Our current grant from the Department of Health (DH), about £10m, has remained static in cash terms for the last four years, which means our available cash has reduced by about 10 per cent in real terms. It is due to be further reduced by another five per cent in 2010/11.

Over a five-year period, therefore, the NTA has in common with other public sector bodies been making efficiency savings and securing value for money. This process will no doubt intensify in future as the public spending squeeze bites. However in addition, the NTA has in recent years received ad hoc funding from other departments to carry out particular tasks on their behalf. This was worth another £10m in 2008/9.

About one quarter of our total £20m income funds the National Drug Treatment Monitoring System, arguably the most comprehensive dataset in daily use in the National Health Service. Without it, no one would know what was happening in the treatment system, and whether the government's investment in drug treatment was providing value for money.

Another quarter funds our network of nine regional teams, which between them hold local drug partnerships and providers to account. The NTA's role is not to provide treatment, but to monitor national standards and assure the quality and quantity of treatment provided in accordance with clinical standards set down by the National Institute for Clinical Health and Excellence.

A further quarter of our income is spent on delivering specific projects for various government departments. This includes running system change pilots for the Home Office, rolling out the integrated drug treatment system in prisons for the Ministry of Justice, and overseeing the RIOTT injectable heroin trials for DH.

About ten per cent of our income is spent on providing specialist expertise, for and on behalf of DH (our sponsor) and other parts of Whitehall. This includes supplying guidance to the field, dealing with clinical queries, answering parliamentary questions, providing ministerial briefings, and handling media inquiries or freedom of information requests.

Finally, approximately one-sixth of the budget is spent on our own infrastructure, overheads and back-office functions, a proportion which compares favourably with other public sector organisations. These costs include maintaining the website, which is our primary channel for communicating with the treatment field.

Although it receives a healthy average of well over 2,000 visits every day, the current website is difficult to navigate and we are seeking to update it in the light of social media and technological developments to make it more user-friendly for customers in the treatment field and members of the public alike.

While the NTA is confident that the £20m we spend represents excellent value for money, it is of course only a fraction of the £800m the government spends on drug treatment annually. Part of our role is to make the case for continuing to invest in drug treatment, by demonstrating that anyone who needs treatment can get it quickly.

It was therefore gratifying that the drug treatment outcomes study commissioned by the Home Office confirmed recently that drug treatment was not only effective but also cost-beneficial, with an estimated £2.50 saved in terms of health and crime costs for every £1 invested.

It said: 'The majority of treatment seekers received care-coordinated treatment, expressed satisfaction with their care, were retained in treatment beyond three months, and reported significant and substantial reductions in drug use and offending as well as improvements in social functioning.'

We are proud that through the efforts of commissioners and providers alike, record numbers of drug users are receiving help, the numbers dropping out of treatment early are falling, the numbers staying in long enough to benefit are rising, and the numbers successfully completing treatment for dependency are increasing year on year.

Online opinions

A taster of our website forum at www.drinkanddrugsnews.com

I would be very interested in moving into the substance misuse field. However, I seem to be drawing a short straw with regard to gaining voluntary experience… I do need to work while volunteering, but seem to be getting stuck and wonder if anyone can offer any advice as to how to move into the field?
Posted by Joanna

I am also trying to get into the drink and drugs misuse sector. I have been volunteering for the YMCA homeless shelter, and have been contacting rehab clinics for voluntary positions without much success.

My plan is to just keep trying to get a voluntary placement, as well as the YMCA work. I would also like to try outreach work but will take anything I'm offered to gain more experience. I have also been looking at related jobs like social work, as I want to retrain completely.

Maybe other people who already work in this area could post and tell us how they got involved?
Posted by Rob

I have a friend who is a substance misuse practitioner. He arranged for me to become a volunteer trainee (had a word in someone's ear and recommended me). I was involved in service user involvement/NTA service user forum/council. I had an interview and started volunteering. Before long I had a caseload of six clients!

From there I started networking at conferences etc, got myself known as someone who was very committed and BANG! Headhunted. I had an interview over the phone and plonked myself at the top of my salary band. I've been working in the field ever since. It's about perseverance, the continuing desire to learn and progress and literally 'putting yourself out there'. Many service providers offer volunteering places – Turning Point, Addaction, Phoenix Futures, Equinox, St Mungo's, CRI, Westminster Drug Project, to name but a few.

Think perhaps of forming and managing a peer-led project to put something on your CV. Show people you can think outside the box! Put all this together and add or create your own luck and you will get there. Trust me!
Posted by Sking

Conference report

FOCUS ON FAMILIES

The London borough of Tower Hamlets has a young population and high levels of drug and alcohol use. DDN **hears about the measures the borough is taking to safeguard its children**

TOWER HAMLETS is a densely populated London borough with one of the youngest populations in the country. Among its 220,000 residents are 6,600 dependant drinkers and 3,826 problematic drug users, and 68 per cent of people entering treatment for the first time in the borough are parents.

The local DAAT mounted a conference earlier this month to bring drug and alcohol service providers together with children's services to share best practice and make sure that families were centre stage in all work.

The conference saw the launch of a hidden harm strategy to make sure that the most is being made of existing routes to reach families – including the development of clear referral pathways, inter-agency training and a hidden harm handbook – alongside a new M-PACT (Moving Parents and Children Together) project with Action on Addiction to support children suffering the effects of parental substance use (see *DDN*, 21 September 2009, page 12).

Since 2008 the council's DAAT has been represented on the local safeguarding children board, and a full-time hidden harm coordinator, Emma Bond, was appointed last summer. 'Tower Hamlets decided that they really wanted to prioritise hidden harm work and so needed someone full time to drive forward the protocols and procedures,' she says. 'We commission 12 services and – because some are national companies and some are local charities – we really needed to get one coherent approach.'

Her first task was to write the protocols for referrals from treatment services into children's services. 'I went to a lot of team meetings and found there's a lot of anxiety in the drug and alcohol world because they knew a lot of their clients had children but didn't know who would support them, and I found a similar thing in some chidren's social care teams – they knew there was parental substance misuse but they didn't know what the procedures were to refer parents into alcohol services.'

She set up a steering group and started to bring all the teams together – surprisingly, perhaps, without a culture clash. 'I think there was a risk of that, but it was all facilitated well,' she says. 'With drug and alcohol services there's that suspicion that "if I involve social services they'll take the child – bottom line". But actually they'd work with the family and offer all this support. It's nice to cut through all the old prejudices on both sides and have a steering group that's really driving the strategy forward on hidden harm. The whole reason behind my job is to link services that historically almost haven't known of each other's existence, or known exactly what the other does.'

Tower Hamlets now has a nominated safeguarding children's advisor in all of its adult drug and alcohol services, to act as a first port of call. 'If a drug worker identifies there's children and they're concerned, they talk to this nominated person in their team who can say 'ok we need to escalate this quickly' or find out if there's social services involvement, find out who's the lead professional and liaise with them, and either advocate on behalf of the parent or let them know the parent's not engaging in treatment. It's a much better family approach.'

There's also been a terrific response from workers, she says. 'There's a real keenness to drive this forward from people who really haven't worked together before.'