

ADULT SERVICES AND HEALTH COMMISSION 11 December 2006

Report of the Director of Corporate and Adult Social Services

Proposed changes to the Adult Drug Treatment Services Model for Derby

RECOMMENDATION

1. The Commission is asked to consider and comment on the new Adult Drug Treatment Services Model proposed for Derby.

SUPPORTING INFORMATION

- 2.1 There are 2355 adults in the city whose level of drugs use is considered to be problematic. To address the social, economic and health problems associated with drugs use, Derby has been set a Government target of 1,540 adult drug users to enter structured drug treatment during the year 2007/08.
- 2.2 Tackling drug misuse in Derby is led by the Community Safety Partnership (CSP). This partnership approach involves the full participation of Derby City Council, Derby City Primary Care Trust (PCT), Derbyshire Police, Derbyshire Probation and many other partner agencies and is in recognition of the wide spread effects of drug misuse.
- 2.3 Derby Community Safety Partnership carried out a comprehensive needs assessment and a key stakeholder review in the autumn of 2005. The review found that there were a number of concerns with the then current treatment model arrangements that restricted future growth of services and made it less likely that all drug treatment needs in the City would be met. Two areas of delivery were identified as requiring immediate action:
 - the development of a primary care drug treatment clinic; and
 - a shared care scheme in the City
- 2.4 A major new model being proposed which is based upon the needs assessment and review, incorporates developments made to address primary and shared care and takes account of the latest publications on national standards and good practice in the provision of drug treatment. The model has been endorsed by the boards of the CSP and the PCT. The Government Agency tasked with supporting and

- monitoring drug treatment performance, the National Treatment Agency (NTA) has given its support to the model.
- 2.5 The CSP and the PCT are now consulting on the proposed drug treatment model as a whole. The consultation period runs from the 6th November 2006 to the 29th January 2007 and is in accordance with Home Office guidelines. Views are sought on
 - The model as whole or
 - Any particular aspect of the model
- 2.6 The CSP states that the new service model may result in some changes in current service providers and notice has already been served to terminate their contracts. New contracts are being drawn up and, again due to legal requirements, are to be offered in open tender competition.
- 2.7 To minimise the time lag between the end of the consultation and the implementation of the proposed model, if agreed, this tender process will run alongside the public consultation. The CSP and PCT assure consultees that if the proposed treatment model is not supported or is subject to major change as a result of the consultation, then the tender process will be reviewed to reflect these views
- 2.8 Health bodies are required to consult overview and scrutiny committees on any proposals they may have to substantially change their services. The attached consultation paper gives more information on the changes being proposed to the drug treatment arrangements in the city. Katherine Blackshaw, Director Derby City PCT will be attending the Commission meeting to present the proposal and answer any questions.

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Background papers:

List of appendices: Appendix 1 – Implications

Appendix 2 - Consultation document

Appendix 1

IMPLICATIONS

Financial

1. None arising from this report.

Legal

2. The Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002 require local NHS bodies to consult their overview and scrutiny committees on any proposals for substantial development or variation in the provision of their service.

Personnel

3. None arising from this report.

Equalities impact

4. Effective scrutiny is to the benefit of all Derby people.

Corporate Priorities

- 5. This report links with Council's priority for 2006-09 to build healthy and independent communities, by:
 - improving the health of our communities