

Building Stronger and Safer Communities and Places

Derby Substance Misuse Services Consultation

Adult Drug Treatment Services
Young Person Substance Misuse Services

Information Document

1 December 2010 – 28 February 2011

Your services ... your say
Information Document

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Background information

Population

Derby is the third-largest city in the East Midlands with a population of about 244,000 people. There are an estimated 1,970 problematic drug users living in Derby; this number has remained static for a number of years.

Our challenge

Effective drug treatment enables individuals to turn around their lives and brings benefits not only to the individual but also to the wider community. Substance misuse treatment has been shown to work and has benefits and outcomes including:

- physical health improvements
- increased community engagement
- reduced levels of offending
- reduction in harm to the individual, their family and the wider community
- lifestyle stability
- improved life chances for the children of substance misusing individuals
- reductions in the amount of illegal drug use.

Treatment in Derby is known to work and be effective:

- we have excelled at getting individuals into treatment, offering harm reduction and psycho-social interventions and at working closely with criminal justice services (for offending individuals)
- we have made excellent progress against increasing the number of individuals in effective treatment, reduced waiting times, increased retention rates, improved access to psycho-social interventions and blood-borne virus screening/vaccination.

However, we know that we can do more to improve the outcomes for service users. It is evident from our performance data that successful discharges from treatment is still an area we could improve on.

Our challenge is to commission a balanced treatment system that keeps our existing effective treatment, building on successes. A greater emphasis will be needed on supporting individuals to achieve more planned treatment discharges through recovery and reintegration.

Looking ahead

The Coalition Government will launch a new drug strategy during this consultation time period. The Substance Misuse Team will work with other agencies on this new drug strategy to:

- prevent drug taking
- disrupt the drug supply
- strengthen community enforcement
- promote drug treatment
- provide the foundations to increase successful drug-free exits from treatment.

Although key details of the new drug strategy are not yet known, it's likely that the responsibility for the delivery of substance misuse treatment will form part of the new Public Health Service after 2012. We will make sure newly-designed and patient-centred services are commissioned and ready to meet local, regional and national expectations on the delivery of service and outcomes.

We welcome your opinion and views in helping us to develop substance misuse treatment in Derby to be even more effective in the future.

Current adult treatment services

The substance misuse services we provide in Derby are well developed from the first signpost into treatment through to specialist treatments. The current treatment model in Derby is made up of many different agencies including:

General medical services

These are provided by general practitioners across the city - some provide prescribing for substance misuse. All GPs in the city provide signposting into treatment through a single point of entry.

Generic harm reduction services

Needle and syringe programmes, based in pharmacies, operate across the city. Specialist enhanced harm reduction services offer blood-borne virus screening and vaccination and general healthcare assessments as well as needle and syringe services. These easy access services also signpost into structured treatment through the single point of entry.

Single point of entry

A single point of entry offering first assessment and onward referral to appropriate treatment agencies is provided within the city. Individuals can self-refer to treatment and, in many cases, can be seen on the same day as they contact the single point.

Structured keyworking / psycho-social interventions

Structured keyworking is provided to all individuals engaged in structured treatment. Keyworking falls into two main categories: those individuals who have a physical dependence and are also receiving substitute prescribing to do with their substance misuse, and those with a psychological addiction. All keyworking and psycho-social interventions aim to use internationally-recognised methodologies to support outcomes.

Community specialist prescribing

Two adult specialist prescribing services exist in the city. The first provides GP-led interventions to individuals with an opiate addiction. The second provides specialist care to individuals with a dual diagnosis of a moderate to severe mental health problem as well as substance misuse.

GP shared care prescribing

Ten city centre GP practices offer prescribed interventions to individuals who have reached stability in their drug treatment. This approach sees the individual's general health and substance misuse needs treated together.

Drug Intervention Programme

The Drug Intervention Programme team supports drug-misusing individuals who are involved in the criminal justice system. The scheme also incorporates arrest referral workers who are based within St Mary's Wharf Custody Suite offering screening and brief interventions, including assessment and onward referral to treatment services.

Aftercare service

A new alcohol aftercare service was commissioned in 2010 with a drugs pilot also being done at this time. The service provides community reintegration support.

Parent, carer, family and friend support

Recognising the wider impact of substance misuse on family and friends, a service exists to offer independent specialist support to parents/carers and to provide a direct link to treatment agencies.

Wraparound and outreach services

There are a number of other outreach and wraparound services providing support to dedicated groups, such as housing, street sex workers and general advice services. Each of these services plays an important role in supporting individuals and helping to build their recovery.

Current young person treatment services

The young person substance misuse treatment delivery differs from adult treatment services. With the treatment of young people, there is more emphasis on prevention, which is supported by targeted and specialist treatment, where required. Young people are far less likely to have developed dependency to substances, unlike adults. The current treatment model in Derby is made up of:

Community outreach

Community outreach services are provided within local schools and colleges for education and awareness opportunities. Additional outreach services are provided in response to identified need.

Advice, information and brief interventions

In many cases, advice, information and brief interventions are enough to have successful, positive outcomes on young people to prevent their substance misuse getting worse. Treatment is provided centrally within Derby for young people to get brief intervention support.

Transitions service

A specialist service recognises the transition from being a young person to adulthood is not an overnight process and attempts to bridge the treatment gap. The transition service provides care to individuals aged 17 to 24 who may benefit from not being exposed to adult services.

Specialist treatment

For a small number of individuals, substance misuse (if coupled with other physical, psychological and social factors) will require more specialist input in the longer term. A specialist treatment service exists to provide this high level of support to those who require it.

Funding

Operating within the current financial climate will give us significant challenges. New and cost-effective services will be required; ultimately providing more for less. The way in which we commission our local services will change as a payment by results scheme is rolled out amongst substance misuse services. We will need to work with our partners to develop treatment service models that will deliver improved outcomes at lower costs.

Aftercare

Is the support provided to someone when they have completed or are close to completing their treatment. This may include employment, education, budgeting and work to avoid starting to use drugs again.

Blood-borne viruses

Blood-borne viruses specifically relate to the screening of Hepatitis B, C and HIV along with the vaccination against Hepatitis A and B.

Centralised treatment services

These are current services that provide specialist care such as Phoenix Futures, the Bradshaw Clinic and the Specialist Substance Misuse Mental Health Service.

Community reintegration

Is the individual's recovery from their addiction, rebuilding their life and playing an active role within their family, local community and wider society.

Drug Intervention Programme (DIP)

The Drug Intervention Programme aims to engage drug-misusing offenders involved in the criminal justice system in structured treatment and other support to reduce their drug-related harm and offending behaviour.

General medical services

General medical services are provided by a community GP to the local population and are not specific to substance misuse.

Inpatient detoxification

In contrast to community detoxification some individuals require admission to hospital for a controlled reduction from their medication: this is commonly referred to as 'inpatient detoxification'.

Locality-based service

Locality-based services are those which are close to the service user. In adult treatment, this could be providing care through a local GP surgery or community centre. For young person services, this is providing support through schools, youth centres and associated young person organisations.

Psycho-social interventions

Drug misuse treatment should always involve a psycho-social component, which may be in the form of keyworking; group work; care planning or self help/mutual aid groups.

Recovery capital

The aim of recovery-focused treatment is to build on the client's personal and social strengths that underpin sustainable recovery. These strengths are collectively known as 'recovery capital'.

Residential rehabilitation

Some individuals may need intensive support to beat their addiction which requires admission to specialist treatment centres where the individual will learn recovery and reintegration skills. This type of intervention is expensive compared to centralised treatment services and is only used in a minority of cases.

Specialist prescribing

Specialist prescribing relates to substance misuse structured treatment in the community by a doctor or nurse who holds a qualification in substance misuse treatment.

Young person

An individual aged under 18.

Frequently-asked questions

Does the review of services include drugs and alcohol?

The adult review only includes drug services within Derby. However, the young person services includes both drugs and alcohol.

Why are services being redesigned?

Existing treatment service contracts are due to end. Our procurement rules will not permit any further contract extensions beyond this time without a tendering process being conducted. As part of the tendering process, we wish to use the opportunity to review, reflect on and refine our treatment model.

Does the review include services for offenders within the criminal justice system as well as non-criminal justice system services?

Yes, a key consideration of the review will be the relationship between services provided within the criminal justice system and those provided outside the criminal justice system.

Does the review only include services which are commissioned using Pooled Treatment Budget funding?

No, the review covers all services within Derby drug treatment systems. We are interested to hear your views on how our treatment system should work with other services.

Are all the services within the current treatment system included in the review?

We want to hear views on every aspect of the current adult treatment and young person systems so that we can satisfy ourselves that the services we commission in the future represent the best possible model for the available resources. The review will not cover inpatient detoxification and residential rehabilitation for placements as these are covered by a different funding stream.

What steps will be taken to receive input from hard-to-reach groups or from users who are not accessing treatment services?

We are aware this is a challenge and will be reliant upon the support of strategic partners and providers, service user groups and community networks. Personal discussion forums will be held with groups who may benefit from face-to-face meetings.

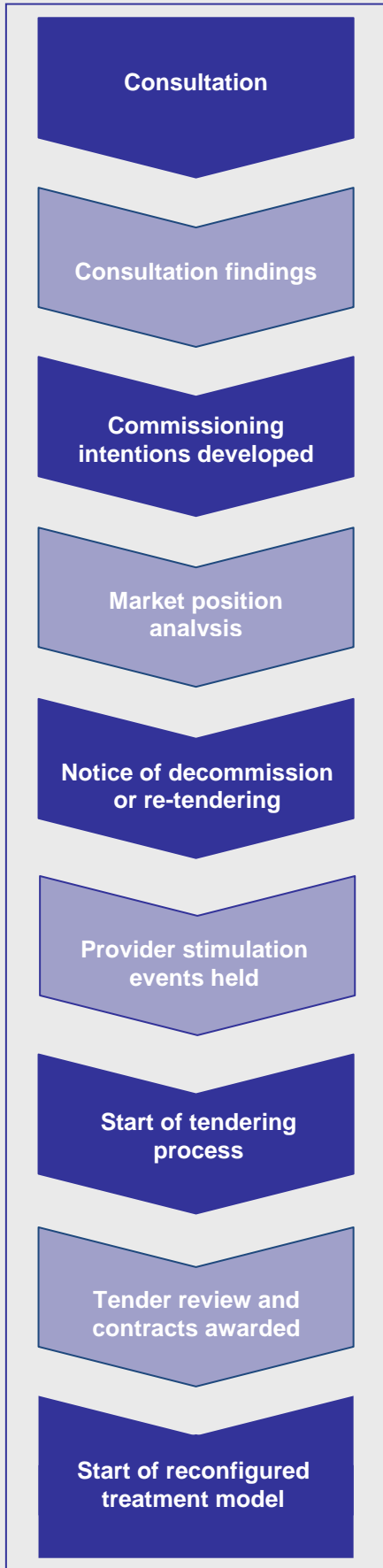
Will there be any more money available?

The assumption is being made that reduced funding will be available to Derby, although we do not know that this will be the case. The focus on the review is ensuring best use of all available resources to provide evidence-based care of the highest standard that is delivering the best outcomes.

Is recovery the same as abstinence?

No, recovery is a term which will differ from one individual to another based around personal perceptions and goals. For many individuals, community reintegration and abstinence from drugs may be an ultimate goal but a recovery journey will have many different stages. The new model will empower individuals to reach abstinence and successful community reintegration.

This consultation will help in setting and agreeing the priorities and values for the Derby treatment system and will be used to drive and inform our commissioning intentions, including a gap analysis, market position statement and risk assessment. An outline of key dates is summarised below.



December 2010

The consultation process on our model and future priorities begins with the aim of being as extensive and inclusive as possible.

March 2011

The consultation process will run until 28 February 2011 after which time we will collate and publish the findings and responses.

March 2011

The findings from the consultation together with the new national drug strategy will be used to develop a new substance misuse commissioning strategy for a three to five-year period. This will address any gaps in existing service provision and will outline our local, regional and national strategic objectives.

A market position analysis will be prepared to outline how we plan to fill any gaps together with any tendering/re-tendering required.

April 2011

During April, notice will be given to any service being decommissioned or re-tendered in accordance with the consultation findings. Notice will be served in line with contractual requirements and the Substance Misuse Team will work to minimise any uncertainty about services over the next 12 months.

We want to expressions of interest from as many different providers as possible. We will hold a series of events to promote and stimulate interest in Derby's drug treatment system.

May 2011

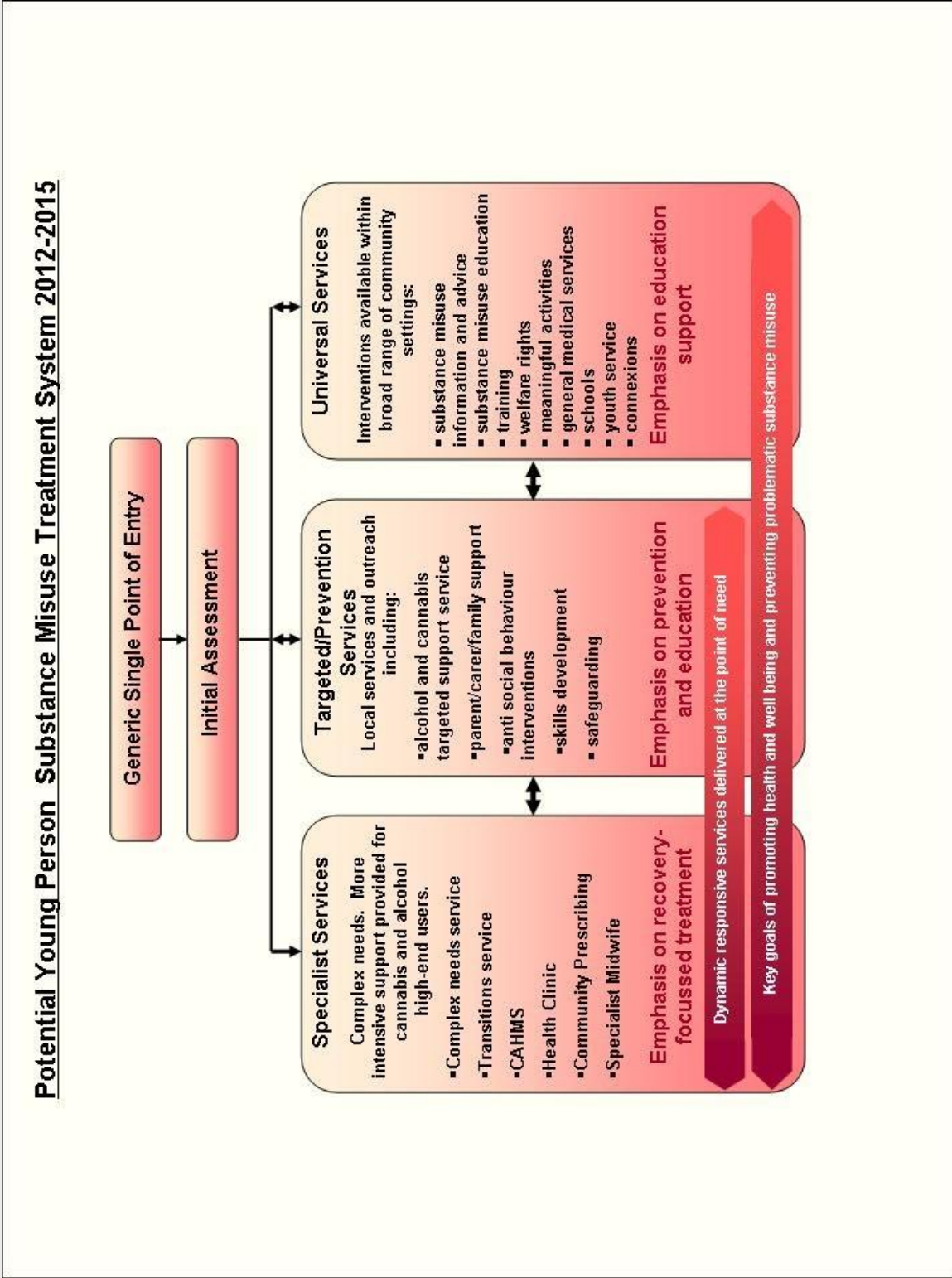
Following these events, we will carry out a formal tendering process spanning all affected services.

Date to be confirmed

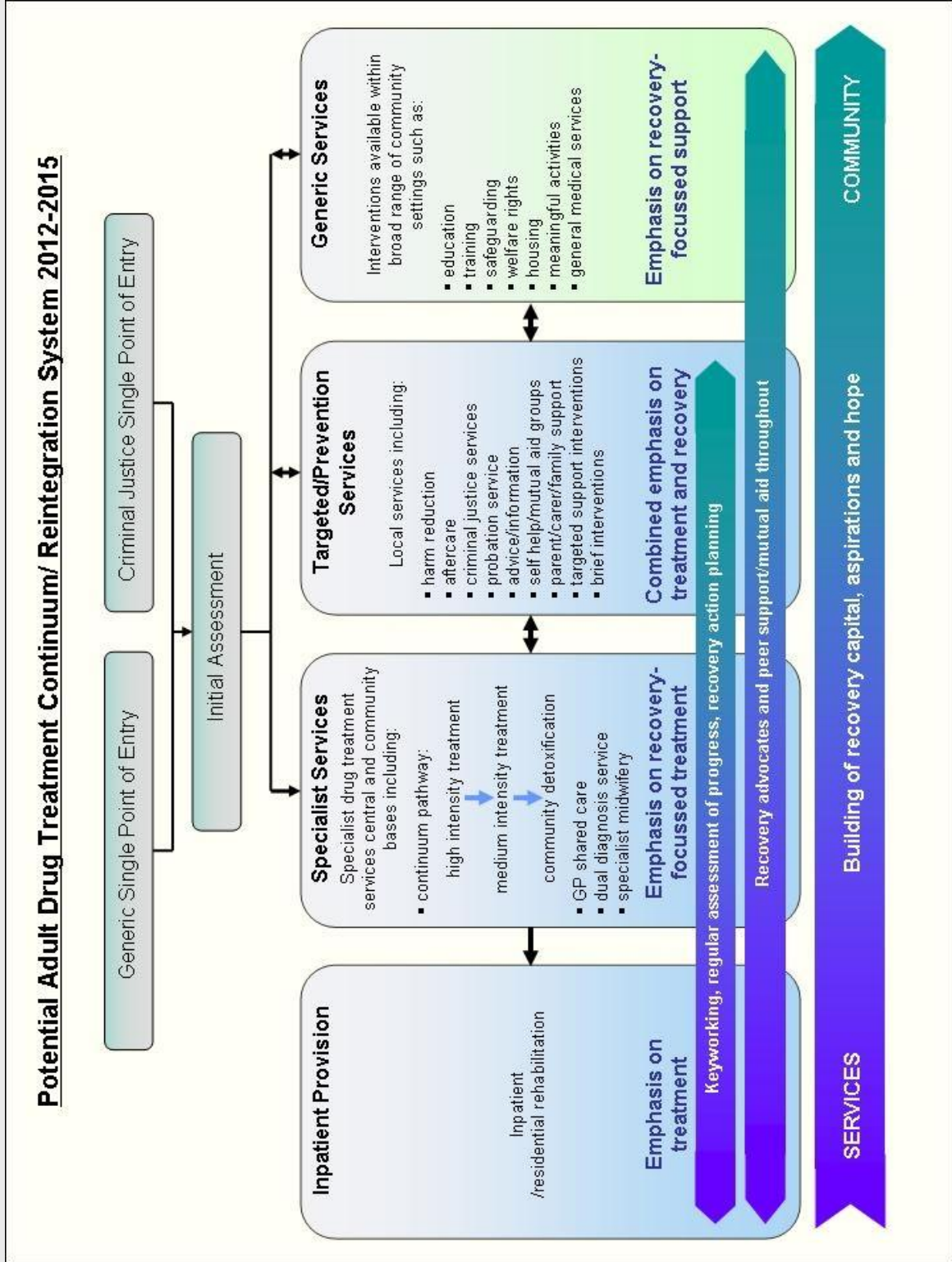
An expert panel, including representation from service users, will review all tenders. Transition plans will begin to facilitate any transfer from current to new providers (if required).

April 2012

The new model of treatment will start, with any new providers beginning their operation, in Derby.



Appendix B – Proposed Adult Treatment Model



Building Stronger and Safer Communities and Places

Your services... your say...

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