

## DRUG TASK GROUP – EXECUTIVE RESPONSE TO RECOMMENDATIONS

No	Recommendation	Executive Response
1a	That Cabinet be asked to provide an initial response to the Drug Misuse Task Group Report at their meeting on 10 May 2011.	Agreed and completed
1b	That the Drug Misuse Task Group Report be discussed by the Community Safety Partnership at their meeting on 27 May 2011.	Agreed and completed
1c	Following the Community Safety Partnership meeting on 27 May 2011 a full executive response should be prepared for the Environment, Sustainability and Community Overview and Scrutiny Committee. This should be done by September 2011.	Agreed and completed
2	To help improve service planning across all relevant agencies the Community Safety Partnership should (a) use the NTA's Value for Money tool and (b) establish the social and economic costs of drug use in Richmond upon Thames.	Agreed NHS Richmond's commissioning team has completed the NTA's VfM toolkit, and will be working with Public Health colleagues to review the social and economic costs of drug use in Richmond.
3	Wherever possible budgets should be re-balanced in favour of early intervention, focusing on resource intensive families to help break intergenerational paths to dependence.	Partially agreed Early intervention and prevention is part of the children and young people's plan focus. There will be mapping of financial spend on intervention/prevention vs treatment as part of the wider Risky Behaviour Strategy.
4	That the submission on Drug Misuse and the LGBT Community (attached at Appendix 3) be used by the Community Safety Partnership to ensure mainstream services meet the diverse needs of the LGBT community.	Partially agreed and completed The Community Safety Partnership considers all diversity strands rather than focusing on one. As a result of the submission, NHS Richmond's Substance Misuse Commissioning Team has requested that all providers share with and provide an assurance to the commissioning team that the equality and diversity needs of all clients are being met through current treatment programmes. NHS Richmond has reviewed all provider based equality and diversity policies and is confident that current treatment programmes are addressing equality and diversity needs.
5	To help make services easier to understand / navigate, the Community Safety Partnership should (a) Work with treatment and non-treatment agencies to develop an information sharing protocol and (b) Work with the Council's Organisational Development Team to ensure front line staff, across all agencies, are fully trained and aware of all drug treatment services available in the borough.	(a) Not agreed In the current climate this is not considered a priority, signposting and service delivery can be improved through awareness raising and training. Communication of information is covered by current information sharing protocols. (b) Not agreed The Community Safety Partnership continues to raise awareness and train front line staff; there is not a need to work with the Council's Organisational Development Team currently.

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6	That the local Probation Service be asked to clarify their role in relation to the new national drugs strategy and explain how they will contribute to the work of the Community Safety Partnership.	Agreed. The Probation Service has provided a response clarifying their role and this will be circulated to members of the O&S Committee prior to their next meeting.
7	That the Environment, Sustainability and Community OSC, in its role as the Crime and Disorder OSC, reviews the progress of the Intensive DIP and its effects on wider services, in September 2011.	Partially Agreed DIP performance and progress is on the O&S agenda for January 2012, which will focus on Community Safety as a theme.
8	That the Community Safety Partnership gives consideration to the Home Affairs Select Committee's recommendations (outlined in the Drug Misuse Scrutiny Task Group Report) as a way to " <i>reduce demand</i> " and " <i>restrict supply</i> " in Richmond upon Thames.	Agreed and completed Richmond upon Thames Police Drugs Strategy has been re written to take account of new MPS drugs strategy and the recommendations of the Drug Misuse Scrutiny Task Group Report. Currently being circulated to members of the Police Senior Management Team prior to formal adoption.
9	The task group support the idea that clients should have a range of engaging options following completion of treatment and are keen that the Community Safety Partnership help service providers make links between their own after care programmes and other community activities.	Partially agreed Recognise this could make a difference to reoffending rates, however there are a number of other items on the work programme, for example offender profiling and treatment pathway mapping and drug testing on arrest, that will take priority, so this item will not be considered until 2012/13.
10	That the changes to housing benefits (single room rent allowance) be kept under review, by the Community Safety Partnership, as the impact of these changes could be significant for substance misuse clients.	Agreed The agreed conduit for this will be the Offender Management Meeting.
11	That consideration be given to examining potential PCT and Public Health budgets to support the delivery of the joint cross borough substance misuse service for young people	Not agreed There is no additional/potential PCT Public Health budget to consider, however there is agreement that substance misuse services for young people are vital. Support and or improvements in the delivery of services for young people will be found by more cost effective delivery.
12	That the Education and Children's Services OSC carry out further scrutiny of the young people's substance misuse service before January 2012 to ensure a cost efficient and effective service is being delivered.	Not agreed The specialised treatment service for young people has been reconfigured to be a joint service with RB Kingston to allow for greater efficiencies. It is doubtful if further scrutiny will elicit any further cost savings, however this will be discussed at Education and Children's Services OSC in November 2011.
13	That the Drug Misuse Task Group report be presented to the next available Youth Forum meeting for their information and comments.	Agreed and completed The report was presented to the Youth Forum in June 2012
14	That the Community Safety Partnership be asked to look imaginatively at the options for outreach work, across all ages, in view of current service pressures.	Partially agreed No further outreach work can be funded or resourced by the Community Safety Partnership than has been currently agreed. However it is an important area of work and there are two projects planned as part of the Community Safety Partnership Plan 2011-14 for this financial year; Street Pastors and an Alcohol

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		Clinic and joint patrols by Police and health workers to work with young people.
15	That the Council ensures all schools in the borough (primary and secondary) continue to receive training and support so they can deliver appropriate, up to date, drug and alcohol education with input, where necessary, from key partners such as the police and NHS Richmond.	Partially agreed Training and support is available and offered at cost to schools, take up is voluntary.
16	The borough's alcohol strategy should be updated so that it includes all addictive substances, and re-named the borough's Substance Misuse Strategy.	Not agreed There are concerns that having an all encompassing substance misuse strategy may result in the loss of emphasis on tackling alcohol. A review of the Alcohol Strategy is currently being lead by Public Health.
17	That Cabinet supports the idea that a senior member of the Community Safety Partnership be appointed as a champion for Substance Misuse to improve communication and service delivery across boundaries	Not agreed The Community Safety Partnership feels that in a time of reduced resources, that appointing a champion will add additional work and confuse accountabilities when the Community Safety Partnership is already accountable for substance misuse and it is a priority in the Community Safety Partnership Plan.

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