

Partnership name: Ealing

Adult Drug Treatment Plan 2009/10

Part 3: Planning Grids

Publication date: 1 October 2008

List of abbreviations:

HSS-Head of Substance Misuse Strategy

PMDIP-Programme Manager for DIP

PMD-Programme Manager for Drugs

PMA-Programme Manager for Alcohol

DMDIP-Data Manager DIP

DM-Data Manager

SCCE-Service User Community and Carer Engagement Worker

Planning Grid 1: Commissioning a Local Drug Treatment System

Identification of key priorities following needs assessment relating to commissioning system:

Integration of substance misuse services into a one stop shop remains an objective for 2009/10, continuous improvement of our performance against new presentations and retention in effective treatment and further integration of drug services will remain a priority. Emphasis will be on further streamlining pathways through the treatment system to ensure a seamless and patient centred service offering both quality and value for money. It is envisaged that the new integrated service would have a significant positive impact on numbers retained in effective treatment.

Harm Reduction remains a key priority and will continue to be embedded across all tiers.

Clinical effectiveness and solid Clinical Governance will also continue to be a key priority. With robust structures in place, improved quality and performance can be assured.

In common with other commissioning arrangements accurate and timely data on care provision is essential. Improvements in data collection, particularly in relation to TOPS are required as this enables performance and activity to be measured, reported and reviewed.

Training and professional development to increase the overall skills and knowledge of the workforce in the borough will continue to be a priority, with a focus on accredited drug training courses, Leadership and Management training and peer support for service managers and team leaders. Ealing DAAT will continue to support staff training particularly in the areas of assessment, care planning, risk assessment, risk management and re-engagement of clients.

Further work is required to increase the involvement of service users and carers at all stages of the commissioning process, as well as in service reviews. A Service User strategy and Carers strategy have been developed and will help to underpin involvement and support for families and carers of those in treatment.

Objective 1

Integration into One-Stop-Shop

Objective 2

Improve data collection particularly in relation to TOPS

Objective 3

Continue to develop and monitor competencies within the Ealing workforce to meet the demands of the whole treatment system

Objective 4

Improve and extend the involvement of service users and carers

Delivery Plan: Objective 1- Integration into One-Stop-Shop

Actions and milestones	By when	By whom
A potentially suitable building has been identified to house the One Stop Shop for substance misuse services, the process of securing the building is being carried forward for the DAAT by WLH Estates.	Ongoing	HSS/WLH Estates
A project management board will be set up with representation from the PCT, LBE, estates department and commissioned service providers, to draw up and approve a service integration plan and carry it through.	Ongoing	HSS/WLH Estates
The ideal integrated model of service delivery will be based on further streamlining pathways to increase delivery, efficiency and quality of treatment.	On acquisition of the building	HSS/DAAT Mgt Team/project Management board
In order to manage the transition process from the service user perspective, a plan of consultations and planning events with service users will be scheduled	Ongoing	SCCE/PMD
Ealing DAAT will continue to source and identify suitable premises within the borough as potential alternatives if the identified building is not secured.	Ongoing	HSS/WLH Estates

Delivery Plan: Objective 2 - Improve Data Collection Particularly In Relation To TOPS

Actions and milestones	By when	By whom
Attrition of the DIP cohort of clients entering structured treatment needs careful monitoring to identify factors influencing retention and identifying appropriate remedial action for improvements. The DIP engagement toolkit will provide further support to underpin actions already being undertaken.	Ongoing	PMDIP/DIP Data Manager
Ealing DAAT continues to develop a robust internal framework for data collection which includes support for staff, induction process of borough data system to new staff and data collection tools.	Ongoing	PMD/PMDIP/Data Managers
Tracking of TOPS performance will be embedded throughout the treatment system by having a specific reporting mechanism, monitoring via the contracted performance, Service Improvement meetings and linked into incentives such as the Rewarding Excellence Scheme.	Ongoing	PMD/PMDIP/Data Managers

Delivery Plan: Objective 3 - Continue To Develop and Monitor Competencies Within The Ealing Workforce

Actions and milestones	By when	By whom
<p>Repeat the annual Confidential staff survey for 2009.</p> <p>(the survey was initially run in 2007, and was set-up to audit and review:</p> <ul style="list-style-type: none"> • The level and quality of management support for staff (including supervision) • Staff job satisfaction • Skill and confidence levels of staff and managers • Factors that may effect staff retention as well as competence 	September 2009	PMD

Ealing DAAT will re-run the accredited training campaign in 2009/10 to support staff to further their skills and knowledge.	Ongoing	PMD
Extra support will be commissioned for Leadership and Management training, a peer support group for Team Leaders and Managers will be established.	April 2009	HSS/PMD
All providers will keep a log of mandatory and non mandatory training for their staff. The DAAT will request information about training that has been delivered for staff on a non attributable basis.	April 2009 and subsequently at six month intervals	PMD

Delivery Plan: Objective 4 - Improve and Extend The Involvement Of Service Users

Actions and milestones	By when	By whom
Continue to monitor and review the user and carer involvement system against the strategies developed last year with a focus on developing training events for both service user and carer groups.	Ongoing	PMD/SCCE
Ensure the process is in place for Ealing to elect a service user representative to the London User Council.	July 2009	PMD/SCCE
Further develop mechanisms for the evaluation of services which includes feedback to service managers and action plans with timeframes for responses and improvements.	September 2009	PMD/SCCE
Further develop the range of interventions provided specifically for families and carers of service users.	Ongoing	PDM/SCCE
To encourage and support service users, family members and concerned others to make use of mutual aid support networks including abstinence/recovery groups (eg. NA, CA, AA)	Ongoing	PDM/SCCE

Expected outcomes:

- An integrated and seamless patient centred service offering both quality and value for money.
- Improved data collection particularly in relation to TOPS
- Increased knowledge and skills of the substance misuse workforce
- Improved engagement with both service users and carers in the borough
- Extend the range of interventions provided for families and carers.
- Increased awareness of mutual aid support networks amongst service users, carers and concerned others.

Planning Grid 2: Access and Engagement with the Drug Treatment System

Identification of key priorities following needs assessment relating to access and engagement with the drug treatment system:

Stimulant use in the borough remains high and further work on tailoring service provision to better address this continues to be a priority. Initial work commenced within the DIP service in 2008 needs to be extended across the treatment system to increase retention and treatment effectiveness.

Access to and retention in treatment of under represented groups such as women, parents and BME populations could be improved, Ealing DAAT will revisit the Health Care Commission audit on Diversity and develop an action plan to address gaps.

The interface between Young People's services and Adult Treatment services needs improvement with development of appropriate effective pathways, a greater focus on the needs of parents and families will be a development area for 2009/10.

Objective 1

Develop and improve service provision, increasing access, retention and reducing unplanned discharge across the borough for Stimulant Users.

Objective 2

Improve performance in relation to numbers in effective treatment across the treatment system.

Objective 3

Address improvement of access of under represented groups.

Objective 4

Strengthen the links between Young People's and Adult services with focus on the development of provision for parents and families.

Delivery Plan: Objective 1 - Develop And Improve Stimulant Service Provision

Actions and milestones	By when	By whom
Review the Stimulant pilot study and implement findings, transfer learning from the pilot study to the whole treatment system.	July 2009	PMD/PMDIP
Increase flexibility of service availability for improved access for Stimulant Users across the treatment system.	Ongoing	PMD/PMDIP

Delivery Plan: Objective 2 - Improve Performance In Relation To Numbers In Effective Treatment

Actions and milestones	By when	By whom
Review existing performance and all action plans to improve engagement, transfer learning from the re-engagement pilot to establish a more proactive re-engagement model across the across the treatment system.	Ongoing	PMD
Review the findings from the Rewarding Excellence Scheme, action and continue to develop the scheme with stretched targets considered for each organisation involved.	August 2009	PMD/PMDIP
Ealing will look at current growth trajectories and specify a borough wide internal target and set provider targets accordingly. Ealing will continue to monitor local growth against National growth.	May 2009	PMD/PMDIP/Data

Delivery Plan: Objective 3 - Address The Improvement Of Access Of Under Represented Groups

Actions and milestones	By when	By whom
Review the findings of the HCC audit on Diversity and draw up an action plan to ensure minimum standards are met across the treatment system.	August 2009	PMD
Present findings of review and make recommendations.	September 2009	PMD

Delivery Plan: Objective 4 - Review The Pathways and Establish Strong Links Between Young People's and Adult Services

Actions and milestones	By when	By whom
Ensure that Young People's Substance Misuse and Adult Substance Misuse are linked.	April 2009	PMD/YP Commissioner
Review current pathways from Young People's service to Adult services.	May 2009	PMD/YP Commissioner
Establish strong links between Young People's and Adults services with particular attention to establishing the extent of parental substance misuse and engagement of parents in both services.	June 2009	PMD/YP Commissioner
Ensure that all treatment staff attend multidisciplinary training on substance misuse and Safeguarding children, monitoring of attendance by agencies and report back to the DAAT on request.	Ongoing	PMD
Review evidence of clinical governance procedures and policies in place for Child Protection across the treatment system.	Ongoing	PMD

Expected outcomes:

- Improvement in access, retention and treatment effectiveness for Stimulant users
- Improved performance in relation to numbers in effective treatment
- Better access for under represented groups
- Improved links between Young People's services and Adult services
- Better access and engagement of parents

Planning Grid 3: Retention In and Effectiveness of the Drug Treatment System

Identification of key priorities following needs assessment relating to retention in and effectiveness of the drug treatment system:

More work is required across the partnership to ensure clinical effectiveness, clinical governance frameworks are in place and full embedding of harm reduction throughout the treatment system. The reporting of drug related deaths and ensuring best practice through a clinical governance framework will be prioritised in 2009/10 and as part of the Harm Reduction strategy.

In 2008 Ealing DAAT commissioned a number of pilot projects, evaluation of these pilots will take place with special consideration given to engagement, retention and effectiveness in treatment especially with diverse groups.

Housing remains one of the key challenges in retaining people in treatment, it is important that substance misuse specific housing support becomes more responsive to client needs and is used as a key leverage for engaging and retaining people in treatment

Objective 1

Ensure effective functioning of the whole treatment system by reviewing the clinical audit, Harm Reduction audit and further develop a local bespoke strategy for both Harm Reduction and Drug Related Deaths.

Objective 2

Review all existing pilot projects.

Objective 3

Review current housing support for substance misusers and commission new housing support provision to improve retention and treatment effectiveness.

Delivery Plan: Objective 1 - Clinical Governance and Quality Assurance

Actions and milestones	By when	By whom
Develop a local strategy for both Harm Reduction and Drug Related Deaths based on the self audit toolkit and development of both groups involving all key stakeholders and conducted alongside Ealing PCT Public Health and Clinical Governance Departments. Monitor and review actions to achieve all harm reduction targets.	July 2009	PMD
Ensure borough wide framework for Clinical Governance for substance misuse is approved and ratified by the Chair of the DAAT and the Chair of Clinical Governance at Ealing PCT.	Ongoing	PMD/HSS
Ensure a comprehensive training programme for staff to ensure competencies are met in relation to the strategy. Ensure a programme of training is in place for service users and carers in relation to the strategy.	Ongoing	PMD
Follow up on the action plan for clinical governance in all service providers produced from the clinical audit 2008.	May 2009	PMD

Plan: Objective 2 - Review All Existing Pilot Studies

Actions and milestones	By when	By whom
Review existing pilot studies with particular attention paid to diverse groups, access, retention and treatment effectiveness.	April 2009	PMD/PMDIP
Present findings, implement local learning from the pilots and embed into the treatment system according to need.	Ongoing	PMD

Delivery Plan: Objective 3 - Review Housing Support For Substance Misusers

Actions and milestones	By when	By whom
Review the effectiveness of the two housing and resettlement services currently commissioned by Ealing DAAT and their interface with the LBE Gateway service, with a view to further improve prompt access to housing support services for substance misusers across the treatment system.	October 2009	PMD/PMDIP
Take part in the review of substance misuse /offender accommodation needs assessment being conducted by Ealing Supporting People Services.	April-October 2009	PMD/PMDIP
Monitor the impact of support housing schemes for DIP and mainstream clients in terms of retention and numbers in effective treatment.	Ongoing	PMD/PMDIP/DATA MANAGERS

Expected outcomes:

- Improved clinical effectiveness and solid clinical governance across the treatment system
- Commissioning of pilot studies according to need
- Improvement of housing support provision within the borough

Planning Grid 4: Outcomes, Discharge and Exit from the Drug Treatment System

Identification of key priorities following needs assessment relating to outcomes, discharge and exit from the drug treatment system:

The reduction of unplanned discharges from treatment has been highlighted as a priority area for Ealing DAAT for 2009/10 in all clients but in particular Crack users, BME clients, criminal justice clients, parents and those under 25 years old.

Whilst progress has been made in assisting clients in gaining access to training and employment, further work is required. Support in finding/returning to employment access to further training and possible employment opportunities are important in helping clients achieve positive outcomes. Links with providers and the local Job Centre Plus co-ordinator need to be established to ensure that these pathways can be delivered.

Clients accessing treatment from prison has been highlighted as a priority area for improvement, the continuity of care of those released from prison or court is to be a main development area for DIP in 2009/10.

Objective 1

To reduce the rate of unplanned discharges from 73% to 53% within the year.

Objective 2

To further develop training and employment support for service users.

Objective 3

To improve continuity of care for people who have been released from prison.

Delivery Plan: Objective 1 - To Reduce The Rate Of Unplanned Discharge From 73% To 53% Within The Year

Actions and milestones	By when	By whom
To develop an exception report for unplanned discharges across the treatment system monitored and supervised by service managers and reported to the DAAT. To continue to monitor through Service Improvement meetings and through data reporting systems.	April 2009	PMD/DATA MANAGER
To explore the effectiveness of the borough wide discharge policy, care co- ordination structure and appropriate reporting mechanisms and link any findings to workforce training and development.	Ongoing	PMD/PMDIP

Delivery Plan: Objective 2 - To Further Develop Training And Employment Support For Service Users

Actions and milestones	By when	By whom
Establish links from DIP and mainstream services to the Job Plus Centre Co-ordinator, review information sharing protocols to ensure that these pathways can be delivered.	April 2009	PMD/PMDIP
Review current training and employment provision.	September 2009	PMD/PMDIP
Monitor performance of dedicated mentoring and volunteering project.	Ongoing	PMA/PMD/PMDIP/ DATA MANAGER

Delivery Plan: Objective 3 - To Improve Continuity Of Care For People Who Have Been Released From Prison

Actions and milestones	By when	By whom
To undertake analysis of those released from custody and entering treatment services Ensure all activity forms are completed	Ongoing	PMDIP/DIP Data Mgr
Develop closer links with prison medical teams and the DIP rapid prescribing team to ensure continuing prescribing facilities.	June 2009	PMD/PMDIP

Expected Outcomes:

- To significantly improve retention, effective treatment and unplanned discharge.
- To ensure an effective Care Co-ordination structure is in place
- To improve employment and training opportunities for service users
- To improve continuity of care for people released from prison