

# Ealing DAAT

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## **Adult drug treatment plan 2006/07** Part 3: Planning grids

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## Planning grid 1: Commissioning a local drug treatment system

This planning grid should include objectives and action plans in relation to:

- Commissioning, financial, performance management and information activities to support delivery of the treatment plan
- Development of strategic local partnerships
- Information systems
- Delivery of support services – and in particular access to stable accommodation, education, employment and training

This grid replaces and updates grid 7 from the 2005/6 plan and should reflect any continuing objectives from 2005/06

### Summary of self-assessment (Baseline position narrative with key gaps clearly set out)

Commissioning mechanisms have formal strategic partnerships with key stakeholders including health, social care, criminal justice, housing and employment services, drug treatment providers and local drug users and carers Amber

Annual needs assessments are conducted in line with nationally agreed methodology to profile the diversity of local need for drug treatment which includes rates of morbidity and mortality, the degree of treatment saturation or penetration, and the impact of treatment on individual health, public health and crime Amber

Partnership has, as a result of the needs assessment, a clear understanding of the extent to which services at all tiers meet the different needs of diverse communities and gaps in service provision, and actions to address any gaps within the roll out of the treatment effectiveness strategy are detailed across all planning grids A local needs assessment has been conducted during 2005 & additional NDTMS data/analysis has informed these plans.Green

Drug treatment plan is in line with *Models of care update 2005* with focus on reducing harm to individuals and communities and improving clients' journeys through treatment and predicting client flow through local treatment systems and improving the effectiveness of local drug treatment systems Green

Partnerships demonstrate best practice in handling public money, contracting with providers and performance monitoring of service level agreements Green

Partnerships ensure performance management on key performance indicators is in line with all partnership organisations requirements and plans Amber

Commissioning functions are "fit for purpose" and have involvement from key stakeholders at an appropriate level of seniority to deliver a strategic response Green

Commissioning mechanisms have formal arrangements with local drug user groups to enable consultation and involvement in the planning, commissioning and review of the local drug treatment system Amber

Commissioning mechanisms have formal arrangements with service providers to enable consultation and involvement in the planning, commissioning and review of the local drug treatment system Green

Local protocols are in place between drug treatment system strategic partnership and key health, social care and criminal justice agencies including housing, employment and primary care which support the treatment stabilisation and resettlement agendas Red

Planned spend 2005/6	Likely spend 2005/6	Planned spend 2006/7
		£150,000 (Contingency)

**Note:** Please cut and paste the objective, actions and milestones boxes, and number objectives to allow for the full range of objectives required by the partnership plan.

**Objective 1**  
 Conduct and publish annual needs assessment, building on work already undertaken, addressing treatment penetration and impact substance misuse, public health and crime

Actions and milestones for objective 1	By when	By whom	Costs/budget
Adopt national NTA methodology	Immediate	DM	Within role resource
Conduct needs assessment	September 06	DM	Within role resource

**Objective 2**  
 Develop increasing performance criteria with quarterly reporting via contract monitoring to ensure client population outcomes.

Actions and milestones for objective 2	By when	By whom	Costs/budget
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Within contracts setting process to specify increasing treatment and retention PI's including planned and unplanned discharges in SLAs	April06	ICM	Within role resource
Monitor quarterly	Quarterly	DM	Within role resource
Specify outreach and engagement interventions for BME communities identified as Eastern European Somalia and African, to increase engagement	April 06	ICM	Within role resource

**Objective 3**  
Proactively ensure the involvement of drug user groups in service planning and commissioning

<b>Actions and milestones for objective 3</b>	<b>By when</b>	<b>By whom</b>	<b>Costs/budget</b>
See user grid actions			Within role resource
Conduct needs assessment	October 06	DM	Within role resource

**Objective 4**  
Undertake further work to have key partners represented at commissioning & develop local protocols with key strategic partners

<b>Actions and milestones for objective 4</b>	<b>By when</b>	<b>By whom</b>	<b>Costs/budget</b>
Participate in Safer Ealing Partnership information sharing development	Ongoing	ICM/ HDA	Within role resource
Influence Homelessness & Supporting People Strategies with regard to priority & all drug using groups. Create protocols with housing services for all identified drug using	July 06	DIP PM	Within role resource

groups.			
Partnership devises written joint strategy explicitly linked to the Local Authority Homelessness Strategy and Supporting People Strategy to increase access to housing and housing support by drug users in order to assist stabilisation and resettlement Joint strategy is supported by an action plan which ensures all key partners have shared definitions, objectives and outcomes	September 06	DIP PM	Within role resource

### Objective 5

Expand SID Database for all drug & alcohol treatment providers.

Actions and milestones for objective 5	By when	By whom	Costs/budget
Develop database forms to comply with DIR & MoC CATs	Aug 07	DIP ITM	Within role resource
Ensure 100% NDTMS provider compliance, with information sharing systems for care coordination and performance management data	April 06	DM/ ICM	Within role resource
Installation of SID software & training across 5 provider sites	March 07	ITM	DIP Funding
PTB Contingency		BM	£150,000

## Planning grid 2: Workforce development

This planning grid should include objectives and action plans in relation to the required expansion and improvement of the treatment sector workforce, and recognise the step change in the training and professional development of these employees that is required to deliver the effectiveness agenda. This grid replaces grid 5 from the 2005/06 plan and should continue with any outstanding objectives.

**Summary of self-assessment** (Baseline position narrative with key gaps clearly set out)

Partnership workforce strategy- over 2005/6 Ealing conducted a 'workforce development and training needs analysis' which needs further development into a full partnership HR strategy

**- Amber**

Provider services progress towards creating a supportive learning environment which includes plans for work based assessment of competence and numbers registered for awards- individual organisations operate individual training and development programmes. Following the workforce development and training needs analysis., all providers & Tier 1 agencies also access a MoC training programme provided by Ealing DAAT

**- Amber**

Service level agreements specify required workforce activities including induction, individual training plans, appraisal, supervision, CPD (continued professional development), and NVQ3 in Health and Social Care with all provider services job descriptions, person specifications and recruitment processes expressed in line with DANOS and other relevant national occupational standards, together with funding for training and development of staff and managers – DANOS compliance is required by SLA's in 2005/6 with further work for SLA's 2006/7

**- Amber**

Planned spend 2005/6	Likely spend 2005/6	Planned spend 2006/7
20K	20K	107K

**Note:** Please cut and paste the objective, actions and milestones boxes, and number objectives to allow for the full range of objectives required by the partnership plan.

**Objective 1 - Finalise Ealing HR strategy to include recruitment, retention & development by August 2006.**

Actions and milestones for objective 1	By when	By whom	Costs/budget
1. Establish links with Sector Skills Development Agency	April 2006	PK	Within role resource
2. Agree targets with providers for: workforce achievement of NVQ3, CPD & management .	April 2006	SM/	Within role resource
3. Building on analysis conducted in 2005/6, workforce strategy to DATG for consultation and agreement.	April 2006	PK / AJ	Within role resource
4. SLA's specify all required workforce activities to include in particular crack related competencies.	April 2006	PK/ SM	Within role resource
5. Create P/T Assistant Commissioner post to lead on Workforce	April 2006	SM/PK	22K

Development			
6. Contribute to NWL Sectoral NVQ Assessor	Oct 2006	SM/PK	£500

**Objective 2 - Consult with provider agencies about strategy and ensure compliance with HR strategies within provider organisation**

Actions and milestones for objective 2	By when	By whom	Costs/budget
1. Consultation conducted via Provider forum	June 2006	PK/ SM	Within role resource
2. Benchmark provider compliance in terms of 'supportive learning environment'	August 2006	PK	Within role resource

**Objective 3 – Review impact of HR strategy amongst provider agencies, monitoring achievement of interim targets towards meeting 2008 target:**

Actions and milestones for objective	By when	By whom	Costs/budget
50% non professionally trained staff are undertaking or have achieved NVQ 3 in health and social care	March 2007	Training providers	Within project costs
30% professionally trained staff are undertaking or have achieved continuing professional development awards	March 2007	Training providers	Within project costs
60% managers are undertaking or have achieved and appropriate management training programme	March 2007	Training providers	Within project costs

**Objective 4 – Deliver a comprehensive range of targeted training courses for Tier 1- 4**

<b>Actions and milestones for objective</b>	<b>By when</b>	<b>By whom</b>	<b>Costs/budget</b>
Delivery of overdose/drug related deaths (DRD) training	March 2007	Training providers	10K
Delivery of Basic Drug Awareness & MoC Training	March 2007	Training providers	15K
Delivery of workforce dual diagnosis training	March 2007	Training providers	5K
Mental Health Training & Development Programme for CMHT clinicians	March 2007	Institute of Psychiatry	10K
Delivery of Crack specific CBT training	March 2007	Training providers	10K
Delivery of Volunteer Scheme training (Blenheim or Smart)	March 2007	Training providers	20K
Mentoring, training and staff development	March 2007	Training	10K

### **Planning grid 3: User involvement**

This planning grid should include objectives and action plans in relation to the involvement of users in the design of the local treatment system and their involvement throughout the implementation, monitoring, review and evaluation processes and the development of advocacy services. This grid replaces grid 8 from the 2005/06 plan and focuses on user involvement and should continue with any outstanding objectives

#### **Summary of self-assessment** (Baseline position narrative with key gaps clearly set out)

Service users, have been involved in needs assessment, setting partnership plan priorities and have been consulted on plan at draft stage and throughout the process with evidence that the involvement has resulted in action at partnership and provider level .Green

Partnership service user involvement strategy which includes current, ex and potential service users Amber

Resources and investment including user involvement expenses and remuneration arrangements, child care and transport costs; grant aid/funding to local user groups Amber

Network of advocacy and support services aimed at drug users which involves, where appropriate, PALS (NHS), local authority and independent sector Amber Service level agreements require services to: display a service user charter, include user consultation in service reviews, and promote access to advocacy for users Amber  
 Significant achievements have been gained over the past year on improving the level and mechanism by which service users can affect and inform partnership priorities, which have culminated in service user participation in the women strategy, the treatment plan and the harm minimisation strategy.

Further work needs to be carried out on formalising and sustaining these arrangements. In particular a finalised user engagement strategy needs to be produced, which includes plans for the development of

- A network of advocacy and support services aimed at drug users.
- All SLA's must include a service user charter which will allow for service user participation in service reviews and promoting access to advocacy for users.

Planned spend 2005/6	Likely spend 2005/6	Planned spend 2006/7
		30K

**Note:** Please cut and paste the objective, actions and milestones boxes, and number objectives to allow for the full range of objectives required by the partnership plan.

**Objective 1** To build on the progress of service user involvement by appointing a ½ time User and Carer Engagement Worker (UCEW) with responsibility for developing user\carer involvement strategy. UCE Worker to provide mentoring and supervision of user representatives.

Actions and milestones for objective	By when	By whom	Costs/budget
Agree Job Description and Person Specification	April 2006	ICM	20K
Appoint to post	May 2006	ICM	Within resources
Strategy to be developed including links with SEP	September 2006	UCEW/ HDA	Within resources

Developed strategy to be implemented, including requirement for user/carer involvement and for charter in all SLA's	October 2006	UCEW/ICM	Within resources
Draft local policy and system for reimbursing expenses of service users and carers	September 2006	UCEW/BM	Within resources
User/ carer lead to mentor and supervise user reps	June 06	UCEW	Within role resource

## Objective 2

To ensure that user engagement becomes an integral part of commissioning in Ealing by continuing to provide financial support for participation. To provide a development programme of training, mentoring and support opportunities to service users to build confidence & encourage their informed participation in commissioning & development processes for diverse groups on users.

Actions and milestones for objective	By when	By whom	Costs/budget
Strategic links made with partners to make best use of existing training opportunities (linked with strategy development)	September 2006	UCEW/ICM/HDA	Within resources
Bespoke training needs identified and action plan developed to include participating in formal meetings, finances, National Drug Strategy & influencing skills.	September 2006	UCEW/BM	Within resources
Bespoke training available for service users	September 2006	UCEW/BM	Within resources
Overdose & Safer drug use training self-facilitated by mentored drug users	September 2006	UCEW/BM	Within resources
Sessional creche facilities (see Grid8.2)	July 2006	UCEW/DIP M	Within resources
Set up system of payment and reimbursement of expenses of service users	Spetmeber	UCEW/BM	£10K

and carer representatives	2006		
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**Objective 3**

To provide advocacy support to service users to facilitate their empowerment and engagement with partner agencies, for example health, social services, housing etc.

<b>Actions and milestones for objective</b>	<b>By when</b>	<b>By whom</b>	<b>Costs/budget</b>
To identify existing strategic links with existing advocacy and support services & ensure these are provided with Basic Drug Awareness/MoC training (Tier 1)	October 2006	UCEW	Within resources
To disseminate these links and services to both workers and service users	December 2006	UCEW	Within resources
To ensure PALS participate in Basic Drug Awareness/MoC training (Tier 1)	April 2006	PK/ICM	Within resources

## Planning grid 4: Carer involvement

This planning grid should include objectives and action plans in relation to the involvement of carers in the design of the local treatment system and their involvement throughout the implementation, monitoring, review and evaluation processes and the development of advocacy services. This grid replaces grid 8 from the 2005/06 plan and focuses on carer involvement and should continue with any outstanding objectives

### Summary of self-assessment (Baseline position narrative with key gaps clearly set out)

Carers who are representative of the diverse communities within the partnership area, are involved in needs assessment, setting partnership plan priorities and consulted on plan at draft stage and throughout the process with evidence that the involvement has resulted in action at partnership and provider level Red

Resources and investment for carer involvement covering appropriate remuneration, expenses and organisational costs Green

Service level agreements include a requirement for services to include carer consultation in service reviews Amber

Some tentative work has been done over the past year on improving the level of involvement of carers in service planning. Most notably, this involvement process started with carer representation at the women's stakeholder consultation. Diverse counselling and support services are already available to carers, families and significant others in both criminal justice and non-criminal justice settings.

Further work needs to be carried out on developing a formal mechanism through which carers can get directly involved in the commissioning process. This will be done through the User and Carer Engagement Strategy by identifying appropriate development programme of training, mentoring and support.

Planned spend 2005/6	Likely spend 2005/6	Planned spend 2006/7
		See Grid 3

**Note:** Please cut and paste the objective, actions and milestones boxes, and number objectives to allow for the full range of objectives required by the partnership plan.

**Objective 1** To build appoint ½ time User and Carer Engagement Worker (UCEW) with responsibility for developing carer involvement strategy

<b>Actions and milestones for objective</b>	<b>By when</b>	<b>By whom</b>	<b>Costs/budget</b>
Audit current position for carers' support in the borough	August 06	UCEW	Within role resource
Strategy to be developed including links with SEP	September 2006	UCEW/ HDA	Within resources
Developed strategy to be implemented, including requirement for involvement and for carers charter in all SLA's	October 2006	UCEW/ICM	Within resources

**Objective 2**

To ensure that carer involvement becomes an integral part of commissioning in Ealing by continuing to provide support for participation and development programme of training, mentoring and support opportunities for carers.

<b>Actions and milestones for objective</b>	<b>By when</b>	<b>By whom</b>	<b>Costs/budget</b>
Strategic links made with partners to make best use of existing training opportunities (linked with strategy development)	September 2006	UCEW/ICM/HDA	Within resources
Bespoke training needs identified and action plan developed	October 2006	UCEW/BM	Within resources
Bespoke training available for carers	October 2006	UCEW/BM	Within resources
Ensure carer involvement in service reviews	September 2006	ICM	Within resources

**Objective 3** To provide advocacy support to carers to facilitate their empowerment and engagement with partner agencies, for example health, social services, housing etc.

Actions and milestones for objective	By when	By whom	Costs/budget
To identify existing strategic links with existing advocacy and support services	September 2006	UCEW	Within resources
To disseminate these links and services to both workers and carers	September 2006	UCEW	Within resources
Delivery of support, training and development for carers including: assertiveness, stress management, DRD & treatment services	December 2006	Providers	Carers Grant (non PTB 15K)
Set up system of payment and reimbursement of expenses of service user and carer representatives	September 2006	UCEW/BM	Share of 10K allocation under "User Involvement"

### Planning grid 5: Harm reduction strategy

This planning grid should include objectives and action plans in relation to the development of a comprehensive harm reduction strategy agreed across all partner organisations. Effective harm reduction initiatives will be delivered across all aspects of a comprehensive drug treatment system, often requiring pathways between primary and secondary care, may have workforce, infrastructure, and user and carer implications. This is a new grid and should bring together outstanding harm reduction objectives from the 2005/06 plan.

#### Summary of self-assessment (Baseline position narrative with key gaps clearly set out)

The overall Self Assessment Performance for Harm Reduction in March 2005 was Amber

The provision of universal BBV interventions, and tackling drug related deaths in a co-ordinated way were all assessed as Amber

A partnership harm reduction self-audit has been completed and harm reduction strategy provisionally agreed by the partnership. The strategy includes provision for improved delivery of specific harm reduction interventions, a multi-agency approach to reducing drug-related deaths and better blood-borne virus control. Green

Once the strategy is finally agreed by the partnership, more funding needs to be secured from partner agencies to increase vaccination activity. Concurrently, an inter-agency plan needs to be drawn up to co-ordinate BBV prevention activity & reduce drug related deaths. See Harm Reduction Check List.

Planned spend 2005/6	Likely spend 2005/6	Planned spend 2006/7
		20K

**Note:** Please cut and paste the objective, actions and milestones boxes, and number objectives to allow for the full range of objectives required by the partnership plan.

**Objective 1**

The implementation of a multi-agency approach to effectively manage users with BBV and reduce transmission rates. Harm reduction led by Public Health representative on Provider Forum.

Actions and milestones for objective	By when	By whom	Costs/budget
Following the approval of the strategy, to finalise a multi-action action plan on BBV, including training	October 2006	ICM	Within role resources
Implement action plan	March 2006	ICM/partnership	Within role resource
Maintenance of satellite testing/vaccination sessions across Tier 2-4	April 2006	CNWL	Within role resource
BBV Pathways in place, uptake & outcomes not known, review effectiveness & consolidate.	June 2006	ICM/partnership	Within role resource

**Objective 2**

Increase vaccination activity by 43% for HAV and HBV completions

<b>Actions and milestones for objective</b>	<b>By when</b>	<b>By whom</b>	<b>Costs/budget</b>
130 vaccination completions	March 2007	CNWL	20K

### **Objective 3**

The implementation of a multi-agency approach to reduce drug related deaths

<b>Actions and milestones for objective</b>	<b>By when</b>	<b>By whom</b>	<b>Costs/budget</b>
Following the approval of the strategy, to finalise a multi-action action plan on drug related deaths, including training	October 2006	ICM	Within resources
Confidential Inquiries to occur via PCT Suicide Prevention Group	April 2006	ICM	Within resources
Implement action plan and training (including OD training for users & carers)	January 2006	ICM/BM/ Partnership	5K
Provision of 400 doses of Naloxone antagonist via Tier 3&4, outreach & needle exchange	January 2006	ICM/Partnership	5K
Deliver drug-related death training for tier 2-4 staff	As per Workforce Development Grid		
BBV training for tier 2-4 staff	As per Workforce Development Grid		

## Planning grid 6: Drug-related information and advice, screening and referral by generic services

This planning grid should include objectives and action plans in relation to interventions that provide drug-related information and advice, screening, assessment, and referral to structured drug treatment services. These will be delivered by services who work with a wide range of clients including drug users, but their sole purpose is not simply substance misuse. This grid replaces grid 1 from 2005/06 and should continue with any outstanding objectives.

### Summary of self-assessment (Baseline position narrative with key gaps clearly set out)

The overall assessment of Tier One services in March '05 was Amber

Significant progress has been made during '05/06 in the development and provision of MOC training for primary care, psychiatry, maternity, A&E, Housing, Social Services, Police and Probation etc. The continuing provision of training for Tier One services is an on-going priority for 06/07.

Another area where development is required is in the provision of progress2work and other training services for service users. Strategic links need to be identified with partners to identify existing training opportunities and disseminate this information to service users via provider agencies.

Planned spend 2005/6	Likely spend 2005/6	Planned spend 2006/7
	10K	15K

**Note:** Please cut and paste the objective, actions and milestones boxes, and number objectives to allow for the full range of objectives required by the partnership plan.

### Objective 1

Provide on-going MOC training to Tier One agencies

<b>Actions and milestones for objective</b>	<b>By when</b>	<b>By whom</b>	<b>Costs/budget</b>
Training costs identified	May 2006	BM	Within Resource
Training Scheduled	June 2006	BM/ICM	Within Resource
Training session completed	March 2006	CM/ICM	15K
Develop and sustain links with 'progress2work'	June 06	DIP M/ HDA	Within role resource

### **Objective 2**

Increase access to treatment services through improved generic referral routes

<b>Actions and milestones for objective</b>	<b>By when</b>	<b>By whom</b>	<b>Costs/budget</b>
Audit current generic referral routes/ volume of clients to treatment	May 2006	DM	Within Resource
Develop strategy to improve volume of clients referred through generic routes,	March 2006	DIP M/ICM	Within resource

### **Objective 2**

To develop education, training and employment opportunities including access to progress2work.

<b>Actions and milestones for objective</b>	<b>By when</b>	<b>By whom</b>	<b>Costs/budget</b>
Survey of current provision for substance misusers to be conducted in the borough	July 2006	Equinox/PM	Within Resource

Research current use of available resource in borough by those in contact with services	July 2006	DM/partner organisations	Within Resource
Develop referral process with p2w coordinator	June 2006 2006	Equinox/PM	Within resources

### Planning grid 7: Open access drug interventions

This planning grid should include objectives and action plans in relation to interventions which provide accessible services for a wide range of drug misusers referred from a variety of sources, including self-referrals. The aim of these interventions is to help drug misusers to engage in treatment without necessarily requiring a high level of commitment to more structured programmes or a complex or lengthy assessment process. Interventions comprise drug-related information and advice, screening, assessment, referral to structured drug treatment, brief psycho-social interventions and harm reduction services including needle exchange and aftercare. This grid replaces grid 2 from 2005/06 and should continue with any outstanding objectives.

#### Summary of self-assessment (Baseline position narrative with key gaps clearly set out)

The overall assessment of open access services in March '05 was Amber

This included areas of significant improvement in relation to Community Care Assessments and Pharmacy Needle exchange, both receiving a green rating.

- Areas identified for action in 06/07 include; Increasing the capacity of the community care assessment team
- Implementation of a care co-ordination model
- Provision for increased activity and equipment at pharmacy needle exchanges
- Increased capacity in outreach services targeting the homeless and street sex workers
- Respecification of Tier 2 & provision of clinical sessions for general health assessments

Planned spend 2005/6	Likely spend 2005/6	Planned spend 2006/7
		63K

**Note:** Please cut and paste the objective, actions and milestones boxes, and number objectives to allow for the full range of objectives required by the partnership plan.

**Objective 1**  
Increase capacity in the Community Care Assessment team,.

Actions and milestones for objective	By when	By whom	Costs/budget
Develop Job Description & Person Specification and Advertise Position	May 2006	BM	Within Resource
Make arrangements for co-location	June 2006	ICM	Within Resource
Recruit to post	July 2006	BM/ICM	Non PTB

**Objective 2**  
Fully implement care co-ordination

Actions and milestones for objective	By when	By whom	Costs/budget
Care Co-ordinator post at Tier 3 prescribing	June 2006	CNWL	41k
Implement internal care co-ordination across Tier3-4 as per agreed model	April 2006	ICM	Within resource
Model implemented with appropriate training to providers	April 2006	ICM	Within resource
Define objectives and actions to improve care pathways/ care coordination and referral's across tiers 2-4	June 06	ICM	Within resource

**Objective 3**  
To improve access for IDU to pharmacy based needle exchange programmes by providing all injecting paraphernalia and providing for increased activity.

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Actions and milestones for objective	By when	By whom	Costs/budget
400 individuals have accessed pharmacy needle exchange services	March 2007	ICM/ (Pharmacy Worker )	33K
Needle exchange outlets offer general health advice have referral routes to primary, sexual and dental health care services	April 2006	Pharmacy Worker )	Within resource

**Objective 4**  
 Improve outreach services for the homeless and sex workers by recruiting additional post attached to current street work project.

Actions and milestones for objective	By when	By whom	Costs/budget
Develop Job Description & Person Specification	April 2006	BM/ICM	Within resource
Recruit Post	May 2006	BM/ICM	Within resource
Worker in Post	June 2006	BM/ICM	30K

**Objective 5** Respecify Tier 2 to better address crack needs

Actions and milestones for objective	By when	By whom	Costs/budget
Respecify & tender Tier 2 to include focus on criminal justice engagement in treatment	September 2006	BM/ICM	£683,000
Additional costs to current provision		BM/ICM	£12,500

Clinical sessions to conduct general health assessments particularly for Crack users at Tier 2		BM/ICM	18K
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**Objective 6**  
Action on waiting Times

Actions and milestones for objective	By when	By whom	Costs/budget
Provider Forum to conduct Waiting Time review for those waiting longer than 6 weeks as standing item.	April 2006	ICM	Within resource

## Planning grid 8: Structured community based drug treatment interventions

This planning grid should include objectives and action plans in relation to interventions providing community based interventions (including those delivered within a prison setting) which will include comprehensive drug treatment assessment, care planning and review, community care assessment, care co-ordination for those with complex needs, integrated harm reduction activities, prescribing, structured psycho-therapeutic interventions and counselling, structured day programmes and liaison services with social care and acute medical and health services. This grid replaces grid 3 from 2005/06 and should continue with any outstanding objectives.

### Summary of self-assessment (Baseline position narrative with key gaps clearly set out)

The overall assessment of structured community based drug treatment services in March '05 was Amber

Waiting times have reduced but need to be maintained.

- Increased capacity at Tier 3 while Demand & Capacity Review being undertaken. Waiting Time reviews to be conducted as standing item of Provider Forum & ICG
- Improved support to GPs by transfer of Share Care worker to nursing post.

The shared care scheme in Ealing is highly successful and further work needed to improve transfer from hospital based specialist prescriber. Significant in 2006/7 is the commissioning of a new borough based day programme which will accommodate generic and criminal justice clients. Care coordination model has been subject to consultation via an external consultant with providers and a model will be commissioned in 2006/7.

Planned spend 2005/6	Likely spend 2005/6	Planned spend 2006/7
		280K

**Note:** Please cut and paste the objective, actions and milestones boxes, and number objectives to allow for the full range of objectives required by the partnership plan.

**Objective 1**

To assess demand and capacity (via statistical process review) and implement appropriate increase in service provision

Actions and milestones for objective	By when	By whom	Costs/budget
Statistical process review conducted	April 2006	ICM	Within role resource
Immediate small development in capacity by commission extra capacity in specialist prescribing service	April 2006	ICM	50k - TBC
Monitor and improve wait times	Quarterly	ICM/ DM	Within role resource
Utilise SPR to improve transfers from DIP prescriber to CNWL and form CNWL to shared care	April 2006	ICM	Within role resource

**Objective 2**

To provide structured day programme in borough to include CBT provision for DRR, non-criminal justice, stimulant users & aftercare where deemed appropriate.

Actions and milestones for objective	By when	By whom	Costs/budget
Tender awarded	March 2006	ICM/ BM/ DIP	230k

		PM	
Service operational and monitored via PI's, to provide 160 episodes including 100 DRR/ASRO & 60 non-criminal justice.	Quarterly	ICM	Within role resource

**Objective 3** Care Co-ordination Model to include aftercare requirements in care planning

Actions and milestones for objective	By when	By whom	Costs/budget
Care co-ordinators to plan transition from specialist drug services into wider resettlement, aftercare and community integration services	July 2006	ICM/Partnership	Within role resource
Local Models of Care manual to be amended to incorporate above resources & Provider Forum to devise training within Tier 2-4 agencies.	July 2006	Social Services	Within role resource

**Objective 4** Partnership has a written strategic plan to increase access to education, training and employment by drug users in order to assist stabilisation and resettlement

Actions and milestones for objective	By when	By whom	Costs/budget
Strategy to be devised following consultation with partnership on education, training & employment services, user needs & access.	September 2006	ICM/DIPM/Partnership	Within role resource

**Objective 5** Improve provision of GP support in Shared Care

Actions and milestones for objective	By when	By whom	Costs/budget
Transfer of Shared Care post from voluntary sector to nursing post	April 2006	CNWL	41k

**Objective 6** Achieve retention targets at tier 3

Actions and milestones for objective	By when	By whom	Costs/budget
Data quality to be improved through local data meetings and rolling targets	April 2006 on-going	ICM/DM	
Performance against targets to be assessed and actions taken through contract meetings	April 2006 on-going	ICM/DM	

## Planning grid 9: Residential and inpatient drug treatment interventions

This planning grid should include objectives and action plans in relation to residential specialised drug treatment which is care planned and care co-ordinated. These interventions may be aimed at individuals with a high level of presenting need and usually will require a higher level of motivation and commitment from the service user. This grid replaces grid 4 from 2005/06 and should continue with any outstanding objectives

**Summary of self-assessment** (Baseline position narrative with key gaps clearly set out)

Residential and inpatient drug treatment interventions in Ealing were assessed as **Green**  
However further investment is required to improve both capacity and retention.

Planned spend 2005/6	Likely spend 2005/6	Planned spend 2006/7
40K	40K	120K

**Note:** Please cut and paste the objective, actions and milestones boxes, and number objectives to allow for the full range of objectives required by the partnership plan.

**Objective 1**

Whilst providing a core of detox and residential rehabilitation these services could be better situated within the overall treatment system. More range of detox is needed, and more alternative care routes (including day-care at times) for those currently always assed as needing residential rehab.

<b>Actions and milestones for objective</b>	<b>By when</b>	<b>By whom</b>	<b>Costs/budget</b>
Commission Medical Care to increase retention by providing I/P support for those recently detoxed & with clinical needs who are unable to enter rehab immediately & are identified by Tier 4 & Care Management.	April 2006	ICM	20k
City Roads		ICM	20K
Supplement LBE tier 4 placements budget via alternative borough based day care modality and additional funding from treatment budget for rehab	April 2006	ICM/ DIP PM	50K (+100K day programme places)
Amend residential rehab contracts to require compliance with NDTMS dataset & local reporting.	Immediate	DM and Care Management team	Within resource
Amend residential rehab contracts to require compliance with early discharge notification to Care Management Team/Care Co-ordination, aftercare, housing & employment support.	April 2006	Panel chair	Within resource
Develop such protocols.	April 2006	Panel chair	Within resource
Reallocate any available resources to a range of detox provision informed by above research.	June 2006	ICM	Within resource
Commission 10 x non-complex detox.	Ongoing	ICM	40K
Continue monthly reporting of activity & waiting time interrogation with provider.	Ongoing	CNWL/ DM	Within resource

## **Objective 2**

Improve capacity in GP shared care as part of planned increases in capacity across the prescribing sector.

Actions and milestones for objective	By when	By whom	Costs/budget
Increase capacity of GPs in shared care including LES and NES	April 2006	PCDM	48K
Increase capacity of supervised consumption for all Tier 3 prescribing services including primary care	April 2006	PCDM	46K

**Objective 3**  
Achieve retention targets at tier 4

Actions and milestones for objective	By when	By whom	Costs/budget
Data quality to be improved through local data meetings and rolling targets	April 2006 on-going	ICM/DM	
Performance against targets to be assessed and actions taken through contract meetings	April 2006 on-going	ICM/DM	

### Planning grid 10: Drug Interventions Programme

This planning grid should include objectives and action plans in relation to the delivery of the Drug Interventions Programme as outlined in Home Office guidance. This grid replaces grid 2b from 2005/06 and should continue with any outstanding objectives. The planning grid should cover those arrested, referred to and where appropriate, case managed via the CJIT (Criminal Justice Integrated Team) who are engaging offenders in interventions including rapid or dedicated prescribing, and referring into specialist treatment interventions as required (which may be delivered within the CJIT setting). The DIP Main Grant is intended to finance integrated community based drug interventions teams to undertake the case management of these offenders. This team will also seek to sustain treatment gains with the development and delivery of aftercare and holistic packages of support.

**Summary of self-assessment** (Baseline position narrative with key gaps clearly set out)

The overall assessment for DIP services is **Amber**

Ealing DIP results have been consistently good over the last year with the numbers accessing treatment throughout this year continuing to rise. Good results have also been achieved by the aftercare service. An effective care coordination system is now in place.

Additional work needs to be done around developing a women programme. This will be part of the overall Ealing services women's strategy.

Some more work is needed to address throughput into the mainstream prescribing service.

Planned spend 2005/6	Likely spend 2005/6	Planned spend 2006/7
	893K	1,079K

**Note:** Please cut and paste the objective, actions and milestones boxes, and number objectives to allow for the full range of objectives required by the partnership plan.

**Objective 1**

To provide the Required Assessment and Restriction on Bail service from 1 April 2006 to manage an increase of up to 300% in testing at police station

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Actions and milestones for objective	By when	By whom	Costs/budget
Recruit 5 staff for RA/RoB to increase number to 8	April 2006	CRI/PM	186K
Staff to undergo training	March 2006	Eleisha Training	Home Office funded
Process in place for referral/assessment	April 2006	Police/CERT manager/PM	Within resource
Identify premises for assessments to take place over holiday/weekend	April 2006	PM	

**Objective 2**

Increase treatment capacity for those testing positive under required assessment and restriction on bail by April 2006

<b>Actions and milestones for objective</b>	<b>By when</b>	<b>By whom</b>	<b>Costs/budget</b>
To review the referral system to and from the clinical treatment service at Lancaster House	April 2006	CM/PM	Within resource
To review process for those currently receiving drug treatment by other services to remain with them when contacted by DIP workers.	April 2006	PM/service managers	Within resource
Review case load capacity of stimulant workers attached to DIP at Lancaster House	April 2006	PM	Within resource
Injecting equipment to be distributed on release from custody. PA to scope demand. PA to ascertain current practice harm min, overdose & recovery.	May 2006	PM	SM Nex resources
Review the case co-ordination role for RA/RoB staff to increase access to and retention in treatment	June 2006	PM/CERT manager	Within resource

**Objective 3**

To provide regular data for monitoring achievement of compact achievement and retention in treatment with reduction in offending to DIP Steering Group.

To provide a report on achievement of compact and access and retention in treatment of drug users targeted through Tough Choices to DIP steering	At steering group meetings (minimum 4 per	DM/PM	Within resources
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group.	year)		
Steering group to monitor achievement of compact and increased access/retention in treatment and agree any remedial action.	At steering group	DM/PM	Within resources
Report contrasting 2004/5, 2005/6 testing on arrest for trigger offences to be used as base line for 2006/7 activity.	June 2006 November 2006 June 2007	DM/PM	Within resources
Place drug worker in PPO team to provide continuity of treatment provision	May 2006	CERT/PM	Resources allocated

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**Objective 4**

**To develop joint working with the probation service to target offenders through Tough Choices who are suitable for a DRR**

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Actions and milestones for objective	By when	By whom	Costs/budget
To develop a process for identifying all those tested positive for trigger offences and appearing at court who are also known to the probation service	April 2006	Probation SPO/PM/ROB	Within resources
To use RA and relevant assessment as a gateway for DRR suitability	April 2006	Probation/Cert	Within resources

To use probation admin resources for providing accurate statistical information on commencements and completions of DRR to measure success against targets	June 2006	Police/CERT manager/PM	Within resource
Provide drug treatment worker in PPO team to support treatment continuity	May 2006	CERT/PM	Within resources
All medium to high intensity DRR to attend the Ealing day programme	April 2006	CRI/Probation	Within resources
All low intensity DRR cases to attend the T2 service provided by Turning Point	April 2006	Turning Point/Probation	Within resources

#### Objective 5

To enhance the resettlement opportunities for drug using offenders.

Actions and milestones for objective	By when	By whom	Costs/budget
Contribute to strategic review of offender needs for housing in Ealing	December 2006	PM/Equinox After-care manager	Within resource
Re-apply for funding for rent deposit scheme which currently expires at end of March 2005	June 2006	Equinox/PM/CM	30K – CDRP funding
Apply for funding from supporting people for PPO floating support worker	June 2006	Equinox/PM	15K – CDRP
Develop protocols with probation re housing advice link worker	May 2006	Equinox/PM/Probation	Within resource
Provide DIP treatment worker in PPO team	April 2006	PM	Within resource
Develop protocol with Carr Gomm floating support worker	May 2006	PM/Equinox/probation	Within resource
Develop protocol with CARAT to improve referral pathways	June 2006	PM/CERT	Within resource
Deferred decision scheme & access protocols via ARS steering group	August 2006	ARS steering	Within resource

		group/PM	