

Partnership name: Ealing

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## Adult drug treatment plan 2008/09

### Part 3: Planning grids

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List of abbreviations :

HSS – Head of Substance Misuse Strategy

BSM – Business and Strategy Manager

DPM – DIP Programme Manager

SDI – Service Development and Improvement Manager

DM – Data Manager

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

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

The size of the borough and the geographical spread of existing services, which by their nature are complementary, raise concerns as to the system's ability to best deliver an integrated treatment package and to ensure maximum retention. This has, over the last year, led to a number of initiatives designed to assess the appropriateness of integration into one or two One-stop-shops following the NHS model of polyclinics. Identification of suitable premises and integration will be the key system priority for 2008/09.

In addition, data collection requirements have increased and there are additional needs for reports in terms of care coordination and alcohol. This requires more advanced data collection and analysis systems that will enable accurate and timely information for service providers, commissioners and the NTA.

To achieve this, we will be looking to identify and assess the suitability of available information systems customised for the substance misuse field and subject to outcomes, we will look to adopt such a system locally.

Efforts must continue to increase the overall skills and knowledge of substance misuse workforce in the borough through training and professional development. An audit will facilitate a better understanding of management and leadership gaps. In parallel, increasing attention will be paid to improving job satisfaction as a key way of increasing staff retention and making Ealing the preferred borough for substance misuse staff to work in. As part of this initiative, specific management and leadership training and coaching will be made available to service managers and team leaders.

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.

### Objective 1

Integration into One-Stop-Shop

### Objective 2

Maximise service efficiencies within the borough by the specifying, implementing and operating a case management IT based system.

### Objective 3

Ensure the coherent development of the Ealing workforce to meet the demands of the whole treatment system.

**Objective 4**

Improve and extend the involvement of users and carers at all levels of the commissioning system

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

<b>Actions and milestones</b>	<b>By when</b>	<b>By whom</b>
Identify suitable premises. This is entirely dependant on available premises within the borough. Although it may prove difficult to identify suitable premises, joint efforts by PCT and LBE will be intensified to increase the chances of success.	ongoing	BSM and WLHE
If premises are identified, a project management board will be set up, with representation from PCT, LBE, estates department and service providers, to draw up and approve a service integration project plan and oversee its implementation.	Ongoing	BSM

**Delivery Plan: Objective 2 - Maximise service efficiencies within the borough by specifying, implementing and operating a case management IT based system**

<b>Actions and milestones</b>	<b>By when</b>	<b>By whom</b>
Review case management tools available within the substance misuse field.	15/06/2008	SDI
Consult with key stakeholders including service providers, Ealing PCT IT Dept, NTA.	15/07/2008	SDI
Price and project plan the new system.	30/07/2008	SDI
Pilot the system, within a restricted number of sites, in order to test and debug the system.	30/09/2008	SDI / DM
Review and consult with stakeholders.	15/12/2008	SDI
Fully operationalise case management system	31/01/2009	SDI

**Delivery Plan: Objective 3 - Ensure coherent development of the Ealing workforce to meet the demands of the whole treatment system**

<b>Actions and milestones</b>	<b>By when</b>	<b>By whom</b>
Draw up action plans resulting from the February 2008 Confidential staff Survey	15/04/2008	BSM

Conduct a review of the Ealing HR Strategy to assess progress and review compliance with NTA Workforce Development Strategy.	15/04/2008	BSM
Conduct borough-wide skills audit in partnership with West London Lifelong Learning Network (WL LLN) to support actions in line with local and NTA Workforce Development Strategies. This will include a management competencies audit	30/06/2008	BSM
Based on review findings, refresh the Training Plan	15/07/2008	BSM
Based on review findings develop a Management & Leadership Training Programme	30/05/2008	BSM
Commission and start delivery of refreshed training programme	1/08/2008 then ongoing	BSM
Commission and start delivery of Management & Leadership Training Programme	1/09/2008 then ongoing	BSM
Review and assess effectiveness of Management & Leadership Training Programme	30/02/2009	BSM

#### Delivery Plan: Objective 4 - Improve and extend the involvement of users and carers at all levels of the commissioning system

Actions and milestones	By when	By whom
Review the performance of the User and Carer Involvement SLA	10/04/2008	BSM / SDI
Specify the next stages in the user and carer involvement approach with a view to extend the function and engage increasing numbers of service users, by building on progress to date.	25/04/2008	BSM
Assess the feasibility of involving service users and carers in the review of service providers' performance	15/05/2008	BSM / SDI
Set up the required systems to allow service users to be involved and contribute to the quarterly performance assessment of service providers, subject to feasibility assessment	31/07/2008	U&CIW / BSM
Monitor and review the reviewed user and carer involvement system	ongoing	BSM
Extend mentoring and support offered by User and Carer Involvement Worker to all Ealing services users interested (in any case no less than two per service providers)	31/10/2008	U&CIW
Extend mentoring and support offered by User and Carer Involvement Worker to all Ealing carers interested (in any case no less than two for DAAP and Tasha Foundation)	31/10/2008	U&CIW

## Planning grid 2: Access and engagement with the drug treatment system

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

Increased patterns of crack use in the borough highlight a need to tailor service provision to better address stimulant use. A significant increase in crack use has been recorded among criminal justice clients and therefore the DIP will be one of the key areas to undergo a change in the way stimulant users are engaged in order to increase retention and treatment effectiveness.

More work is required across local Tier 1 professionals around identifying signs of substance misuse and referring people into the appropriate services. Special attention is required around partnership with Ealing Hospital and its A&E department as a way of identifying and engaging people with substance problems.

### Objective 1

Develop and improve existing crack service provision, conducting real-time monitoring of demand for stimulant services. Review pathways in relation to Tier 2/3 Service. Re-evaluate crack interventions within the DIP.

### Objective 2

Improve performance in relation to 'numbers in treatment'

Review the lead-in performance of the new contracts held by Tier 2/3 Service and Aftercare Service in the context of the number in treatment cohort, including tier 2 performance at DAIS.

Improve service uptake (numbers accessed and engaged in treatment) by moving towards service integration at two 'One-stop-shops' to be located in central Ealing and Southall (Featherstone Terrace).

Commission substance misuse pilot in Ealing Hospital A&E Department

### Objective 3

Improve DIP treatment numbers by reviewing pathways.

**Delivery Plan: Objective 1 - Develop and improve existing crack service provision, conducting real-time monitoring of demand for stimulant services. Review pathways in relation to Tier 2/3 Service. Re-evaluate crack interventions within the DIP**

Actions and milestones	By when	By whom
Utilise National Intelligence Model monthly real-time crime and drugs data and the DAAT needs assessment, to provide responsive and effective crack interventions in DIP and Tier 2/3 service.	30/06/2008	SDI
Launch 6-month Stimulant User Engagement Pilot in the DIP, designed to inform on the effectiveness of a new model of increased levels of structured work for stimulant users and ensure integrated client management between DIP and Tier 2/3 Service	Completion of pilot 30/06/2008	DPM
Review the service provision and performance of outreach and satellites as well as stimulant specific pathways	30/06/2008	BSM / SDI
Based on Pilot and review findings, implement updated pathways and commission new crack model in DIP and Tier 2/3 service	31/08/2008	
Review effectiveness of new model and pathways	31/01/2009	BSM / DPM / SDI

**Delivery Plan: Objective 2 – Improve service uptake and numbers in treatment**

Actions and milestones	By when	By whom
Review Tier 2/3 Service action plan to improve service engagement and therefore numbers in treatment	30/09/2008	SDI / BSM
Create Aftercare Service action plan to improve service access, engagement and numbers in treatment	30/09/2008	SDI / BSM
Review current satellite provision and locations of Tier 2/3 Service	Subject to identifying suitable premises	BSM
Review impact of One-Stop-Shops on engagement and numbers in treatment,		BSM / SDI
Agree joint working protocol with Ealing Hospital for substance misuse outreach work or satellites to start within the hospital (not to include A&E) as a way of engaging treatment naive populations	30/04/2008	BSM / SDI
Commission A&E Substance Misuse Pilot structured around the Paddington Brief Interventions Model. The pilot will also review A&E links with local substance misuse service	30/05/2008	BSM / SDI
Review the effectiveness of the A&E Substance Misuse Pilot and pathways and commission the service in light of findings	15/10/2008	BSM / SDI

**Delivery Plan: Objective 3 - Improve DIP treatment numbers by reviewing pathways**

<b>Actions and milestones</b>	<b>By when</b>	<b>By whom</b>
Utilise National Intelligence Model monthly real-time crime and drugs data, and the DAAT needs assessment, in liaison with Tier 2/3 Service, to ensure DIP is highly responsive to the needs profile of drug-using offenders in the borough.	30/09/2008	SDI / DM
Analyse treatment uptake by DIP clients.	30/09/2008	SDI / DM
Review care pathways in relation to DIP and DAIS.	31/10/2008	SDI / DPM / DM
Develop action plan to address any gaps in throughput of DIP clients into mainstream services	30/11/2008	DPM / SDI
Implement and monitor the above action plan	15/12/2008	DPM / SDI

## Planning grid 3: Retention in and effectiveness of the drug treatment system

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

Although good progress has been made in 07/08 in driving forward the harm minimisation agenda, more work is required across the partnership to ensure effectiveness and full embedding of harm minimisation throughout the treatment system.

Dual diagnosis and alcohol use among drug users are two areas that will be prioritised during 08/09. While close working links are already in place between substance misuse and mental health agencies, it is important that the relationship is formalised by commissioning a specialist dual diagnosis service.

Similarly, further work is required to establish how the needs of drug users who take up alcohol consumption during their drug treatment can be best supported.

Housing has been identified as one of the key challenges in retaining people in treatment. While LB Ealing has on 1<sup>st</sup> January 2008 started a one year pilot of the housing Gateway Service, 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 agency compliance with the Orange Book and ensuring the full bedding-in of the contracts let in 2007-2008. Maximise retention by reviewing agency pathways and formulating explicit discharge policies.

### Objective 2

Working in partnership with Probation Service, DIP/PPO, A+E, mental health, review and improve the dual diagnosis model/ services

### Objective 3

Improve performance in relation to harm minimisation, utilising the existing baseline from previous harm minimisation review. Focus on innovative methods of increasing uptake of testing and vaccination, including reward initiatives.

### Objective 4

Maximise efficiencies within the Drugs Intervention Programme, ensuring best throughput to mainstream services.

**Objective 5**

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

**Objective 6**

Review and improve the effectiveness of the support and interventions offered to drug users who take up alcohol consumption during drug treatment.

**Delivery Plan: Objective 1 - Ensure effective functioning of the whole treatment system in relation to effectiveness, by reviewing agency compliance with the Orange Book and ensuring the full bedding-in of the contracts let in 2007-2008. Maximise retention by reviewing agency pathways and formulating explicit discharge policies**

Actions and milestones	By when	By whom
Develop methodology for review of clinical governance in all service providers, in line with the Orange Book	15/04/2008	BSM & Ealing PCT Clinical Gov Dept
Conduct clinical governance review	01/05/2008	BSM & Ealing PCT Clinical Gov Dept
Draw up action plan for each agency to address required changes in policies and practices	01/06/2008	BSM & Ealing PCT Clinical Gov Dept
Present findings of review and implement recommendations, focusing on learning about care pathways	01/09/2008	BSM / SDI
Review current discharge policies to identify any system-related constraints that have a negative impact on retention	15/09/2008	SDI
Formulate, agree and implement new discharge policies and protocols with each service providers as a way of increasing retention in treatment	15/10/2008	SDI
Review impact of change in practice as a result of implementation clinical governance review findings	After 01/01/2008	BSM/SDI

**Delivery Plan: Objective 2 - Working in partnership with Probation Service, DIP/PPO, A+E, mental health, review and improve the dual diagnosis model/ services**

Actions and milestones	By when	By whom
Review the current position of the dual diagnosis service.	30/06/2008	HSS
Present review findings to LIT and DATG.	30/08/2008	HSS

Specify new pathways for dual diagnosis service	30/10/2008	BSM / SDI
In line with specified pathways, commission new dual diagnosis service to work across all substance misuse services.		
Implement new care pathways for dual-diagnosis clients.	15/12/2008	BSM / SDI

**Delivery Plan: Objective 3 - Improve performance in relation to harm minimisation, utilising the existing baseline from previous harm minimisation review. Focus on innovative methods of increasing uptake of testing and vaccination, including reward initiatives**

Actions and milestones	By when	By whom
Identify deficits in performance in relation to harm minimisation, utilising NTA quarterly report, and Ealing Harm Minimisation Review.	30/04/2008	BSM & Ealing PCT Clinical Gov
Consult with services and especially with service users as to innovative methods to encourage users to get tested and vaccinated. Review models such as reward based approaches.	30/05/2008	BSM & Ealing PCT Clinical Gov
Develop an action plan focussing on uptake of testing and vaccinations.	31/06/2008	BSM & Ealing PCT Clinical Gov
Conduct review harm minimisation policies and practices of all service providers	30/07/2008	BSM & SDI
Following review, prepare best practice guidance and support service providers in implementing it	15/09/2008	BSM & SDI and Ealing PCT Clinical Gov
Monitor and review actions to achieve all harm minimisation targets	31/01/2009	BSM & SDI

**Delivery Plan: Objective 4 - Maximise efficiencies within the Drugs Intervention Programme, ensuring throughput to mainstream services**

Actions and milestones	By when	By whom
In partnership with key stakeholders undertake a LEAN review of the DIP.	15/09/2008	DPM
Identify any efficiency measures, while maximising treatment place uptake in mainstream services.	30/10/2008	DPM
Implement service efficiencies.	15/12/2008	DPM
Monitor and review treatment throughput to mainstream services.	Ongoing	DPM & DM

**Delivery Plan: Objective 5 - Review current housing support for substance misusers and commission new housing support provision to improve retention and treatment effectiveness**

<b>Actions and milestones</b>	<b>By when</b>	<b>By whom</b>
In partnership with LB Ealing, review the impact of the new housing Gateway pilot on the number of substance misusers is supported housing	30/09/2008	HSS
Review current performance of DIP housing support schemes with the aim of identifying good practice and areas of improvement	15/05/2008	BPM
Based on the above review, commission a new housing support scheme for mainstream drug clients to include Rent Deposit and Bond Guarantee Schemes	30/06/2008	BSM & SDI
Monitor implementation and performance of the new scheme and regularly review its impact on retention and treatment effectiveness	Ongoing	BSM & SDI

**Delivery Plan: Objective 6 - Review and improve the effectiveness of the support and interventions offered to drug users who take up alcohol consumption during drug treatment**

<b>Actions and milestones</b>	<b>By when</b>	<b>By whom</b>
Commission a 6 month study in CNWL Gatehouse Drug Treatment service to review the current type of support and interventions offered to drug users with a pre-existing alcohol problems and those developing an alcohol problem during their drug treatment	15/04/2008	BSM
Subject to study findings, specify new treatment model or pathways to deal with problematic alcohol use during drug treatment	30/11/2008	BSM & SDI
Review impact of new treatment model or pathways for problematic alcohol use among drug users accessing treatment	Ongoing	BSM & SDI

## 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 Aftercare service commissioned in 07/08 has already made a positive contribution to service users by offering lower threshold interventions before client discharge from local substance misuse services. Less than a year after it was commissioned as a pilot, this service now requires further bedding in and re-specification to keep pace with the changing demands and to ensure it fits in with local care coordination arrangements.

Additional work is required to support and develop local volunteers, especially as many of them have previously used local substance misuse services. Extending volunteer schemes and improving the support offered, can provide service users with additional development opportunities which could result in paid employment.

### Objective 1

Ensure full implementation of care coordination, to underpin the delivery of TOPS.

### Objective 2

Further develop the training and employment scheme in the aftercare service

### Objective 3

Review and develop local volunteering arrangements and support available

### Delivery Plan: Objective 1 - Ensure full implementation of care coordination, to underpin the delivery of TOPS

Actions and milestones	By when	By whom
Specify Ealing's deficits and requirements in order to fully comply with TOPS	15/05/2008	DM & SDI
Review the care coordination model currently in place	30/06/2008	SDI
Assess potential training needs across service providers in relation to the completion of TOPS	30/06/2008	SDI
Develop care coordination model action plan, to underpin TOPS and link in with potentially new IT system	31/08/2008	SDI & DM
Implement action plan (to include the delivery of TOPS related training as identified by the local needs analysis)	15/09/2008	SDI & DM

**Delivery Plan: Objective 2 - Further develop the training and employment scheme in aftercare service**

<b>Actions and milestones</b>	<b>By when</b>	<b>By whom</b>
Assess performance of training element of Aftercare service, in line with Ealing's LAA target of "problematic drug users achieving accredited training"	01/04/2008	BSM
Identify further resources and partnership opportunities with local training organisations to increase the range of training and skills development resources available to local substance misuse clients	Ongoing	BSM
Support the mainstream Aftercare Service (The Tasha Foundation) in their bid to the European Social Fund to fund a dedicated employment worker for clients entering the aftercare service, and specify the employment service to be commissioned	15/05/2008	BSM
Support the DIP Housing & Resettlement Service ( Equinox) in their bid to the European Social Fund for setting up a training scheme across 8 boroughs including Ealing offering stable service users training opportunities and ensure links with the training element of the Aftercare service	15/05/2008	BSM

**Delivery Plan: Objective 3 - Review and develop local mentoring and volunteering arrangements and support available**

<b>Actions and milestones</b>	<b>By when</b>	<b>By whom</b>
Review the extent of mentoring and volunteering schemes available in the borough	15/04/2008	SDI & BSM
Based on the review findings, develop a model for a dedicated mentoring project to support current and former service users who wish to work in the substance misuse field, by building on the current mentoring scheme within the DIP service (run by Equinox)	30/04/2008	SDI & BSM
Commission a borough-wide mentoring and volunteering project	15/07/2008	SDI & BSM
Monitor performance of dedicated mentoring and volunteering project	Ongoing	SDI & BSM