

Ealing DAAT

Adult drug treatment plan 2007/08 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
- Implementation of NTA Outcome monitoring tool (see supporting guidance “Information Systems”)

Actions and milestones for objective 1	By when	By whom	Costs/budget
Review the entire treatment system, its linkages and pathways following a Business Process Re-engineering approach	05/07	BM/DPM	Within role resource
Re-design the treatment map by ensuring a fully integrated systems approach which puts the service user at the heart of the system	06/07	BM/DPM	Within role resource
Implement the re-engineered treatment system, to coincide with the start of the new Tier 2/3 and Aftercare services	06/07	BM/DPM	Within role resource
Conduct diversity assessment and equality impact assessment	9/07	Data Performance Manager (DPM)/ Project Manager	Within role resource
Formulate and implement actions based on assessment findings	9/07	DPM/ Project Manager	Within role resource
Review paperwork utilised for Models of Care and review 2006 compliance focussing on referral throughputs and community integration	7/07	BM/ Project Manager	Within role resource
Ensure SLAs issued by local authority include specifications, and also ensure all SLA's specify workforce requirements and NDTMS	4/07	BM	Within role resource
Ensure that all SLAs (including local authority ones) fully comply with Voluntary Sector Compact	4/07	BM	Within role resource
Build on current activity to formalise and strengthen user and carer involvement in commissioning	7/07	Primary Care Development Manager (PCDM)	Within role resource
Review agency and borough IT systems	9/07	BM/ DPM	Within role resource

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

Amber/ Green

Additional work needed to further integrated client pathways and service providers' joint working, and ensure consistency between pathways and newly commissioned services with the aim of improving the way service users' treatment journeys are managed.

Additional work needed across tiers related to diversity, although core treatment numbers reflect diverse communities of Ealing.

Models of Care compliance achieved but additional review project underway to streamline paperwork and assure community integration elements.

All SLA's are comprehensive/ Local authority individual placement agreements to be reviewed with specifications added. SLA's to specify NDTMS compliance.

Further strengthen drug user and carer involvement in commissioning

Review borough agency IT systems

Planned spend 2006/07	Likely spend 2006/07	Planned spend 2007/08
420,500	395,500	385,500

Objective 1

Ensure commissioning systems are robust and meet the needs of local communities

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.

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

Green

Established workforce strategy agreed and implemented.

Further work needed to create a learning environment in provider agencies.

SLA's to provide additional workforce specification

Planned spend 2006/07	Likely spend 2006/07	Planned spend 2007/08
20,000	30,000	30,000

Objective 1
Provide training and professional development opportunities for all staff

Actions and milestones for objective	By when	By whom	Costs/budget
Map borough capacity for delivery of NVQ's	9/07	BM/ Project Manager	Within role resource
Organise training for NVQ assessors	9/07	BM/ Project Manager	Within role resource
Identify NVQ training providers and organise training schedule	9/07	BM/ Project Manager	£10k
SLA's to specify the full range of workforce activities	3/07	BM/ Project Manager	Within role resource
Continue the provision of non-NVQ accredited training courses	Throughout 0708	BM/ Project Manager	Within workforce budget £30k
Continue producing and improve involvement in the borough-wide staff newsletter	Throughout 0708	BM/ Project Manager	Within workforce budget £30k
Set up and run the borough-wide interagency workforce development forum, in line with Workforce Development Strategy	7/07	BM/ Project Manager	Within workforce budget £30k
Conduct further training needs analysis at the end of the financial year to benchmark progress to date and identify emerging training needs	3/07	BM/ Project Manager	Within workforce budget £30k
Update training programme to reflect further training needs analysis	4/07	BM/ Project Manager	Within workforce budget £30k

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.

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

Green

Users are involved in the design of the treatment system.

A written user involvement strategy will be published.

The strategy will refer to the wider network of support and advocacy services such as PALS.

Planned spend 2006/07	Likely spend 2006/07	Planned spend 2007/08
36,200	36,200	39,500

Objective 1

Ensure current user involvement activity is specified within a written strategy which locates the work within the wider network of support services, such as PALS.

Actions and milestones for objective	By when	By whom	Costs/budget
Publish written user involvement strategy (to include links to PALS, local authority and independent sector), based on extensive service user involvement	4/07	PCDM	Within role resource
Implement user involvement strategy	7/07	PCDM	Within overall budget £39 500
Monitor and evaluate implementation on a quarterly basis	Quarterly	PCDM	Within overall budget £39 500

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.

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

Green

Carers are involved in the design of the treatment system.

This will be enhanced and formalised through the year with diverse representation written into the user and carer involvement strategy

Planned spend 2006/07	Likely spend 2006/07	Planned spend 2007/08
1,000	21,500	21,500

Objective 1

Demonstrable involvement of carers from diverse backgrounds within a written strategy.

Actions and milestones for objective	By when	By whom	Costs/budget
Publish written carer involvement strategy (to include links to PALS, local authority and independent sector) based on extensive carers involvement	6/07	PCDM	Within role resource
Contract part time carer engagement worker	06/07	HDA/ PCDM	£20 000
Implement carer involvement strategy	8/07	PCDM	Within overall budget £21,500
Monitor and evaluate implementation on a quarterly basis	Quarterly	PCDM	Within overall budget £21,500

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.

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

Green

Ealing has an agreed harm reduction strategy in line with the Harm Reduction Self Audit Tool Kit.

Deficits exist against BBV testing and vaccination

An improved programme of overdose training is required.

Open access and pharmacy exchange to provide the appropriate level of advice or access to information.

Outreach and satellite services will be expanded.

BBV protocols to be in place for all staff.

Planned spend 2007/08	Likely spend 2007/08	Planned spend 2007/08
138,000	160,000	160,000

Objective 1

Achieve full coverage of harm reduction services

Actions and milestones for objective	By when	By whom	Costs/budget
Achieve testing targets for hepatitis B and C and vaccination targets for hepatitis C	Quarterly performance measurement	DAAT/ agencies	Within budget £160 000
Ensure overdose training delivered to users and staff, specified in SLAs	0708	Commissioned training agencies/ DAAT	Within budget £160 000
Improve open access NEX to provide advice and information including motivational interviewing and brief interventions, as specified	03/08	Pharmacy coordinator (PC)	Staff time
Pharmacy coverage to achieve target.	03/08	PC	NEX budget
Outreach and satellite NEX to be expanded will full range of advice information and equipment	Throughout year	PC	Within budget £160 000
SLA's to require BBV protocols in place to support all staff.	03/07	BM	Within agency contract

Planning grid 6: Drug-related information and advice, screening and referral to specialist drug 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 specialist 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.

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

Amber

Treatment figures demonstrate diverse communities' representation however an additional diversity assessment and equality impact study will be conducted. This study will also inform about potential gaps in pharmacy schemes across the borough

Planned spend 2006/07	Likely spend 2006/07	Planned spend 2007/08
110,000	130,000	130,000

Objective 1

Actions and milestones for objective	By when	By whom	Costs/budget
Literature availability (advice/information on harm reduction, sexual health, overdose in various languages)	03/07 – ongoing throughout the year	PC	£5K
Staff training (pharmacist and counter staff) to provide advice/ information and brief intervention	03/08	PC	Staff time
Increase return rate – by 25% to target 40%	03/08	PC	Staff time
Pharmacy coverage to expand to 25% of local partnership (making total of 17 pharmacies)	03/08	PC	Staff time
Set up data set to capture diversity accessing pharmacy schemes	03/07	PC	Staff time
Continue to make available Basic Drug and Alcohol Awareness training	Ongoing	BM	Within training

(includes screening and referral procedures) to all Tier 1 staff in Ealing			programme budget
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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.

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

Amber

Re-specification of tier 2 service will remedy deficits, focusing on MI, outreach and improved borough coverage through service satellites.

Diversity assessment and equality impact to review provision to diverse local communities.

Assessment of those testing positive and arrested charged with trigger offence (went from red to green to 2006/7). The introduction of testing on arrest for trigger offences was brought in on 31 March 2006. During the first full year the proportion of those being tested has been around 100% with the number attending and remaining for a required assessment also improving from 80% to 91% over the first 9 months. This achievement is expected to continue improving to the target of 95%

Planned spend 2006/07	Likely spend 2006/07	Planned spend 2007/08
840,000	860,000	850,000

Objective 1

Provide a quality assured open access service with services accessible to all sections of the community.

Actions and milestones for objective	By when	By whom	Costs/budget
Award tender for re-specified tier 2 service	03/07	DAAT	£600 000 approx
Within needs assessment, and in addition, fully assess diversity composition of borough relevant to drugs service	07/07	DPM	Within role resource
Create action plan to address diversity issues relevant to drugs services	07/07	DPM	Within role resource

Implement and monitor action plan	Ongoing	BM/ DPM/ HDA	Within budget
Assess positive testees and those charged with trigger offences	Ongoing	DIP Programme Manager (Dip PM)/ agencies	DIP budget

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 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 psychosocial interventions, structured day programmes and liaison services with social care and acute medical and health services.

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

Green

Set up aftercare, skills development and employment service.

Waiting times targets to be maintained.

SLA's to require annual qualitative care plan audit in provider services.

Hidden harm group to develop and implement action plan related to children and to child protection issues of adult drug users.

Improved continuity of care (within MoC) between tier 3 inpatient treatment, rehab, and aftercare.

Comprehensive robust case management in CJIT.

Improved continuity of care between CJIT, prison and specialist drug agencies..

Planned spend 2006/07	Likely spend 2006/07	Planned spend 2007/08
3,110,000	3,122,000	3,229,000

Objective 1

Assure comprehensive continuity of care arrangements across the community structured treatment services.

Actions and milestones for objective	By when	By whom	Costs/budget
Award tender for respecified aftercare service including case management for	03/07	DAAT	£300 000 approx

ETE and housing			
Sustain waiting times performance by management through action plan with providers	Ongoing	DPM/ DAAT	Within contract budgets
Create and implement Hidden Harm Action Plan, including agency training, and protocol with treatment agencies and Social Services	Ongoing	HDA	Within contract budgets and role resource
Improved continuity of care and defined pathways in line with MoC and including aftercare	03/07	DPM/ Project Manager	Within contract budgets and roles
Improvement plan for discharges in place	04/07	DPM	Within role resource
Improve robustness of case management system in CJIT	03/07	Dip PM	Within contact budgets
Develop and implement action plan to improve continuity of care between CJI,T prison estate and specialist agencies.	03/07/ ongoing	Dip PM	Within contract budgets
Develop and implement written strategy /action plan/ operational protocols for housing, building on existing links with SP and explicitly linked to LBE Housing Strategy	07/07	HDA/ Dip PM	Within role resource
Improve ease of access to drug related support and mutual aid groups for those leaving treatment.	09/07	HDA/ PCDM	Within role resources

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.

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

Amber

Data quality issues for residential rehabilitation.

LBE contracts with placement providers require respecifications.

Waiting time for detox, and lack of range of detox providers

Planned spend 2006/07	Likely spend 2006/07	Planned spend 2007/08
1,210,000	1,238,358	1,253,858

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

Improve the range of rehab and detox available, within waiting times, with improved value for money

Actions and milestones for objective	By when	By whom	Costs/budget
Identify local gaps against NTA's best practice Guidance on Tier 4 commissioning (October 2006)	04/07	BM	Within role resource
Assess feasibility and cost of implementing the findings of the gap analysis	04/07	BM/ PCDM	Within role resource
Secure consistent data submissions for residential rehab	Quarterly	DPM	Within role resource
Improve value for money for community care budget and PTB investment in rehab by entering into block contract arrangements, based on service users preferred choice	03/07	BM/ PCDM	Within community care and PTB budget
Explore and identify additional sources of funding for Residential Rehab and detoxification (e.g. Supporting People. PTB, etc.)	05/07	BM	Within role resource
Decommission part of current block contract with the local Tier 4 detox provider to create scope and capacity for Tier 4 treatment diversification and improved client choice (£100,000)	04/07	BM	Within role resource
Assess Tier 4 crisis interventions for Ealing residents and re-commission accordingly by re-deploying some of the funding released from current Tier 4 block contract	05/07	BM/PCDM	Within resources
Improve client choice and value for money by entering into other block detox contracts with a range of providers	09/07	HDA/ BM	Within role resource
Establish links with other detox service providers for improved client choice	05/07	BM/ PCDM	Within role resource

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. 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)

Green

Ealing provides a robust DIP service.

Improve any minor defects in KPIs.

Further improve links with LBE housing and implement ETE strategy.

Conduct diversity audit.

Retender arrest referral provision in line with PCT standing orders.

Planned spend 2006/07	Likely spend 2006/07	Planned spend 2007/08
1,127,746	1,130,000	1,205,939

Objective 1

Deliver a robust multi agency Drug Interventions Programme (DIP) that engages clients in treatment with the ultimate outcomes of reduced offending and creating safe communities.

Actions and milestones for objective	By when	By whom	Costs/budget
Benchmark Ealing DIP service model against successful models operating in other boroughs to identify key strengths and weaknesses	Quarterly benchmarking reported to steering group	DIP PM	Within role resource
Review client pathways, from initial assessment to referral into mainstream services	07/07	DIP PM	Within role resource

Based on pathways review, conduct gap analysis	09/07	DIP PM/BM	Within role resource
Based on client pathways review, gap analysis and benchmarking against models in boroughs, specify new DIP operating model covering the entire client pathway and focused on increased engagement, quality of care and successful outcomes	09/07	DIP PM/ BM	Within role resource
Review new DIP operating model to ensure financial match with DIP Main grant from Home Office	09/07	BM	Within role resource
Adjust DIP operating model to integrate links with mainstream services (mainstream prescribing, Tier2/3 service, aftercare service, day programmes) as well as specialised services (women's service, dual diagnosis, etc.)	09/07	DIP PM/BM	Within role resource
Implement new DIP operating model	10/07	DIP PM	Within role resource
Develop and implement action plan to remedy any deficits in KPIs	04/07	DIP PM	Within role resource
Build on excellent links with SP by working more with LBE housing dept	Ongoing	HDA/ DIP PM	Within role resource
Implement relevant action points of ETE strategy	Ongoing	HDA / DIP PM	Within PTB and DIP budgets, esp aftercare services
Implement relevant actions arising from borough wide diversity audit and equality impact assessment	09/07	DIP PM/ DPM	Within role resource
Award contract for arrest referral provision	09/07	DAAT/ DIP PM	Arrest referral budget within DIP

Planning grid 11: Integrated drug treatment in prisons

This planning grid should include objectives and action plans in relation to the key elements of the IDTS which includes better treatment for people in prison as defined by Models of Care and the NTA's effectiveness strategy, offering a range of effective needs-based interventions, realistic treatment opportunities, including to remain drug free; improved clinical management with greater use of maintenance prescriptions and the number of treatment/stabilisation programmes in the first wave prisons in 2007/08; intensive CARATs support during the first 28 days of clinical management; greater integration of drug treatment generally but a particular emphasis on clinical and CARATs services, with the objective of creating multi-disciplinary teams; better targeting of interventions to match individual need; and strengthening links to Community Services including Primary Care Trusts, Criminal Justice Integrated Teams (CJITs), Drug Treatment providers etc.

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

N/A