Ealing

Adult drug treatment plan 2007/08
Part 2: Self-assessment checklist

Date published: 2 October 2006

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Introduction

Please refer to the corresponding guidance notes *Adult drug treatment planning 2007/08: Guidance notes on completion of the plan for strategic partnerships* available on www.nta.nhs.uk when completing this checklist.

Drug system management

The major focus of the NTA's treatment effectiveness strategy (2005-08) is on service providers. Parallel developments need to take place to further improve the management of local treatment systems.

Commissioning a local drug treatment system

This self assessment system recognises that drug treatment systems are complex and require appropriate management and support. The standards included in this self-assessment section are taken from the consultation version of *Models of care update 2005*.

Assessment of services, provision and standards	**R/A/G**	**Planning grid ref**
Local 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	G	
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 offending	G	
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	
Drug treatment plan is in line with *Models of care update 2006* with focus on reducing harm to individuals and communities, improving clients' journeys through treatment and predicting client flow through local treatment systems and improving the effectiveness of local drug treatment systems	A	
Partnerships demonstrate best practice in handling public money, contracting with providers and monitoring of service level agreements	A	
Partnerships performance manage local systems of drug treatment using data and key performance indicators in line with all partnership organisations requirements and plans	G	
Commissioning functions are "fit for purpose" and have involvement from key stakeholders at an appropriate level of seniority to deliver a strategic response	G	
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	A	
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	G	

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Information systems

At local partnership level an assessment should be made as to the effectiveness of local IT and reporting arrangements which will support national developments. Additional guidance on the self assessment is included in the treatment plan guidance on the NTA website.

Assessment of services, provision and standards	**R/A/G**	**Planning grid ref**
Compliance with NDTMS monthly returns by tier 3 and 4 treatment providers in line with service level agreements	G	
Compliance with NDTMS core data set requirements in terms of data quality Red=<85% Amber=85%-94% Green=95%+	A	
Data sharing protocols	G	
Appropriateness (or adequacy) of IT systems in treatment provider services to provide regular and accurate supply of data to NDTMS and commissioners	G	
Investment plans for the purchase/development of new/enhanced IT systems to meet clinical needs of providers and NDTMS needs	A	

Workforce development

The required expansion and improvement of the treatment sector cannot be achieved without significant expansion in the workforce, and a step change in the training and professional development of these employees. Additional guidance on the self assessment is included in the treatment plan guidance on the NTA website

Assessment of services, provision and standards	**R/A/G**	**Planning grid ref**
Partnership workforce strategy (see workforce development guidance for details of workforce strategy requirements)	G	
Provider services progress towards creating a supportive learning environment which includes plans for work based assessment of competence and numbers registered for awards	A	
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	A	

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User involvement in drug treatment system

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 is an essential element of developing effective drug treatment systems. Additional guidance on the self assessment is included in the treatment plan guidance on the NTA website

Assessment of services, provision and standards	R/A/G	Planning grid ref
Service users who are representative of the diverse communities within the partnership area, are involved in needs assessment, setting partnership plan priorities and are consulted on plan at draft stage and throughout the process with evidence that the involvement has resulted in action at partnership and provider level	G	
Partnership service user involvement strategy which includes current, ex and potential service users	A	
Resources and investment including user involvement expenses and remuneration arrangements, child care and transport costs; grant aid/funding to local user groups	G	
Network of advocacy and support services aimed at drug users which involves, where appropriate, PALS (NHS), local authority and independent sector	A	
Service level agreements require services to: display a service user charter, include user consultation in service reviews, and promote access to advocacy for users	G	

Carer involvement in drug treatment system

The involvement of carers in the design of the local treatment system and their involvement throughout the implementation, monitoring, review and evaluation processes is an essential element of developing effective drug treatment systems. Additional guidance on the self assessment is included in the treatment plan guidance on the NTA website

Assessment of services, provision and standards	R/A/G	Planning grid ref
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	A	
Resources and investment for carer involvement covering appropriate remuneration, expenses and organisational costs	G	
Service level agreements include a requirement for services to include carer consultation in service reviews	G	

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Drug treatment system delivery

Harm reduction strategy

Effective harm reduction requires a strategy that spans partner agencies and is delivered at all tiers of the treatment system. Last year, additional guidance and a Harm Reduction Self-Audit Toolkit were issued with the treatment plan to guide partnerships in the development of such a strategy. It is anticipated that for the 2007/8 plan progress on the implementation of the strategy will be reviewed via a re-fresh of the audit toolkit and the checklist below, with any remaining actions or new ones entered at planning grid 5.

Assessment of services, provision and standards	R/A/G	Planning grid ref
Partnership harm reduction self audit completed and re-freshed for 2007/8 (or equivalent agreed with NTA Regional Office).	G	
Partnership harm reduction strategy agreed and delivered across the drug treatment system which clearly identifies needs and responds with policies, programmes, services and actions that will reduce harm	G	
Harm reduction partnership lead reports to Partnership quarterly on progress against key harm reduction targets and milestones. Remedial actions agreed and implemented as required	G	
Blood-borne virus control (BBV)		
Multi-agency strategy for BBV control across all partner agencies **including** (and agreed by) the local Health Protection Unit	G	
Universal BBV prevention activities across all services	G	
Training plan to support delivery of BBV prevention activities across all services	G	
BBV testing in place for all at risk drug users	A	
Vaccinations routinely provided to drug users for HAV and HBV	A	
Treatment care pathway for drug users with hepatitis and HIV	A	
Drug-related deaths		
Multi-agency strategy to reduce drug-related deaths, that builds on previous work to meet the DH target to reduce deaths by 20% by 2004	G	
Multi-agency DRD review group for confidential enquiries, has conducted review(s) in past 12 months in line with DH guidance	G	
Programme of overdose training supported by overdose agreements, for users, carers and emergency service staff	A	
Interventions to minimise the risk of overdose and diversion of prescribed drugs	G	
Specific harm reduction interventions		
Named/dedicated post holder overseeing needle exchange services	G	
Open access advice and information service including motivational and brief interventions	A	
Pharmacy, centre based, and, if appropriate, outreach needle exchange with comprehensive range of harm minimisation equipment and information. (Significant coverage of community pharmacies >25% with appropriate geographical spread across partnership area)	A	
Community pharmacies have private area for patient consultation	G	
Needle exchange outlets offer general health advice and, where appropriate, assessment and have referral routes to primary, sexual, dental health care services	G	

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Assessment of services, provision and standards	R/A/G	Planning grid ref
Outreach services (detached, peripatetic and domiciliary) targeting high risk and priority groups	A	
General healthcare assessment is routinely provided to all service users and this is required within service level agreements	G	
Specialist drug treatment and needle exchange services have staff competent to deliver harm reduction interventions (DANOS equivalent or above)	G	
Protocols to ensure staff safety from BBV exposure are in place in all specialist and needle exchange services, are specified in SLAs, and cover requirement for universal precautions and procedures for access to post exposure prophylaxis (PEP), testing and counselling and Hep B vaccination	A	

Treatment journey

This section focuses on improving the impact of treatment, alongside consolidation of improvements in access and capacity. This requires partnerships to evaluate the service user treatment journey including retention in treatment for long enough to impact on behaviour, have a care plan which identifies their needs and a programme of action to deliver their treatment goals, promote progression through the system for all individuals including support for positive lifestyles including access to stable accommodation, education, training and employment. The outcome of the treatment journey should deliver improvements in individual drug user's health and social functioning, lower public health risks from blood borne viruses and overdose, and improvements in community safety.

Assessment of services, provision and standards	R/A/G	Planning grid ref
Drug treatment engagement		
Screening, assessment and referral for structured drug treatment from open access services (tier 2 referrals to tier 3 and 4 services) in sufficient detail to identify drug treatment needs and inform individual care plans (where required)	G	
Open access drug interventions which attract and motivate drug misusers into local treatment systems including engagement with offenders (tier 2 interventions)	A	
Service provision is based on local need providing access that is appropriate to service users from all backgrounds and characteristics within the partnership area	A	
Waiting times within national targets and providing timely access to structured drug treatment interventions	A	
Management and, where required, reduction of waiting times action plan which includes delivery of NTA improvement programme and includes routine review and exceptions reporting of all waiting times of over 6 weeks	A	
CJIT assessment of target offender population i.e. those testing positive or those arrested/charged with trigger offences	A	
Waiting times for DIP clients accessing structured treatment (including CJIT case management) and particularly substitute prescribing where appropriate	G	
Where restriction on bail is implemented, effective arrangements to communicate test results to courts and undertake assessment and follow on treatment	G	
Target of retention in treatment of more than 12 weeks achieved or bettered with all client groups including offenders	G	
Management and, where required, improvement of retention rates action plan	G	

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Assessment of services, provision and standards	R/A/G	Planning grid ref
Drug Treatment delivery		
Each service user is supported to improve their health, social circumstances and well being by the provision of a written individually tailored care plan which tracks their progress and is regularly reviewed	G	
Care plans cover areas related to drug and alcohol use, physical and psychological health, criminal involvement and offending and social functioning	G	
Annual qualitative audits of care plans are undertaken in all provider services	R	
Individuals receive information, advice, injecting equipment and brief interventions and treatment to help reduce potential harm due to the transmission of blood borne virus's, drug related infections and overdose, and improves their physical health	G	
Service user "significant others" have access to support and interventions to reduce harm related to drug misuse including access to support in their own right.	G	
Drug treatment services identify and record the existence of clients' dependent children and contribute actively to meeting their needs either directly or through referral to or liaison with other appropriate services, including those in the non-statutory sector. This includes protocols that set out arrangements between drug and alcohol services and child protection services.	A	
Full range of evidence based structured treatment interventions as outlined in Models of care: Update 2006	G	
Effective continuity of care arrangements between tier 3 services, inpatient drug treatment and residential rehabilitation including aftercare and relapse prevention services	A	
Comprehensive and robust case management arrangements in place within the CJIT	A	
Effective continuity of care arrangements between prisons, CJITs and specialist treatment providers	A	
Range of drug treatment interventions for drug misusing offenders in DIP	G	
Range of drug treatment interventions for drug misusing offenders subject to community based court orders	G	

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Assessment of services, provision and standards	R/A/G	Planning grid ref
Community integration and treatment completion		
Drug services have defined pathways to enable service users to integrate into the community during and following the completion of treatment, including access to appropriate housing, education and mainstream health	A	
A range of aftercare, 'move on' and support services are commissioned within specialist services to facilitate clients' transition from specialist drug services into wider resettlement, aftercare and community integration services	A	
Partnership (including all relevant stakeholders) has a 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	A	
Joint strategy is supported by an action plan which ensures all key partners have shared definitions, objectives and outcomes	A	
Partnership has undertaken a local assessment of met and unmet need for housing and housing support by drug users	A	
Specific operational protocols between the partnership, the LA Supporting People Team and housing providers	A	
Partnership has a written strategic plan to increase access to education, training and employment by drug users in order to assist stabilisation and resettlement	G	
Partnership has identified current performance in terms of planned and unplanned discharges for treatment with plans in place to improve performance year on year	A	
Service level agreements with all service providers clearly stipulate planned discharge performance expectations and are reviewed quarterly with agencies	G	
All those who have left structured drug treatment have access to drug related support and mutual aid groups. This includes easy access back to structured drug treatment in the case of relapse.	A	

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Criminal justice and treatment

From April 2006 there has been an expectation that all partnerships commission criminal justice based interventions based on the Criminal Justice Intervention Team model already implemented in intensive DIP areas. The aim of DIP is to provide timely, appropriate and joined up treatment and rehabilitation for drug-using offenders. Partnerships need to continue developing an integrated and enhanced care management system for offenders entering the treatment system, from all points of access within the criminal justice system. This will include pre-arrest, at arrest, at court, on drug rehabilitation requirements and other community sentences and on release from prison. The provision of integrated drug treatment in prisons also requires arrangements to be in place for continuity of care to be embedded into local drug treatment systems for those going into and being released from custody.

The national expectations are that offenders can access treatment at every stage of their passage through the Criminal Justice System and local treatment systems are able to absorb 1000 criminal justice referrals per week in 2007/08.

Drug Interventions Programme

Assessment of services, provision and standards	R/A/G	Planning grid ref
Leadership and stakeholders		
Steering group comprising key local partners, Prisons, CPS, Police etc – and working with Government Office and NTA - to oversee implementation of the Programme.	G	
Named DIP Champion at a sufficiently senior level to be able to influence local partners.	G	
Steering Group have procedures in place to maintain delivery of the programme, including RA, RoB etc.	G	
Links with Housing provision through local authorities to ensure DIP client needs are taken into account.	A	
DIP priorities are taken into consideration and are properly reflected in local commissioning and treatment planning processes.	G	
Steering of the programme includes learning from UCLAN projects and the DIP Race and Equality Plan.	A	
Relevant information exchange using appropriate protocols and processes to ensure effective inter-agency working and to support continuity of care e.g. Prison, Prolific and Priority Offenders	G	
Involvement of Service Users in developing, monitoring and reviewing delivery	G	
Involvement of Carer/family support in developing, monitoring and reviewing delivery	G	
All partners and stakeholders understand the end to end DIP process and contribute to ensuring the most effective and appropriate pathway for each client.	G	
Programme delivery		
Criminal Justice Integrated Team to deliver DIP in the local area, working towards the integration of interventions delivered at all points of the CJS, from arrest through working with probation and prison service CARAT teams and beyond to deliver aftercare services.	G	
Sufficient capacity, and appropriate working hours / practices to cover custody suites and courts (Crown and Magistrate) in line with DIP priorities and demand, including the need to carry out Required Assessments promptly (intensive areas only), and Restriction on Bail relevant assessments where necessary	G	

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Assessment of services, provision and standards	R/A/G	Planning grid ref
Arrangements to accept and continue treatment for those who live in local areas, referred to them from other CJITs, including those who have been required to have a Required Assessment or have been given Restriction on Bail conditions	G	
Single point of contact for professionals (i.e. a single telephone number for use by professionals during office hours) such as treatment agencies, probation, the police etc to make contact with the CJIT in order to facilitate effective continuity of care	G	
Pathways (that can be evidenced) to local and mainstream programmes for wraparound support (such as housing, employment, training and education).	A	
Links to other services (such as alcohol and mental health services) as appropriate.	G	
Communication methods (where applicable) to inform Probation, PPO schemes etc of CJIT interventions	G	
Single point of contact 24/7 phone line to deliver advice, support and referral to services to clients, particularly for those most vulnerable leaving prison/treatment	G	
Relapse prevention support (outside existing treatment provision), support for families (Tier 2), peer support for drug users leaving treatment and mentors	A	
Data collection and management processes are clear, appropriate and communicated to all parties	G	
Drug Interventions Record is properly completed, data submitted in a timely manner and workers are trained to an appropriate level in its use.	G	

Integrated Drug Treatment System – Prisons

Assessment of services, provision and standards	R/A/G	Planning grid ref
Prisons included in roll out of enhanced clinical services		
Statement of readiness completed and approved		
Plan with milestones agreed with Prison Partnership Board		
Commissioning and clinical governance structures and roles defined and agreed		
Healthcare expenditure planned signed off with drugs partnership and Prison Partnership Board		
Needs assessment completed to support appropriate use of a range of clinical interventions		
Care pathways in place for all structured drug treatment interventions		
Protocol in place for the receipt of prisoners into custody who are already in treatment to facilitate continuity of care		
All prisons (with prisoners who are aged 18 or over)		
Case management structure and co-ordinated planning in place between prison, healthcare, probation, CARATs, DIP Single point of contact, Learning and Skills Council and Job Centre Plus which include prolific and priority offender and Multi-agency public protection cases		
Discharge protocols agreed with DIP schemes to cater for continuity of care on release especially for releases direct from courts, Friday discharges and holiday periods		