

Partnership name: Isle of Wight DAT

Adult drug treatment plan 2008/09
Part 3: Planning grids

Date published: 1 October 2007

Planning grid 1: Commissioning a local drug treatment system

Please see checklist at Appendix 1 of the 2008/09 adult drug treatment plan guidance for possible areas to include within this planning grid

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

1. Information systems to ensure valid data / activity reporting from all service providers, including roll out of TOPs
2. Contracting and procurement processes supported by Council community services directorate
3. Clarification of care pathways between tiers
4. Monitoring impact and supporting development of new supported accommodation service
5. Improve clinical governance processes and monitoring across provider services and implementation of NICE guidelines
6. Meet targets set in ATP for 2008/09
7. Ensure DAT involvement in LAA discussions, meetings and development and identify relevant NI for reporting
8. Ensure DAT involvement in the development of the IDTS funded projects within Camphill Prison

Objective 1: Information systems to ensure valid data / activity reporting from all service providers, including roll out of TOPs

Delivery Plan:

| Actions and milestones | By when | By whom |
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| 1.1.1 Ensure all provider specifications detail reporting requirements as contractual requirements | April 1 st 2008 | Commissioner |
| 1.1.2 Continue to monitor compliance with data reporting requirements with all providers on a monthly basis. | Monthly | Commissioner and Business and |

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| | | Performance Manager |
| 1.1.3 Scrutinise quarterly reports to identify which areas remain poorly reported on. | Quarterly | Commissioner and Business and Performance Manager |
| 1.1.4 Explore potential for change of IT system to support data reporting process if continual problems with BOMIC | June 2008 | Commissioner |

Objective 2: Contracting and procurement processes supported by IW Council community services directorate

Delivery Plan:

| Actions and milestones | By when | By whom |
|---|----------------------------|----------------|
| 1.2.1 Identify timescales for tendering of services | April 1 st 2008 | Commissioner |
| 1.2.2 Inform current providers of intention to tender services | As appropriate | Commissioner |
| 1.2.3 Work with contracts department of community services to identify resources and processes required to comply with contract standing orders and procurement laws. | May 1st 2008 | Commissioner |
| 1.2.4 Establish processes required to commission services via the PCT commissioners for Local Enhanced Services for substance misuse | June 1st 2008 | Commissioner |

Objective 3: Clarification of care pathways between tiers

Delivery Plan:

| Actions and milestones | By when | By whom |
|--|--------------------------------|----------------|
| 1.3.1 Develop care pathways between each of the tiers which identify access and discharge processes ensuring data reporting requirements are clarified at each stage | September 1 st 2008 | Commissioner |
| 1.3.2 Promote care pathways within provider services, particularly for tier 1 services. | October 1 st 2008 | Commissioner |
| 1.3.3 Monitor effectiveness of implementation of care pathways in provider contract monitoring reviews | Quarterly | Commissioner |

Objective 4: Monitoring impact and supporting development of new supported accommodation service

Delivery Plan:

| Actions and milestones | By when | By whom |
|---|----------------------------|----------------|
| 1.4.1 Identify processes and protocols to assist operational delivery of the services and timescales for development of service | April 1 st 2008 | Commissioner |
| 1.4.2 S.M. Supported Accommodation monitoring group to ensure involvement of stakeholders in the | Monthly | Commissioner |

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| development and delivery of the service to meet monthly in the first six months of the project and review. | | |
| 1.4.3 Liaise with Supporting People team to keep informed of issues related to the provider delivery of the SP contract | Bi monthly | Commissioner |
| 1.4.4 Report to DAT JCG outlining progress and issues outstanding relating to the project | July 1st 2008 | Commissioner |

Objective 5: Improve clinical governance processes and monitoring across provider services and implementation of NICE guidelines

Delivery Plan:

| Actions and milestones | By when | By whom |
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| 1.5.1 Clarify expectations of providers within updated contract specifications as appropriate | April 1 st 2008 | Commissioner |
| 1.5.2 Continue as member of PCT Care Group / CG Board to monitor implementation of NICE guidelines and raise/ keep up to date with issues. Specific actions required already presented are: <ul style="list-style-type: none"> •Identify a PCT CG lead for Substance Misuse (SM) •Ensure current Care Group CG fora include monitoring and development of implementation of the NICE SM Clinical Guidelines, if it is not set up to manage this, how will the care group compliance? •Identify training needs of workforce and resources required •Ensure all SM policies and procedures are in place and reflect the NICE guidelines •Identify resource implications in the implementation of the new guidelines and inform | Monthly | Commissioner |

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| SM services commissioners. •Ensure adult treatment plan and all SM service delivery plans are implemented and progress monitored. | | |
| 1.5.3 Clarify non NHS provider CG processes and establish regular monitoring within contract reviews | Quarterly | Commissioner |

Objective 6: Meet targets set in ATP for 2008/09

Delivery Plan:

| Actions and milestones | By when | By whom |
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| 1.6.1 Ensure all providers are aware of specific targets relating to them | April 1 st 2008 | Commissioner |
| 6.2 Monitor achievement of targets within provider contract reviews | Quarterly provider reviews | Commissioner and Business and Performance Manager |
| 1.6.3 Request action plans from providers where targets not being met | As required | Commissioner |

Objective 7: Ensure DAT involvement in LAA discussions, meetings and development and identify relevant NI for reporting

Delivery Plan:

| Actions and milestones | By when | By whom |
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| <p>1.7.1 Ensure there are robust mechanisms in place to report achievement of indicators below:</p> <p>PSA 25 Reduce the harm caused by alcohol and drugs</p> <p>NI 38 Drug-related (Class A) offending rate</p> <p>NI 39 Alcohol-harm related hospital admission rates</p> <p>NI 40 Drug users in effective treatment</p> <p>NI 41 Perceptions of drunk or rowdy behaviour as a problem</p> <p>NI 42 Perceptions of drug use or drug dealing as a problem</p> | April 1 st 2008 | Commissioner and Business and Performance Manager |
| <p>1.7.2 Continue to be involved in relevant meetings and for a relating to the LAA and LSP and promote areas of good practice and of concern to the health and well-being board</p> | As appropriate | Commissioner and Business and Performance Manager |

Objective 8: Ensure DAT involvement in the development of the IDTS funded projects within Camphill Prison

Delivery Plan:

| Actions and milestones | By when | By whom |
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| <p>1.7.1 Ensure there are robust mechanisms in place to report achievement of developments:</p> | April 1 st 2008 | Commissioners / Prison Drug Service Manager and Prison Healthcare Manager |
| <p>1.7.2 Continue to be involved in relevant meetings and for a relating to the IDTS Management and</p> | As appropriate | Commissioner and |

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| Clinical Governance Boards | | Business and Performance Manager |
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Planning grid 2: Access and engagement with the drug treatment system

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

1. Promotion and awareness raising of services available for substance misusers
2. Development of dual diagnosis services and implementation of DD Service delivery plan achieved by March 31st 2009
3. Continued development of Open Access and DIP service
4. Review tier 3 service to inform redesign and development as PCT rising costs of existing service place pressure on pooled treatment budget
5. Improved access for 'difficult to engage' people, including minority ethnic / faith communities
6. SM Workforce development group sustained to ensure implementation of work plan
7. Harm reduction initiatives across services and agencies

Objective 1: Promotion and awareness raising of services available for substance misusers is an ongoing practice within provider services

Delivery Plan:

| Actions and milestones | By when | By whom |
|---|---------------------------|--------------|
| 2.1.1 Update web based information on SM services and promote the web link across agencies, carer services and service user groups. | 1 st June 2008 | Commissioner |
| 2.1.2 Continuation of promotion of BDA training offered and monitor attendance | Quarterly | Commissioner |

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| | review | |
| 2.1.3 Continuation of promotion of provider services reported in quarterly contract reviews | Quarterly reviews | Commissioner |
| 2.1.4 Bi monthly RESULT (service user group) newsletter to be circulated to stakeholders and via peer led services | Bi monthly | Service user co-ordinator |

Objective 2: Development of dual diagnosis services and implementation of DD Service delivery plan achieved by March 31st 2009

Delivery Plan:

| Actions and milestones | By when | By whom |
|---|----------------|------------------|
| 2.2.1 Monitor progress of DD delivery action plan at bi monthly Substance Misuse Action Group | Bi monthly | Commissioner |
| 2.2.2 Report from AMH lead on DD to DAT JCG in December 2008 | December 2008 | AMH Commissioner |
| 2.2.3 Any individual case issues raised with DAT commissioner to be resolved in the timeliest way (resolution of difficulties expected within 5 working days of notification) | As required. | Commissioner |

Objective 3: Continued development of Open Access and DIP service

Delivery Plan:

| Actions and milestones | By when | By whom |
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| 2.3.1 Carry forward any outstanding issues from DIP audit and subsequent action plan with the following work areas: | | 1 st June 2008 | DIP Provider CJIT |
| <ul style="list-style-type: none"> • Arrest Referral • Early Drug Intervention Initiative • Court work • Prison work • Probation / DRR | <ul style="list-style-type: none"> • Data monitoring • DIP/ PPO alignment • Diversity • Wrap around services • Conditional cautioning | | |
| 2.3.2 DIP provider to work with growing local Polish community to identify areas of need and improve access to services | | August 2008 | DIP Provider |
| 2.3.3 DIP steering group to monitor performance and implementation of improvement / development plans relating to DIP | | Quarterly reviews | DIP Champion |

Objective 4: Review tier 3 service to inform redesign and development as PCT rising costs of existing service place pressure on pooled treatment budget

Delivery Plan:

| Actions and milestones | By when | By whom |
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| 4.1.1 Meet with provider to go through service contract, specification and targets to lead discussions | 1 st May 2008 | Commissioner |

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| for review and redesign | | |
| 4.1.2 Develop work plan to improve service provision within existing resources ensuring improved data reporting and communication with stakeholders | 1 st June 2008 | Provider team managers |
| 4.1.3 Monitor implementation of plan with provider in contract reviews | Quarterly reviews | Commissioner |

Objective 5: Improved access for 'difficult to engage' people, including minority ethnic / faith communities

Delivery Plan:

| Actions and milestones | By when | By whom |
|---|---------------------------|----------------|
| 5.1.1 Establish two community engagement projects in Substance Misuse Action group | 1 st May 2008 | SMAG |
| 5.1.2 Work with providers and RESULT to scope community engagement projects for 2008/09 | 1 st June 2008 | Commissioner |
| 5.1.3 Reports and updates of projects to DAT JCG | Quarterly | Project leads |

Objective 6: SM Workforce development group sustained to ensure implementation of work plan

Delivery Plan:

| Actions and milestones | By when | By whom |
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| 6.1.1 Establish new workforce development lead for the DAT | 1 st April 2008 | Commissioner |
| <p>6.1.2 SM Workforce development group work plan to be reviewed and established for 2008/09 to include following areas of work:</p> <ul style="list-style-type: none"> •Develop a good track record in recruiting and retaining staff in all areas to provide consistent and competent workforce •Ensure all staff have the core competencies required and a positive attitude towards people they will be working with •All staff will have an awareness of the roles of fellow professionals and colleagues with which they relate to on a regular basis •The services will share skills and expertise with fellow professionals and colleagues to provide people with improved response and outcomes to their problems and contact with the full range of services. •Active, positive and innovative leadership will change cultures and practices, managers in leadership roles will be required to continually develop their leadership skills through ongoing professional development •For meaningful service user and carer involvement in service planning, implementation and evaluation they require joint training opportunities and development alongside workers in the field. It is our intention that this will be a reality with a rolling programme of opportunities in place every year. •Non professionally trained drug workers are vital to quality service provision, we want to ensure there are career pathways available to them and access to professional training should they want it. | 1 st April 2008 | Commissioner |
| 6.1.3 Report to DAT JCG progress on work plan September 2008 | September 2008 | DAT Workforce lead |

Objective 7: Harm reduction initiatives across services and agencies

Delivery Plan:

| Actions and milestones | By when | By whom |
|---|------------------|--|
| <p>7.1.1 Continuation of Harm Reduction group to implement the Harm Reduction delivery plan which covers the following areas:</p> <ul style="list-style-type: none"> •Drug related deaths •BBVs •Overdose prevention •Peer led training •Needle exchange services •NICE Clinical Guidelines | Quarterly | <p>Commissioner</p> <p>DAT BBV Care Manager</p> <p>RESULT</p> <p>Providers</p> |
| 7.1.2 Provide harm reduction materials for needle exchange services to include in needle exchange packs on a monthly basis. | Quarterly review | DAT BBV Care Manager |
| 7.1.3 Progress report to DAT JCG September 2008 | September 2008 | Commissioner / DAT BBV Care Manager |

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

Please see checklist at Appendix 1 of the 2008/09 adult drug treatment plan guidance for possible areas to include within this planning grid

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

1. Target of retention in treatment of more than 12 weeks met
2. Care planning reviews audited in IDAS
3. Carers delivery plan taken forward
4. Service user group (RESULT) to develop peer mentoring/ advocacy/ needle exchange services
5. Increase availability of Psychological Therapies
6. Shared Care LES with GPs taken forward and increased uptake by March 31st 2009
7. Develop increased availability and access to structured day services by March 31st 2009.

Objective 1: Target of retention in treatment of more than 12 weeks met

Delivery Plan:

| Actions and milestones | By when | By whom |
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| 3.1.1 Monitor achievement quarterly and providers to complete improvement plan if not achieving target | Quarterly | Providers Commissioner |

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| 3.1.2 Monitor improvement plans as agreed with providers | As required | Commissioner |
| 3.1.3 Identify resources required where continuing non achievement is indicated to ensure target met | As required | Commissioner |
| 3.1.4 Report to commissioner and DAT JCG of target percentage per quarter | Quarterly | Business and performance manager |

Objective 2: Care planning reviews audited in IDAS

Delivery Plan:

| Actions and milestones | By when | By whom |
|---|----------------|-------------------|
| 3.2.1 Develop audit tool and audit process proposal | September 2008 | IDAS team manager |
| 3.2.2 Undertake audit | October 2008 | IDAS team manager |
| 3.2.3 Audit tool results and action plan from IDAS to JCG | November 2008 | IDAS team manager |

Objective 3: Carers delivery plan taken forward

Delivery Plan:

| Actions and milestones | By when | By whom |
|---|-----------|--------------|
| 3.3.1 Ensure monitoring of progress on carers delivery plan for the following areas: <ul style="list-style-type: none"> Establish core funding for the Carers post and the Family Intervention project by April 2010 | Quarterly | Commissioner |

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| <ul style="list-style-type: none"> • Establish links to the third sector organisations which can have a role in supporting carers by April 2008 and agree ways in keeping up to date with service changes and developments. • Promote the voice of the carer and explore opportunities for training for professionals and other staff within relevant services over the next two years and review progress. • Promote services via the website and media to raise awareness of the support for carers and what is available for the people they care for. • Raise awareness of the role of the grandparents and explore ways of supporting them and facilitate family cohesion wherever possible. Raise awareness of the needs of young people who have parents who substance misuse. • Increase carer involvement in service planning, delivery and evaluation | | |
| 3.3.2 Progress report to DAT JCG September 2008 | September 2008 | Commissioner Family Co-ordinator post |

Objective 4: Service user group (RESULT) to develop peer mentoring/ advocacy/ needle exchange services

Delivery Plan:

| Actions and milestones | By when | By whom |
|---|------------|---------------------------|
| 3.4.1 Protocols written and agreed by RESULT team members and SMAG | April 2008 | Service user Co-ordinator |
| 3.4.2 Promote peer led services and work within services to engage people to utilise service. | April 2008 | Service user Co-ordinator |

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| 3.4.3 Updates and Progress report (January 2009) to DAT JCG | January 2009 | Service user Co-ordinator |
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Objective 5: Increase availability of Psychological Therapies

Delivery Plan:

| Actions and milestones | By when | By whom |
|---|------------|--------------------|
| 3.5.1 IDAS to work with EIP team (AESOP) and Psychological Therapies services to increase access to PT. | July 2008 | IDAS Team Managers |
| 3.5.2 Clarify care pathway and access to PT and monitor effectiveness | March 2009 | IDAS Team Managers |

Objective 6: Shared Care LES with GPs taken forward and increased uptake by March 31st 2009

Delivery Plan:

| Actions and milestones | By when | By whom |
|---|--------------|--------------|
| 3.6.1 Monitor quarterly uptake of LES via PCT commissioner | quarterly | Commissioner |
| 3.6.2 Provide financial support to GPs wishing to undertake RCGP training | Annual offer | Commissioner |

Objective 7: Develop increased availability and access to structured day services by March 31st 2009.

Delivery Plan:

| Actions and milestones | By when | By whom |
|--|----------------|---------------------|
| 3.7.1 Complete proposal and action plan for development of structured day services | April 2008 | Tier 4 care manager |
| 3.7.2 Implement plan for developing service and promote access | May 2008 | Tier 4 care manager |

Planning grid 4: Outcomes, discharge and exit from the drug treatment system

Please see checklist at Appendix 1 of the 2008/09 adult drug treatment plan guidance for possible areas to include within this planning grid

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

1. Monitor TOPs to advise strategic planning and implement the post discharge 3 month follow up by tier 3 service
2. Build on links with wrap around services and work further with housing and supporting people to develop increased community support
3. Build on links with education and employment to develop increased opportunities

Objective 1: Monitor TOPs to advise strategic planning and implement the post discharge 3 month follow up by tier 3 service

Delivery Plan:

| Actions and milestones | By when | By whom |
|---|----------------|-------------------|
| 4.1.1 Monitor outcomes through quarterly reporting processes | Quarterly | Commissioner |
| 4.1.2 Tier 3 to identify resources required to implement post discharge 3 month follow up and TOPs completion | September 2008 | IDAS Team Manager |

Objective 2: Build on links with wrap around services and work further with housing and supporting people to develop increased community support

Delivery Plan:

| Actions and milestones | By when | By whom |
|---|----------------|----------------|
| 4.2.1 Complete SM Housing and housing related support delivery plan | May 2008 | Commissioner |
| 4.2.2 DAT JCG to agree action plan | May 2008 | DAT JCG |
| 4.2.3 Monitor implementation of action plan and report to DAT JCG | January 2009 | DAT JCG |

Objective 3: Build on links with education and employment to develop increased opportunities

Delivery Plan:

| Actions and milestones | By when | By whom |
|--|----------------|------------------------|
| 4.3.1 Tier 2 and 3 services to agree plan with commissioner how they will develop improved links with education and employment initiatives | June 2008 | Provider Team Managers |
| 4.3.2 Monitor plan in quarterly reviews with providers | Quarterly | Commissioner |