

Partnership name: Sandwell

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## Adult drug treatment plan 2008/09

### Part 3: Planning grids

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

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

1. Consider recommendations of the Treatment System Review
2. Restructure Drug and Alcohol Action Team
  3. Develop needs assessment and improve performance and accountability
  4. Support the independent development of Sandwell Addicts Views Expressed (SAVE)
  5. Develop a clear clinical governance framework including a clinical audit process
6. Prepare for the outcome of the NTA/HCC service review of Diversity and Tier 4 and monitor Harm Reduction action plan

### Objective 1

Consider recommendations of the Treatment System Review

### Delivery Plan:

| Actions and milestones   | By when  | By whom        |
|--|----------|----------------|
| Safer Sandwell Partnership Away Day to review Partnership engagement with commissioning process and identify financial and activity based leverage from within partnership structure | April 08 | JG/CPI         |
| Review Drug and Alcohol Action Team structure  | Q3       | JG             |
| Identify contingency plan in relation to loss of Tier 2 service (improve client treatment journey)   | Q1       | DAAT/JCG       |
| Address referral, retention and discharge performance with a focus on developing primary care options  | March 09 | JCG/SMHSCT/PCT |
| Refresh service contracts to focus on performance and treatment system priorities around targets, equalities, workforce, harm reduction, care coordination and governance issues     | May 08   | MH/ST          |
| JCG to appraise a re tender option proposal for all services with a view to establishment of a treatment system approach or on an incremental basis during 2008/09.                  | May 2008 | JCG            |

**Objective 2**

Restructure Drug and Alcohol Action Team

**Delivery Plan:**

| <b>Actions and milestones</b>   | <b>By when</b> | <b>By whom</b> |
|---|----------------|----------------|
| DAAT away day to set vision and priorities  | April 08       | JG             |
| Review commissioning, business support and performance capacity and requirements                        | May 08         | JG             |
| Undertake Human Resource process with PCT/SMBC in relation to review of Job Descriptions and deployment | Q2             | JG/HR/DAAT     |

**Objective 3**

Develop needs assessment and improve performance and accountability

**Delivery Plan:**

| <b>Actions and milestones</b>  | <b>By when</b> | <b>By whom</b> |
|--|----------------|----------------|
| Identify nominated individuals in partner organisations who will be responsible for collating and providing data for ongoing needs assessment. Clarify aims, objectives and process with all agencies. | Q2             | MB             |
| Refresh SLAs and set programme of contract reviews   | May 08         | ST/MH          |
| Bi monthly meetings between JCG/SMHSCT   | Ongoing        | JCG            |
| Bi Monthly local performance reports to AJCG, quarterly reporting to SSP,LAA, Adult Services & PCT   | Ongoing        | JG/MB/MS       |
| Review recording of all Tier 3 activity to include DIP & structured day programme  | Q1             | JCG/MS/MB      |

**Objective 4**

Support the independent development of Sandwell Addicts Views Expressed (SAVE)

**Delivery Plan:**

| <b>Actions and milestones</b>   | <b>By when</b> | <b>By whom</b> |
|---|----------------|----------------|
| Expand membership to include individuals who use Alcohol Services   | Q1             | SAVE/ST/NP     |
| Support SAVE to review its structure aims and objectives  | Q1             | SAVE/ST/NP     |
| SAVE research / visit other independent organisations   | Sept 08        | SAVE           |
| Review SURG process undertaken last year and develop an appropriate process that will support the development of the group towards independent status | Dec 08         | DAAT/SAVE      |

**Objective 5**

Develop a clear clinical governance framework including a clinical audit process

**Delivery Plan:**

| <b>Actions and milestones</b>  | <b>By when</b> | <b>By whom</b>     |
|--|----------------|--------------------|
| PCT to nominate a governance lead to develop framework with DAAT   | Q1             | PEC/PCT            |
| Use Service Managers meetings/SCMG to develop a shared understanding/approach to clinical governance   | Q1             | JG/ST              |
| Identify and name governance leads within provider organisations   | Q1             | Providers          |
| Review and refresh governance arrangements in terms of: <ul style="list-style-type: none"> <li>• Risk management &amp; use of information</li> <li>• Clinical and cost effectiveness</li> <li>• Care Environment</li> <li>• Education, training and CPD as well as staffing and management</li> <li>• Clinical audit</li> <li>• Involvement of individuals using services</li> </ul> | Dec 08         | PCT/DAAT/Providers |

|   |          |                |
|---|----------|----------------|
| • Public Health   |          |                |
| Providers to audit their practice in line with the NICE guidance documents and the UK “Clinical Guidelines” and identify any changes required to practice to fully comply with the guidance | March 09 | Providers/DAAT |

**Objective 6**

Prepare for the outcome of the NTA/HCC service review of Diversity and Tier 4 and implement the Harm Reduction action plan

**Delivery Plan:**

| <b>Actions and milestones</b>   | <b>By when</b> | <b>By whom</b>             |
|---|----------------|----------------------------|
| Implement findings of the Equality Impact Assessment (Tier 2) as part of commissioning process; including specific targets and objectives in SLAs for 2008/09   | May 08         | ST/MH                      |
| Review placement criteria and transfer lead role to Adult Services  | Q2             | MH                         |
| Harm reduction strategy priorities 2008/09 include: <ul style="list-style-type: none"> <li>• Establishing clinical governance arrangements</li> <li>• Sexual health liaison in terms of referral processes and Chlamydia screening</li> <li>• Establishing appropriate alcohol assessment/intervention</li> <li>• Needle and Syringe Programme development</li> <li>• Draft framework for Confidential Enquiries process</li> <li>• Integrated approach with Mental Health service developments</li> <li>• Referral mechanisms for Dental Health Care.</li> </ul> | March 09       | DAAT/HR Steering Group/CMB |
| Deliver a programme of Harm Reduction training to Tier 1 providers including allied health professionals through the PCTs learning and development programme  | March 09       | IB                         |

## 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. Improve referral and attrition rates and ensure that pathways into structured treatment services (community and residential) are in place and accessible to as wide a range of communities as possible
2. To develop and implement primary care services that are consistent with the UK guidelines on clinical management
3. To focus on DIP assessment outcomes to improve engagement rates with DIP and Tier 3 structured caseloads
4. Provide support for parents, carers and families

### Objective 1

Improve referral and attrition rates and ensure that pathways into structured treatment (community and residential) are in place and accessible to as wide a range of communities as possible

### Delivery Plan:

| Actions and milestones  | By when  | By whom     |
|---|----------|-------------|
| Roll out programme of 6 referral awareness sessions to Tier 1 provider/partners   | March 09 | IB/SMHSCT   |
| Establish DAAT website and develop an annual communications strategy to promote services  | Q1       | IB/MJ/MH    |
| Identify contingency plan in relation to loss of Tier 2 service to provide community based, stimulant interventions, outreach and triage capacity and to follow up DNAs | Q1       | DAAT/JCG    |
| Include drug dependency assessment within DIP RA process and appropriately increase follow up appointments and further interventions                                    | Q2       | COSAS (WMP) |
| Develop referral & follow up pathway for individuals discharged or released from prison at Court  | Q2       | Probation   |
| Review placement criteria (Tier 4) and transfer lead role to Adult Services   | Q2       | MH/WAB      |
| Monitor equalities data and review practice through contract reviews  | Ongoing  | MB/ST/MH    |

|   |    |          |
|---|----|----------|
| Identify priorities around dual diagnosis provision with MH Commissioning & Modernisation Board | Q2 | JG/NP/LB |
|---|----|----------|

**Objective 2**

To develop and implement primary care services that are consistent with the UK guidelines on clinical management

**Delivery Plan:**

| Actions and milestones   | By when  | By whom    |
|--|----------|------------|
| Involvement of PCT Commissioning team in the development of an engagement strategy with primary care through Practice Based Commissioning, GP contracts and Local Enhanced Service options.                                    | Dec 08   | RY/JG/ST   |
| Map out and establish an understanding of current GP prescribing and liaise with practices/individuals operating outside of GP Shared Care programme to encourage wider involvement and inclusion in clinical audit framework. | Q2       | ST/MP/JH   |
| Benchmark current delivery against local shared care guidelines and establish 'best practice parameters' against the current system.   | Q2       | SCMG       |
| Review pharmacy schemes and implement NTAs new monitoring framework, incrementally developing a desired data set during 2008/09  | March 09 | ST/MB/SAVE |

**Objective 3**

To focus on DIP/CJ assessment outcomes to improve engagement rates with DIP and Tier 3 structured caseloads

**Delivery Plan:**

| Actions and milestones  | By when  | By whom |
|---|----------|---------|
| Prioritise COSAS caseload capacity to provide an increase in follow up and further interventions particularly targeting those assessed as drug dependent and the High Crime Causing User Group. | Q2       | WMP     |
| Incorporate brief interventions under conditional cautioning arrangements as rolled out by HO.  | March 09 | WMP     |

|   |                   |                           |
|---|-------------------|---------------------------|
| Transfer DIP Tier 2 service from Addaction to SMHSCT to provide caseload capacity and prison in reach on an interim basis. Retain Bham Road premises as a base.<br>Substantive specification and procurement project plan to be developed | April 08<br>Q1    | DAAT/SMHSCT/PCT<br>MH/JCG |
| Improve tracking of individuals through Tier 3 particularly in relation to the retention of PPOs; increase rate of DIR returns and caseload information to DAAT   | Q1                | SMHSCT/MS                 |
| Safer Sandwell Partnership to approve draft High Crime Causing User Strategy and strategic recommendations around offender management capacity and target setting; identify monitoring arrangements for 2008                              | Q1                | SSP/MS                    |
| Increase ROB and DRR applications and develop treatment input with clear objectives set out in the SLA with SMHSCT  | May 08<br>Ongoing | MH/Probation/SMHSCT       |

#### Objective 4

Provide Support for Parents, Carers and families

#### Delivery Plan:

| Actions and milestones  | By when  | By whom            |
|---|----------|--------------------|
| Revise Drug Concern specification to set clear service objectives & include targets around carers assessment  | May 08   | ST                 |
| Review referral pathways into service and ensure triage and comprehensive assessments identify carer/user needs   | Q3       | ST/SMHSCT/Provider |
| Review funding and growth options for carers 2009/10  | Q1       | JG/LB/Provider     |
| Undertake review of provision for families with Children's Trust and identify service and workforce development needs around the Hidden Harm agenda   | Dec 08   | JG/JM              |
| Develop closer working relationship with SOADA and identify treatment needs of the client group in the context of issues around parenting, crisis/refuge accommodation, outreach and support needs. Identify and develop appropriate pathways in liaison with the DV Partnership. | March 09 | JG/DE/ST           |

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

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

1. Achieve NI 40 Treatment Effectiveness Indicator target 13%
2. Improve on 2007/08 position in relation to reducing non consenters and criminal justice drop out rates
3. Ensure the Blood Borne Virus programme is developed and linked to public health programmes
4. Move services to new premises (Metro Court) to provide a modern environment and increase clinical, consultation and workforce accommodation
5. Maintain Structured Day Programme and develop pathways from the Criminal Justice System
6. Develop opportunities for individuals to access targeted sports and leisure programmes
7. Ensure that all service users have the option of accessing tier 4 service provision if assessed as in need of further support and wish to become abstinent, so that the JCG can demonstrate strategic commissioning of all tier 4 services

### Objective 1

Achieve NI40 Treatment Effectiveness Indicator target 13%

### Delivery Plan:

| Actions and milestones   | By when    | By whom          |
|--|------------|------------------|
| Indicator included in Sandwell LAA with quarterly reporting framework through SSP & PCT (Vital Signs)  | April 08   | JG/MB            |
| Review Retention Action Plan with JCG and identify action to be taken fwd in terms of Commissioning and Provider activity  | Q1 Ongoing | ST/JCG/Providers |
| Identify contingency plan in relation to loss of Tier 2 service to provide community based, stimulant interventions, outreach and triage capacity and to follow up DNAs  | Q1         | DAAT/JCG         |
| Safer Sandwell Partnership Planning day to develop shared ownership of effectiveness target; identification of priorities, actions and responsibilities for enhancing wrap around services and linking this activity with other LAA priorities to widen outcomes | Q1 ongoing | SSP/KD/AD/JG     |

**Objective 2**

Improve on 2007/08 position in relation to reducing non consenters and criminal justice drop out rates

**Delivery Plan:**

| <b>Actions and milestones</b>  | <b>By when</b> | <b>By whom</b>  |
|--|----------------|-----------------|
| Improve NDTMS returns by reducing the number of non consenters, and review recording of Tier 3 DIP activity.   | Q2             | SMHSCT/DAAT/JCG |
| Develop care continuity arrangements between Tier 3, DIP, Courts and CARATs to establish a referral process and reduce those recorded as having dropped out of treatment | Q2             | SMHSCT/MH/MB    |

**Objective 3**

Ensure the Blood Borne Virus programme is developed and linked to public health programmes

**Delivery Plan:**

| <b>Actions and milestones</b>   | <b>By when</b> | <b>By whom</b> |
|---|----------------|----------------|
| Review targets through the Harm Reduction Strategic Working Group to identify stretch and capacity  | April 08       | KD/MB          |
| Review availability of testing for Hep C with health protection lead, Public Health and identify priorities, actions and additional capacity required | Q1             | JG/ST/MT       |
| Review location of clinics to link with Tier 2 contingency plans to provide community based, outreach provision                                       | Q1             | DAAT/SMHSCT    |
| Promote NHS national awareness campaign FaCe It through the DAAT Communications Strategy  | Ongoing        | IB             |

**Objective 4**

Move services to new premises (Metro Court) to provide a modern environment and increase clinical, consultation and workforce accommodation

**Delivery Plan:**

| <b>Actions and milestones</b>  | <b>By when</b> | <b>By whom</b> |
|--|----------------|----------------|
| Metro Court re fit tender awarded  | April 08       | SMHSCT         |
| Project Management group to be re established with schedule of meetings and reports to JCG   | Q1 Ongoing     | JG/JK          |
| Identify accommodation costs across PTB expenditure and implement any appropriate efficiencies through negotiation process with other providers to relocate to Metro Court (capacity for 15 staff & 1 manager) | Q1 Ongoing     | DAAT           |
| Relocation of Anchor and DAAT staff  | December 08    | PCT/SMHSCT     |

**Objective 5**

Maintain Structured Day Programme and develop pathways from the Criminal Justice System

**Delivery Plan:**

| <b>Actions and milestones</b>   | <b>By when</b> | <b>By whom</b>      |
|---|----------------|---------------------|
| Revise current contract with Turning Point to combine SLAs for Education Training and Employment & structured day programme with capacity for criminal justice caseload | May 08         | ST/MH               |
| Develop criteria for criminal justice referrals   | Q1             | MH                  |
| Inclusion of structured day programme on NDTMS  | Q2             | DAAT/Provider/NDTMS |
| Review funding and growth options for structured day provision 2009/10  | Q2             | SSP/DAAT/Provider   |

**Objective 6**

Develop opportunities for individuals to access targeted sports and leisure programmes

**Delivery Plan:**

| <b>Actions and milestones</b>  | <b>By when</b> | <b>By whom</b> |
|--|----------------|----------------|
| Identify options for accessing support from work in neighbourhoods funding to develop a targeted programme of leisure/sports activity for individuals in drug treatment linked to skills development | Q1             | KD/JG          |

**Objective 7**

Ensure all service users have the option of accessing Tier 4 service provision if assessed as in need of further support and wish to become abstinent, so that the JCG can demonstrate strategic commissioning of all Tier 4 services

**Delivery Plan:**

| <b>Actions and milestones</b>   | <b>By when</b> | <b>By whom</b>     |
|---|----------------|--------------------|
| Review block purchase arrangements and take up of inpatient detox provision at Coton House  | Q1             | MH/JG              |
| Develop robust tier 4 pathways within the treatment system  | December 08    | DAAT/WAB/Providers |
| Scope options for provision of aftercare arrangements for service users existing Tier 4 services with particular reference to joint initiatives with Supporting People and improving access to accommodation, housing and support | March 09       | MH/JG/MM           |
| Review placement criteria (Tier 4) and transfer lead role to Adult Services   | Q2             | MH/WAB             |
| Review findings of NTA/HCC service review Tier 4  | Sept 08        | JCG                |
| Supporting People to commission project to accommodate high risk and vulnerable individuals including those with drug, alcohol and, or mental health issues.  | March 09       | SP Board           |

## 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:

1. Full implementation of the Treatment Outcome Profile System (TOPS) in conjunction with care planning and reviews
2. Develop Housing project to increase capacity and secure additional accommodation and review strategic options for the future
3. Enhance Education Training and Employment options as part of discharge and exit from the treatment system
4. To develop a range of aftercare, move on and support services through the SSP to facilitate users transition from specialist drug services (including shared care) into wider resettlement, aftercare and community integration services

### Objective 1

Full implementation of the Treatment Outcome Profile System (TOPS) in conjunction with care planning and reviews

### Delivery Plan:

| Actions and milestones   | By when    | By whom  |
|--|------------|----------|
| Ensure TOPS is monitored through the performance targets of SMHSCT & Turning Point SLAs and that DAAT review monthly exception reporting process from NDTMS                | Q1 ongoing | ST/MH/MB |
| Disseminate monthly performance data in a timely way and agree with providers where exceptions are reported action plans are formulated to address gaps in data collection | Q1 Ongoing | DAAT/JCG |
| Performance manage and monitor exception reporting through the JCG   | Q1 Ongoing | DAAT/JCG |

**Objective 2**

Develop Housing project to increase capacity and secure additional accommodation, and review strategic options for the future

**Delivery Plan:**

| <b>Actions and milestones</b>  | <b>By when</b> | <b>By whom</b>  |
|--|----------------|-----------------|
| Align Supporting People commission to provide Housing link support for PPOs with project through management structure and identify clear accountability arrangements with Probation  | Q2             | JG/MM/Probation |
| Engage RSLs through a series of planned meetings   | Q1             | MM              |
| Pursue transfer of Rent Bond scheme to welfare rights programme operating through neighbourhood offices  | Q1             | MM              |
| Increase caseload capacity from 20 to 40, based on YTD referrals to scheme, with recruitment of a substantive housing link worker post and maintaining current secondment arrangements for Housing Officer on a 12 month fixed term basis. | Q1             | MM              |
| Review strategic options to mainstream project in 2009/10 by developing a forward plan   | Q2             | MM/JG           |

**Objective 3**

Enhance Education Training and Employment options as part of discharge and exit from the treatment system

**Delivery Plan:**

| <b>Actions and milestones</b>   | <b>By when</b> | <b>By whom</b>     |
|---|----------------|--------------------|
| Revise current contract with Turning Point to enhance pathways between Education Training and Employment & structured day programme   | May 08         | ST/MH              |
| Identify links with wider worklessness agenda and develop options to support the delivery of local programmes in order that provision is expanded and alternative funding becomes available | Dec 08         | DAAT/Provider/SMBC |

**Objective 4**

To develop a range of aftercare, move on and support services through the SSP to facilitate users transition from specialist drug services (including shared care) into wider resettlement, aftercare and community integration services

**Delivery Plan:**

| <b>Actions and milestones</b>  | <b>By when</b> | <b>By whom</b> |
|--|----------------|----------------|
| Scope current service provision and developments through SSP, LAA and partners to identify whether additional pathways for support services exist for client group and work with providers to develop referral processes   | Q1             | SSP/DAAT       |
| Consult with individuals in service through SAVE to identify: <ul style="list-style-type: none"> <li>• What models and components of support services are desired</li> <li>• What they need to stay off drugs</li> <li>• Desired model of structured relapse prevention interventions</li> </ul> | Q2             | DAAT/SAVE      |
| Develop longer term commissioning options for consideration by JCG   | September 08   | DAAT           |
| Development of an engagement strategy with primary care through Practice Based Commissioning, GP contracts and Local Enhanced Service options to include general health based aftercare provision  | Dec 08         | RY/JG/ST       |
| Work with Adult Services to identify options and opportunities for clients to access individual budgets for personal care and support needs  | March 09       | JG/MH/WAB      |
| Include details of local & national support groups in DAAT Media and Communications  | Ongoing        | IB             |