

Slough Drug and Alcohol Action Team

Adult drug treatment plan 2009/10 Part 3: Planning grids

Planning grid 1: Commissioning a local drug treatment system

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

Slough DAAT has made a number of improvements over the last year and the JCG and DPMG are well established and have representation and participation from all key partners. During 2009/10 and beyond Slough will work closely with partners and neighbouring DAATs in order to deliver services that meet the needs of drug users in each of the localities in East Berkshire to improve engagement in effective treatment for all clients

The DAAT have made a number of improvements to data but will continue to improve performance management with a focus on parental status, housing and TOP data compliance and use data to improve deliver of services to clients in Slough.

The needs assessment highlighted that we have made some progress around the involvement of service users but this is still an area that requires focus. We will aim to ensure service users and carers are engaged in the decision making infrastructure of the DAAT and ensure they are engaged with service providers in delivering service provision

Objective 1

Work closely with partners and neighbouring DAATs in order to deliver services that meet the needs of drug users in each of the localities in East Berkshire.

Delivery Plan:

Actions and milestones	By when	By whom
Slough DAAT to support the development of the East Berkshire Joint Commissioning Group and ensure there is representation from key partners	On-going	DAAT Manager & Commissioner
Support Bracknell Forest DAAT in the re-commissioning of specialist prescribing, psycho social interventions and shared care for East Berkshire	August 2009	DAAT Manager & Commissioner

Expected outcomes:

Close working relationships with partners and neighbouring DAATs, and successful tendering of services across East Berkshire

Objective 2

Continue to improve performance management with a focus on parental status, housing and TOP data compliance and use data to improve delivery of services to clients in Slough

Delivery Plan:

Actions and milestones	By when	By whom
1. Ensure quarterly contract monitoring and performance reviews are carried out with each commissioned provider to ensure they are delivering in line with their SLA's. Where there is underperformance this will be addressed through monthly meetings.	On- going	DAAT Contracts & Performance Officer
2. Through contract monitoring ensure all agencies comply with the NDTMS and make improvements to data completions on parental status, housing and Treatment Outcome Profiles (TOPs) requirements and ensure data quality is of a high standard.	March 2010	DAAT Contracts & Performance Officer
3. Exception reports will be shared with providers when TOPs have not been completed. Providers will be required to evidence the action they have taken to ensure that all forms are completed within the required timescales.	March 2010	DAAT Contracts & Performance Officer
4. Monthly data will be analysed to identify any emerging trends in respect of main drug of use, route of administration, gender and ethnicity.	Ongoing	DAAT Contracts & Performance Officer

Expected outcomes:

Data and TOPs compliance will improve and data will be monitored to feed into future planning
Establishment of baseline data in respect of parents and housing

Objective 3

Ensure that both service users and carers are directly involved in the planning, decision-making and reviewing of services so that the needs of drug users in Slough are met.

Delivery Plan:

Actions and milestones	By when	By whom
1. Ensure that users and carers are represented in the membership of at least two operational and strategic planning groups within the DAAT structure.	June 2009	DAAT Harm Reduction Officer & DAAT Project Officer
2. Ensure sufficient training and support is in place for user and carer representatives so they are prepared and well informed for effective participation at the meetings.	June 2009	DAAT Harm Reduction Officer & DAAT Project Officer
3. To include service users and carers in the planning, developing and evaluating of the service by attending contract monitoring meetings.	June 2009	DAAT Harm Reduction Officer & DAAT Project Officer
4. To implement a Slough Service User forum.	June 2009	DAAT Harm Reduction Officer & DAAT Project Officer
5. To produce a format, structure and appropriate reporting system for treatment providers to evidence effective and inclusive service user involvement	June 2009	DAAT Harm Reduction Officer & DAAT Project Officer
6. To ensure that all treatment service literature and information is presented in a service user friendly format	June 2009	DAAT Harm Reduction Officer & DAAT Project Officer
7. work towards the development of a local service user advocacy and peer support service	March 2010	DAAT Harm Reduction Officer & DAAT Project Officer

Expected outcomes:

Service users and where possible carers will be involved in the planning, review and development of services in Slough

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

There has been an increase in the demand for open access services; but there has been a decline in the proportion of drug users from under 25 and females accessing treatment. This could be due to a number of females being parents and services to do not meet the need of substance misusing parents. This is something the DAAT would need to look into further. BME communities continue to be under represented in treatment. The key priority for the DAAT is to increase up take of treatment for those under represented groups.

Harm Reduction remains a priority for the DAAT; we have seen an increase in the number of performance enhancer drug users accessing pharmacy needle exchange. We need to ensure that harm reduction services are accessible and available to all drug users and appropriate information and advice is provided.

The public health protection agency designates Slough as an area with high prevalence of Hepatitis C. We plan to improve uptake of screening and vaccinations for HEP A and B.

Services for the family and friends of drug users are limited and need to improve so that more support is available.

Slough DIP has made improvements in the last year with an increase in the number of individuals entering treatment via the DIP. As an intensive DIP area with a high levels of acquisitive crime the LSP have included NI38 (reducing re-offending of class A drug users) in the LAA. The DAAT will ensure that the DIP is successful in engaging drug using offenders in treatment and supports the delivery of National Indicator 38

Objective 1

Increase outreach provision and work more effectively with Tier 1 services to increase the engagement of individuals in effective treatment with a focus on Under 25's, Women and BME communities

Delivery Plan:

Actions and milestones	By when	By whom
1. Use health activists to run a number of events around the borough to raise awareness of drugs and treatment services available and provide information and advice as required	March 2010	DAAT Project Officer - Communities

2. Ensure that there is a range of literature available targeted at specific groups such as women, sex workers, Under 25's and BME communities	March 2010	DAAT Project Officer - Communities
3. Conduct a training needs assessment to identify the need to provide training to Tier 1 professionals within the borough to raise the awareness of drugs and services available and referral pathways. Ensure an evaluation process is implemented to assess the effectiveness of the training provided	March 2010	DAAT Project Officer - Communities
4. Develop the role of the T2 outreach worker by linking them in with the neighbourhood enforcement team to go out to areas where there is known drug use to raise the profile of treatment and to increase engagement of individuals in effective treatment	September 2010	DAAT Project Officer - Communities
5. If childcare is identified as a barrier to females or parents accessing treatment the DAAT will explore the opportunities of child care facilities to improve engagement of these groups in treatment	March 2010	DAAT Project Officer - Communities

<p>Expected outcomes: Improved take up of treatment from under represented groups</p>
--

Objective 2

Improve the availability, accessibility and effectiveness of harm reduction services in order to reduce the harm that drug users cause to themselves and others.

Delivery Plan:

Actions and milestones	By when	By whom
1. Establish the East Berkshire Harm Reduction Group ensuring there is representation from all key stakeholders.	June 2009	DAAT Harm Reduction Officer
2. Develop and enhance the existing action plan and ensure any outstanding actions from the health care commission review and Harm Reduction Self Assessment are included.	June 2009	DAAT Harm Reduction Officer
3. The Berkshire East Harm Reduction Group will identify training needs and train providers to ensure that the workforce can deliver harm reduction services to the highest level.	On-going	DAAT Harm Reduction Officer
4. If required the confidential enquires process will be initiated by the Berkshire East Harm Reduction Group and any learning will be shared across Berkshire East.	As required	DAAT Harm Reduction Officer
5. Provide an annual refresher training session to pharmacy staff involved in the provision of a needle exchange service to ensure that: <ul style="list-style-type: none"> • Appropriate levels of harm reduction advice and information are offered to all presenting clients. • There is an awareness of the referral pathway to the specialist exchange service (T2) that offer specialist harm reduction advice and referral for clients that have additional needs. 	November 2009	DAAT Harm Reduction Officer
6. Develop satellite needle exchange services within identified hotspot areas.	June 2009	T2, DAAT Manager & Commissioner, DAAT Harm Reduction Officer
7. Ensure that both static and satellite specialist needle exchange services provided by Turning Point are more accessible in comparison to pharmacies.	June 2009	DAAT Harm Reduction Officer, Turning Point Service

		Manager
8. Work in conjunction with service users and the local ambulance service to provide overdose prevention training, blood borne virus and harm reduction workshops.	June 2009	Service User Representatives, DAAT Manager & Commissioner, DAAT Harm Reduction Officer, Ambulance Lead
9. Review and implement Integrated Care Pathways for BBV and sexual health from primary care level to specialist services.	June 2009	DAAT Harm Reduction Officer
10. Increase the number of service users accessing the BBV clinic at T2 and to ensure there is a robust reporting process to NDTMS.	June 2009	DAAT Harm Reduction Officer
11. Ensure through the LES contract reviews that the PCT is linking GP's BBV clients into the Care Pathways identified above.	June 2009	DAAT Harm Reduction Officer

Expected outcomes:

Harm reduction services will improve.

There will be an increase in the number of clients screened and vaccinated for BBV's

Findings from any confidential enquires will be used to further develop the harm reduction services across Berkshire East.

Objective 3

Ensure that there is increased availability and accessibility of services for Carers

Delivery Plan:

Actions and milestones	By when	By whom
1. The Berkshire East DAAT's will commission services for the family and friends of service users as part of the overall re-tendering process.	January 2010	Berkshire East JCG

2. Assess and identify need and if required develop a carers support group in Slough	December 2009	DAAT Project Officer
3. Develop literature for carers that will provide information, advice and details of support agencies	June 2009	DAAT Project Officer

Expected outcomes:

Carers of substance misusers accessing (or not accessing) services in Slough will be supported, involved, and informed about their rights as carers.

Objective 4

Ensure that the DIP is successful in engaging drug using offenders in the DIP and supports the delivery of National Indicator 38

Delivery Plan:

Actions and milestones	By when	By whom
1. Ensure that the DIP fully engaged with the IOM scheme and the delivery of NI38	June 2009	DAAT Manager & Commissioner & Deputy LPA Commander
2. Improve the links between Carats and DIP to improve the numbers of clients which engage with the DIP upon release from prison and are taken on to the caseload	May 2009	DIP service Manger
3. Develop a new role within the DIP service to actively work with females who are not engaging or dropping out of effective treatment to support them to access treatment	September 2010	DAAT Manager & Commissioner & DAAT Project Officer - Communities
4. Ensure that those individuals that are subject to a DRR are referred into treatment and that there is consistent processes in place for those individuals who breach their order	July 2009	Thames valley Probation Senior Probation Partnership Officer

Expected outcomes:

The DIP is fully integrated with the delivery of the IOM scheme

An increase in the number of clients taken onto the DIP caseload who have been referred by the CARATs teams.

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:

The number of clients in effective continues treatment to increase year on year and we will monitor progress on a monthly basis to ensure that we identify any changes at an early stage. The needs assessment identified lack of shared care provision as a barrier to retaining clients in treatment and providing an effective drug treatment system. A key priority is to develop shared care provision and provide a seamless transition for clients from treatment provision into shared care.

The needs assessment highlighted that Slough has higher than average penetration rates with approximately 67% of crack users in treatment. The DAAT have made developments and changes to services to ensure that treatment services are available for stimulant users, which may indicate the increase in the proportion of stimulant users engaging in treatment .However we will continue to ensure that services meet the needs of stimulant users.

Objective 1

Increase the efficiency of Shared Care within Primary Care that benefits the treatment system and maximises engagement from under-represented groups

Delivery Plan:

Actions and milestones	By when	By whom
1. Work with RBWM to establish a Shared Care Monitoring Group for the East of Berkshire which has representation from all key partners	June 2009	DAAT Harm Reduction Officer
2. Work with the PCT practice performance manager to identify capacity in GP practices and to monitor GPs performance in line with the LES contract.	June 2009	DAAT Harm Reduction Officer
3. Develop and implement effective local clinical guidelines for GPs prescribing in shared care across the East of Berkshire and ensure they are in line with NICE guidelines.	June 2009	Shared Care Monitoring Group
4. Increase capacity with the current shared care provider till January 2009 to start rolling out shared care in those GP practices who are willing to engage	June 2009	DAAT Harm Reduction Officer

Expected outcomes:
 Establishment of shared care monitoring group
 Shared care capacity identified
 Roll out of shared care in some GP practices in Slough

Objective 2
 Ensure that all structured treatment provided across Slough is planned effectively and in consultation with the client and delivered in a co-ordinated approach and that there are clear and formal referral and care co-ordination protocols in place to provide the necessary treatment and care services for all client groups.

Delivery Plan:

Actions and milestones	By when	By whom
1. Review the current East Berkshire Care Planning, Case Review, Case Closure/Transfer and Care Co-ordination processes, protocols and paperwork and ensure they are fit for purpose.	July 2009	DAAT Harm Reduction Officer
2. Provide refresher event for all workers delivering Tier 2 / 3 services to ensure they are completing the correct paperwork and following care co-ordination processes as defined in the East Berks models of care document.	July 2009	DAAT Harm Reduction Officer

Expected outcomes:
 An increase in TOPs care plan reviews, and care co-ordination processes

Objective 3

Continue to provide access to Tier 4 services and ensure that there is a clear processes in place so workers can accessing funding

Delivery Plan:

Actions and milestones	By when	By whom
1. Work with the Locality Manager for the Mental Health team to explore the opportunities of combining our budgets and implementing a residential rehab panel	September 2009	DAAT Manager & Commissioner Locality Manager, Mental Health
2. Review the Tier 4 application process with community mental health and implement changes.	September 2009	DAAT Manager & Commissioner
3. Ensure all provider agencies are aware of any changes to the process and are aware of the Tier 4 application process.	September 2009	DAAT Manager & Commissioner
4. Review the current provision of Tier 4 services to ensure that there are sufficient array of services available to the individual needs of clients.	September 2009	DAAT Manager & Commissioner Locality Manager, Mental Health

Expected outcomes:

Establishment of a joint residential rehabilitation panel

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:

Developing the provision of wrap around services still remains a key priority; we will continue to work with partner agencies to ensure that referral pathways are in place to refer clients to additional services

Objective 1

Continue to develop the provision of “wrap around” services (including Housing and access to Education, Training and Employment) to support clients to move forward and exit treatment in planned way

Delivery Plan:

Actions and milestones	By when	By whom
1. Establish links with the new Job Centre Plus Drug Co-ordinator and ensure that the Job Centre Plus is signed up to the CDRP information Sharing Protocol	April 2009	DAAT Project Officer - Communities
2. Develop and embed clear referral pathways between employment and drug services.	April 2009	DAAT Project Officer - Communities
3. Raise awareness among the workforce in the Job Centre Plus in respect of the local services and provide basic drug awareness training if required	June 2009	DAAT Project Officer - Communities
4. Review the current referral process to Progress to Work. Ensure there are clear links and formal referral protocols in place for the services provided by Turning Point (the Progress2work provider in Slough)	June 2009	DAAT Project Officer - Communities
5. Ensure that the Tier 2 provider commissioned by the DAAT has established links to further education and other adult education/training providers in the Borough and are able to refer clients into the services available.	July 2009	DAAT Project Officer - Communities
6. Continue to work with housing to improve housing outcomes for those in treatment, and look at development opportunities for move on accommodation	On-going	DAAT Project Officer - Communities

Expected outcomes:

Clear links and referral pathways from Job Centre Plus to treatment implemented

Clear pathways to adult education / training providers established

Clear referral pathway to progress 2 work