

SAFERPETERBOROUGH PARTNERSHIP

Drug treatment, reintegration and recovery in the community and prisons 2010/11

Part 3: Planning grids

25

Planning grid 1: Commissioning a local drug treatment system

Please see checklist at Appendix 1 of the 2010/11 plan guidance for possible areas to include within this planning grid

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

- Retendering of services within Peterborough
- Effective engagement with service users & parent & carers/family
- Effective joint commissioning with the PCT
- Clear strategic links between children's commissioning and adult commissioning

Objective 1: Undertake retendering of drug treatment system

Actions and milestones	By when	By whom
1. Undertake the tendering process in line with project plan developed in 2009/10	Begin April 10	CS and SM Manager
2. Develop service implementation plans to ensure any changes in services and/or providers begin smoothly in the next financial year	Feb 11	CS and SM Manager

Objective 2: Develop effective engagement of users and families/partners in the treatment planning and commissioning processes, enabling them to be actively involved.

Actions and milestones	By when	By whom
1. Develop a project plan to support the development of SUGA, with a clear action plan of roles and responsibilities for the year	Jun 10	User Involvement Lead
2. Develop a user involvement strategy to ensure there is effective user involvement in each service for the city and maintain involvement at a strategic level, that links into wider initiatives	Aug 10	CS and SM Manager

3. Provide training for service user representatives to undertake quality checks of services using DH and NICE guidance, and to provide appropriate feedback to JCG and through quarterly contract monitoring meetings	Sept 10	User Involvement Lead
4. Undertake service user satisfaction survey and feed results back into treatment planning process for 2011/12	Oct 10	User Involvement Lead
5. Develop a project plan to support the development of the carers' group, with a clear action plan of roles and responsibilities for the year	Sept 10	User Involvement Lead
6. Develop a carer involvement strategy to ensure there is effective carer involvement in each service for the city and maintain involvement at a strategic level, that links into wider initiatives	Nov 10	CS and SM Manager

Objective 3: Ensure effective joint commissioning with the PCT in terms of: in-patient provision; blood borne virus treatment options; and pharmacy delivered services

Actions and milestones	By when	By whom
1. Establish clarity on current activity, commissioning and funding for: <ul style="list-style-type: none"> i) in-patient provision ii) blood borne virus treatment options iii) pharmacy services 	<ul style="list-style-type: none"> i) Jun 10 ii) Aug 10 iii) Oct 10 	PCT Lead & CS and SM Manager
2. Work with the Chief Pharmacist to review pharmacy contracts for Supervised Consumption and Needle Exchange, and bring them in line with mainstream pharmacy contracts	Jan 11	PCT Lead & CS and SM Manager

Objective 4: Establish clear strategic links between Children's commissioning and adult commissioning

Actions and milestones	By when	By whom
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1. Ensure regular attendance at Be Healthy (the Children's Trust commissioning group responsible for substance misuse)	April and quarterly	CS and SM Manager
2. Ensure regular representation at Young People's Substance Misuse Partnership group to provide feedback and input	April and monthly	CS Officer – Drugs
3. Ensure regular representation from Children's substance misuse commissioner at Adult JCG to provide feedback and input	April and monthly	CS Officer – Drugs
4. Develop a consistent means of ensuring clear strategic links between children's services and adults with regards to safeguarding	Jul 10	CS and SM Manager

Expected outcomes:

- A treatment system designed to meet the needs of Peterborough, which represents most effective service models, best practice and value for money
- Appropriate input from 'experts by experience' which will shape services to ensure they are in line with service users' needs, thus making them more effective and more attractive to potential service users
- Clear joint commissioning and links with non-substance misuse specific health services
- Clarity of shared strategic direction across the children's and adult's agenda leading to more effective services

Planning grid 2: Access and engagement with the drug treatment system

Please see checklist at Appendix 1 of the 2010/11 plan guidance for possible areas to include within this planning grid

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

- Increase the numbers of drug users engaged in effective treatment by providing attractive and effective services
- Ensure work with drug users sits under the strategic umbrella of Integrated Offender Management within the city
- Improve harm reduction interventions, with a focus on injecting practices, blood borne viruses and drug-related deaths
- Further develop interventions for cocaine and steroid use
- Improve re-engagement with individuals who drop-out of service

Objective 1: Increase the numbers of drug users engaged in effective treatment by providing attractive and effective engagement services that meet diverse local needs

Actions and milestones	By when	By whom
1. Support increased knowledge around substance misuse and increased capacity to screen for substance misuse amongst priority tier 1 services – identify a plan with key stakeholders to link in with workforce development strategies	Sept 10	CS Officer - Drugs
2. Ensure providers are active in promoting services to diverse and under-represented groups, in particular BME communities, including Eastern Europeans, and that they can evidence this	May 10; Review Nov 10	CS Officer – Drugs
3. Develop clear and consistent guidance for services in relation to working with individuals with no recourse to public funds	Aug 10	CS Officer- Drugs
4. Audit the impact of the 2009/10 actions in engaging more BME individuals into treatment and set further targets for improvement with services as appropriate	Jul 10	SM Service Delivery Lead
5. Review effectiveness of the transition protocol in light of the current gaps in continuity of care for	May10	SM Service Delivery

young people moving to adult services		Lead
6. Audit the impact of the 2009/10 actions in engaging more young adults into treatment and set targets for improvement with services as appropriate	Jul 10	SM Service Delivery Lead

Objective 2: Ensure work with drug users sits under the strategic umbrella of Integrated Offender Management within the city, and criminal justice interventions are aligned

Actions and milestones	By when	By whom
1. Complete an audit of the existing DIP model against the new Operational Model developed by the Home Office	April 10	Cambs Constab Strategic Lead for Drugs, DIP Manager
2. Develop an action plan with CRi to meet any changes needed to bring DIP in line with the new operational model	May 10	Cambs Constab Strategic Lead for Drugs, DIP Manager
3. Monitor the numbers into treatment from DIP and work with DIP and mainstream services to improve DIP attrition rates	April 10; Jul 10; Oct 10; Jan 11	Performance & Information Officer and DIP Manager
4. Monitor the impact of IDTS on community services	Jul 10	Performance & Information Officer, IDTS Project Manager

Objective 3: Improve delivery of harm reduction, particularly in relation to injecting, blood borne viruses, overdose and drug related death

Actions and milestones	By when	By whom
1. Ensure overdose training and safer injecting training is available to drug users and services promote its availability on a regular basis	Jul 10	Harm Reduction Lead
2. Review targets for services to offer harm reduction interventions to at least 90% of clients and	Jun 10 & each subsequent	SM Service Delivery

monitor at each quarterly monitoring meeting.	quarterly meeting	Lead
3. Ensure information available within the treatment and wraparound services is accessible, including information in pictorial formats and in community languages	Jun 10	Harm Reduction Lead
4. Develop peer led training for service users, particularly in relation to harm reduction and overdose	Sept 10	User Involvement Lead & Harm Reduction Lead
5. Roll-out peer led training, delivering at least one session per month	Starting Oct 10	User Involvement Lead & Harm Reduction Lead
6. Ensure harm reduction and overdose messages are consistent with those delivered within HMP Peterborough	Jul 10	IDTS Lead
7. Commission training for service users and carers on emergency responses to overdose	Sept 10	SM Service Delivery Lead
8. Develop a clear Drug-Related Death Strategy in consultation with key stakeholders	May 10	CS & SM Manager
9. Implement appropriate information sharing to ensure lessons learned from DRDs & SUIs	May 10	PCT Lead
10. Ensure that drug related death and overdoses within the prison are reported as part of the DRD local strategy and monitoring	Review at: Jul 10; Oct 10; Feb 11	CS & SM Manager

Objective 4: Undertake clear programme of work to address high levels of injecting and risky practices locally to reduce potential harm to users and the community		
Actions and milestones	By when	By whom
1. Continue to deliver support and training to pharmacy needle exchange schemes	Jul 10	Harm Reduction Lead
2. Run campaigns with needle exchanges, including pharmacies, to promote safer injecting, safe	Jul 10; Oct 10;	Harm Reduction Lead

disposal of needles and alternatives to injecting	Feb 11	
3. Undertake a needs assessment of injecting practices and behaviour to establish baseline against which improvements and reduction in harm can be measured	Aug 10	SM Service Delivery Lead
4. Review impact of Safe Sharps Disposal Project	May 10	Neighbourhoods Manager and Performance & Information Officer

Objective 5: Further develop interventions for cocaine and for steroid use

Actions and milestones	By when	By whom
1. Collate evidence on trends in use of stimulants related to night time economy	Aug 10	Performance & Information Officer
2. Implement use of inspector's authority to test for and monitor stimulant use amongst arrestees for violent crime	Jun 10	Camb's Constab Strategic Lead for Drugs
3. Undertake harm reduction activities in relation to concurrent alcohol and stimulant use	Aug 10	CS Officer – Drugs & Harm Reduction Lead
4. Continue to gather data and information in relation to stimulant, and especially crack, use to inform redesign of treatment system	May 10	Performance & Information Officer
5. Work with SUGA to identify ways of engaging crack users more effectively into treatment services, including crack users within custody who need to access interventions within a prison setting	Aug 10	SM Service Delivery Lead
6. Develop appropriate brief harm reduction interventions for steroid users	Jul 10	Harm Reduction Lead
7. Ensure all staff in open access services and needle exchange services are trained to deliver interventions to steroid users	Sept 10	Harm Reduction Lead

32

Objective 6: Assertively re-engage clients who drop-out of services		
Actions and milestones	By when	By whom
1. Monitor providers' compliance with the re-engagement protocol at quarterly contract monitoring meetings to ensure services are attempting to assertively re-engage with clients who do not attend	Jul 10; Oct 10; Jan 11	SM Service Delivery Lead
2. Ensure all care plans for service users engaged with structured care have clearly identified plans for re-engaging with services as appropriate through care plan auditing.	Sept 10	SM Service Delivery Lead
3. Monitor re-referrals in to treatment services and review to establish who and why individuals are likely to be re-referred	Jun 10; Sept 10; Dec 10; Mar 11	Performance & Information Officer
4. Monitor rates of success for re-engagement of each service and set targets for improvement as appropriate	Jul 10; Oct 10; Jan 11	Performance & Information Officer
5. Ensure all providers have urgent escalation / referral protocols agreed with partner agencies in cases deemed to be "high risk".	Jun 10	SM Service Delivery Lead

Expected outcomes:
<ul style="list-style-type: none"> - Greater engagement of problematic, and all, adult drug users in treatment, leading to a reduction in the wider harm caused by drugs within the city - Alignment of multi-agency interventions to tackle offending with drug treatment to ensure that the two agenda support each other, resulting in more positive outcomes for individual clients involved in both - Reduced harm for drug users, their families and the wider community

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

Please see checklist at Appendix 1 of the 2010/11 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:

- Ensure effective treatment is delivered in a planned way, maximising retention and care planned discharge, and clinical governance
- Increase appropriate use of tier 4 interventions
- Ensure safeguarding of adults and children is appropriate and effective and meets with local and national guidance
- Develop access to a range of interventions for users in treatment, not limited to prescribing
- Improve delivery of interventions relating to blood borne viruses
- Roll-out of the International Treatment Effectiveness Programme (ITEP) to support workers' delivery of quality and appropriate interventions to service users

Objective 1: Ensure effective treatment is delivered in a planned way, maximising retention and care planned discharge, and clinical governance

Actions and milestones	By when	By whom
1. Monitor movement through the system through NDTMS returns and quarterly performance data	Jun 10; Sept 10; Dec 10; Mar 11	Performance & Information Officer
2. Continue to monitor care pathways to ensure that services are referring clients through the treatment system in the most appropriate way and that services are responding in a timely manner to referrals	Jun 10; Sept 10; Dec 10; Mar 11	SM Service Delivery Lead
3. Undertake clinical audit against DH and NICE Clinical Guidelines to ensure appropriate treatment and care, auditing each service in turn	Oct 10	PCT Lead
4. Complete implementation of the action plan established with CPFT in light of the service review and clinical audit undertaken in 2009/10	Jun 10	CPFT Service Manager

5. Review implementation of the above plan to ensure that it is complete and has addressed any shortcomings	Jul 10	CS & SM Manager
6. Agree a partnership lead for clinical governance to enable access to clinical risk management advice and formal links into the PCT's clinical governance structures	May 10	PCT Lead
7. Establish clear links to HMP Peterborough clinical governance framework to enable management and auditing of overlap	Jun 10	PCT Lead & HMP Peterborough Healthcare Manager
8. Continued ad hoc qualitative audit of case files against NTA care planning guidance: all care plans to clearly identify appropriate range of interventions, including harm reduction as part of treatment	Sept 10	SM Service Delivery Lead
9. Use the results of the clinical audits and case file audits to address shortcomings with services which may affect retention and discharge	Review: Oct 10	SM Service Delivery Lead
11. Interrogate NDTMS data to support services in addressing retention and discharge issues	Jul 10; Nov 10	Performance & Information Officer

Objective 2: Increase appropriate use of tier 4 interventions

Actions and milestones	By when	By whom
1. Ensure appropriate pathways are in place and are followed between Tier 3 and Tier 4 in both directions, requiring services to provide evidence of this through quarterly contract monitoring	Jun 10	SM Service Delivery Lead
2. Work with SUGA to develop a leaflet explaining the criteria for Tier 4 and the options available that can be given to service users	Aug 10	CS Officer – Drugs
3. Require services to exception report on a quarterly basis against poor referral levels to Tier 4 and monitor reasons given	Jun 10; Sept 10; Dec 10; Mar 11	SM Service Delivery Lead

Objective 3: Ensure safeguarding of adults and children is appropriate and effective and meets with local and national guidance

Actions and milestones	By when	By whom
1. Review safeguarding protocols and procedures for both adults and children against national protocols published by NTA	Sept 10	SM Service Delivery Lead
2. Review whether improved safeguarding practices has had any impact on the engagement of female drug users into services	Oct 10	Performance & Information Officer
3. Ensure HMP representation at the Peterborough Substance Misuse Safeguarding Group, and ensure protocols for safeguarding within the community contain clear links with HMP and pathways for safeguarding concerns with those in custody.	May 10	IDTS Lead
4. Review impact of the 2009/10 training and pathway development for safeguarding of vulnerable adults	Aug 10	SM Service Delivery Lead

Objective 5: Improve delivery of interventions relating to blood borne viruses (BBV)

Actions and milestones	By when	By whom
1. Ensure services promote the availability of BBV testing, with all services offering BBV testing to 85% of clients by Aug 10	Aug 10	SM Service Delivery Lead
2. Implement dried blood spot testing for BBV and monitor the impact	Jul 10	PCT Lead
3. Ensure services are offering HBV vaccinations to at least 85% of clients and work with them to promote uptake	Oct 10	SM Service Delivery Lead
4. Establish clear pathways and protocols to ensure HBV vaccinations started in the community are completed in HMP Peterborough and vice versa	Sept 10	SM Service Delivery Lead & IDTS Lead
5. Establish a working group to explore the possibility of developing a local treatment services for HCV	Aug 10	PCT Lead

Objective 6: Roll-out the International Treatment Effectiveness Programme (ITEP) to support workers' delivery of quality and appropriate interventions to service users

Actions and milestones	By when	By whom
1. Provide ITEP training started in 2009/10 for staff within the treatment system	May 10	SM Service Delivery Lead
2. Ensure all services have implemented ITEP within their core business	Aug 10	SM Service Delivery Lead
3. Review impact of ITEP on case management and delivery of services	Nov 10	SM Service Delivery Lead
4. Commission SUGA to undertake feedback from service users about effectiveness and use of ITEP within services	Oct 10	SM Service Delivery Lead

Expected outcomes:

- A range of services that meet the diverse needs of Peterborough drug users and provide appropriate and safe interventions from point of first engagement right through the system
- Appropriate means of identifying and supporting vulnerable clients, minimising risk from and to them, and to others in their families and the wider community
- A skilled and competent workforce, resulting in better quality services and more meaningful interventions for drug users

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

Please see checklist at Appendix 1 of the 2010/11 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:

- Develop appropriate recovery and reintegration services to meet clients' needs, focusing on accommodation and on Education, Training & Employment (ETE)

Objective 1: Development of appropriate recovery and reintegration services to meet clients' needs

Actions and milestones	By when	By whom
1. (i) Undertake detailed analysis of available housing data, including TOPs, to establish a baseline from which to (ii) develop a clear strategy for developing accommodation strategic and operational links can be developed	(i) Jun 10; (ii) Dec 10	(i) Perf & Info Officer (ii) CS & SM Manager
2. Undertake detailed analysis of available employment data, including TOPs, to establish a baseline	Aug 10	Perf & Info Officer
3. Establish clear pathways from treatment services into Jobcentre Plus, and vice versa, and ensure that services are aware of these pathways	Sept 10	District Drug Coordinator
4. Review the above pathways to establish whether they are being followed and the impact, using the case file audit process to support this	Oct 10	District Drug Coordinator and P & I Officer
5. Work with SUGA to attain specific feedback on blocks to engaging service users in training and employment	Sept 10	District Drug Coordinator
6. (i) Implement data collection to establish a baseline and (ii) monitor improvements in joint working between treatment services and JCP	(i) July 10 (ii) Nov 10	District Drug Coordinator and P & I Officer
7. Support the development of appropriate mutual aid groups in the community	Aug 10	CS Officer – Drugs

7. Establish links with mutual aid groups in prisons and facilitate them to link with those in the community and/or establish partner groups within the community	Oct 10	CS Officer – Drugs
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Expected outcomes:
- Appropriate means of support and aftercare to enable drug users to move away from drug use and minimise the risk of relapse.

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