

Safe Newcastle

Adult drug treatment plan 2007/08 Part 3: Planning grids

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Planning grid 1: Commissioning a local drug treatment system

This planning grid should include objectives and action plans in relation to:

- Commissioning, financial, performance management and information activities to support delivery of the treatment plan
- Development of strategic local partnerships
- Information systems
- Delivery of support services – and in particular access to stable accommodation, education, employment and training
- Implementation of NTA Outcome monitoring tool (see supporting guidance “Information Systems”)

Summary of self-assessment (Baseline position narrative with key gaps clearly set out)

Considerable progress was made in 2006/7 to improve commissioning arrangements, with the increase in financial transparency and improvements in the Adult Commissioning Group and its delivery arm, the Adult Treatment Group. With the widening of the ACG to include housing, Public Health and employability it is envisaged that 2007/8 will be marked by further development of cross cutting initiatives, multi agency approaches to tackle complex social need and attracting in other forms of funding to improve services. In 2006/7 over £600,000 was added to the drugs budget for new developments e.g. Training centre from Northern Rock and NRF, Hidden Harm from NRF and GAP from GONE.

In addition to strategic work within Safe Newcastle, Drug Support Unit staff have been actively involved in local strategic partnerships including Wellbeing and Health Partnership and Section 17 Board. Through the adoption of the Drug Users and Accommodation Protocol, the development of Reducing Re-Offending Forum and closer working relationships with Young Peoples’ Services, Learning and Skills Council, Strategic Housing and other local Drug Partnerships, Newcastle is in a strong position to continue to develop holistic approaches to develop wider services for users, carers and their families.

Information systems have been an area of weakness in the partnership and it is hoped to work with Public Health to improve the analytical function of Safe Newcastle. A major priority will be to develop the NTA Outcome Monitoring Tool, local health needs equity audits and satisfaction questionnaires for service users and carers

Planned spend 2006/07	Likely spend 2006/07	Planned spend 2007/08
£119,370	£87,185	£156,850 includes Element from DIP (see grid 10) Commissioning Officer £51980

		Training and Development Officer and training programme costs £53860 – see also grid 2 Information Analyst -£24920 – Development Officer £37150 Contribution to DSU core costs £24920
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Objective 1

Maintain involvement with strategic partnerships to represent the needs of drug users and their carers.

Actions and milestones for objective 1	By when	By whom	Costs/budget
Attend Wellbeing and Health and Cross Cutting Partnerships	Monthly	ACM	Nil
Attend Reducing Reoffending strategic meetings	Quarterly	DIP Manager	Nil
Attend Strategic Fit meetings	Quarterly	DIP Manager	Nil
Attend Joint meetings with Young Peoples' Commissioner and key Commissioners	Quarterly	ACM	Nil
Meet with Learning and Skills Council re training opportunities	Quarterly	ACM/Training Officer	Nil

Objective 2

Maintain a robust financial management system

Actions and milestones for objective 1	By when	By whom	Costs/budget
Regularly review budget and potential pressures with Finance sections at PCT and Social Services, responsible for Pooled Treatment and DIP budgets.	Six Weekly	ACG/Drugs Co-ordinator	Nil

Objective 3

Ensure Commissioning Structure is effective and informed by delivery groups

Actions and milestones for objective 1	By when	By whom	Costs/budget
Regular Adult Commissioning Groups to be held	Monthly	All Commissioners	Nil
Monthly meetings of Adult Treatment Group and where appropriate delivery groups as outlined in Annual Report	Ongoing	DSU/all providers	Nil
Performance and exception reports to be presented to each Adult Commissioning Group	Monthly	ACM	Nil
Accurate information about unmet need to be kept by all agencies	Ongoing	Commissioned Services	Nil

Objective 4

Ensure the development of an information/analysis function that will allow Safe Newcastle to meet need

Actions and milestones for objective 1	By when	By whom	Costs/budget
Develop proposal to place an Information Analyst with Public Health and look at feasibility of introducing a needs equity audit	April 2007	ACM	£24920 (see above)
Regularly review Needs assessment and circulate through wider Adult Treatment Group	Quarterly	ACM	Nil
Accurate information about unmet need to be kept by all agencies	Ongoing	All providers	Nil
Introduction of outcome monitoring in line with NTA guidelines	Ongoing by April 2007	All providers	TBA

Planning grid 2: Workforce development

This planning grid should include objectives and action plans in relation to the required expansion and improvement of the treatment sector workforce, and recognise the step change in the training and professional development of these employees that is required to deliver the effectiveness agenda.

Summary of self-assessment (Baseline position narrative with key gaps clearly set out)

Safe Newcastle has begun to develop a workforce strategy through MAPS consultancy having already undertaken a comprehensive training assessment. In order to increase capacity, partnerships have been developed with local training agencies, colleges and the Learning and Skills Council. Customised accredited training has been developed and it is proposed that new courses will be developed in 2007/8 mapped against DANOS "C" Units.

Training is presently offered to 1400 people per year and recent initiatives have included input into nurse training courses and with Accident and Emergency.

In line with Harm Reduction Strategy there is an extensive training programme planned for those most likely to deal with vulnerable people – DIP and hostel staff. A training audit is being conducted to assess future staff development priorities re harm reduction. (see also Grid 5)

There have also been a number of new short courses particularly geared to the empowerment of service users and carers (eg Freedom Programme, Training the Trainers, Mentoring and Stronger Voices). Third sector providers deliver a specific course geared to the needs of service users volunteering with peer led projects(see also Grid 3)

Local colleges work in partnership to deliver Level 2 Drug Awareness courses, including those designed for specific communities.

Planned spend 2006/07	Likely spend 2006/07	Planned spend 2007/08
£61,360	£55,100	£61,585 Training officer costs plus programme (includes £53680 from PTB)

Objective 1

Develop a Workforce Strategy.

Actions and milestones for objective	By when	By whom	Costs/budget
Regular series of workshops and training for managers of commissioned services to develop workforce strategy framework and subsequent assessment of 100 workers	March 2008	Training and Development Officer /MAPS Consultancy	£10,000

Objective 2

Deliver existing accredited training programmes and develop new courses.

Actions and milestones for objective	By when	By whom	Costs/budget
Publish three monthly training programme	April 2007 then quarterly	Training and Development Officer	Within budget
Each commissioned agency to nominate at least one worker to attend Level 2 Diversity Course	September 2007	Training and Development Officer	Externally funded via LSC
Overdose training course to be developed, piloted with DIP staff	June 2007	Training and Development Officer	Within budget

Objective 3

Deliver drug awareness training with nursing and medical staff.

Actions and milestones for objective	By when	By whom	Costs/budget
Deliver drug awareness training course to at least 90 nursing and medical staff	March 2008	Training and Development Officer	In budget

Objective 4

Deliver particular short courses and NVQs for service users and carers to enable them to improve core skills.

Actions and milestones for objective	By when	By whom	Costs/budget
Run Stronger Voices Training for Trainers course in year to further build up capacity	September 2007	Training and Development Officer	In existing training budget
Deliver custom training NVQ2 for peer led drop in	April 2007 onward	Training and Development Officer	From external funding – LSC. Partnership with training agency
Users and carers to be circulated with details of all accredited drug awareness Courses. These will be delivered free of charge.	Ongoing	Training and Development Officer	In existing training budget

Planning grid 3: User involvement

This planning grid should include objectives and action plans in relation to 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.

Summary of self-assessment (Baseline position narrative with key gaps clearly set out)

Not all of the work programme for user involvement was achieved in 2006/7. Nonetheless, there have been substantial achievements, notably the development of a peer led drop in “ Trading Places” which was short-listed for a national award. The research that is regularly undertaken by the users has helped to shape services for the most vulnerable clients and lead to the development of a temporary night shelter over Christmas 2006. This is likely to be continued in 2007/8. The service user involvement group are also involved with Supporting People Forums.

Advocacy training will commence in April 2007 and a number of users are now accredited as Stronger Voices Trainers. It is hoped to commence discrete work with BME ex-users and vulnerable women in 2007. The partnership believe that disadvantaged groups are capable of developing peer led responses given the appropriate support from workers and that this approach will best address any gaps in service or barriers to treatment.

Service users play a central role in supporting constructive activities such as running, boxing, football and other sporting activities. The service user group have also developed an innovative NVQ level 2 in customer care for those working in peer led centres. The service user involvement initiatives have been highly successful in helping users into employment. A total of nine service user volunteers have now secured employment in the past year.

The Service User Involvement Strategy will be completed in April this year.

By the end of 2007/8 it is envisaged that all services will have their own user groups and will have undertaken good practice assessments in line with QUADS

Planned spend 2006/07	Likely spend 2006/07	Planned spend 2007/08
£45,030	£45,030	£45,030 – includes salary and programme costs

		(see also Grid 4)
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Objective 1

Undertake good practice assessments in each commissioned agency through trained service users through six monthly visits.

Actions and milestones for objective	By when	By whom	Costs/budget
Implementation Group to agree timetable for undertaking assessments and ensure service users are given appropriate training in audit procedures. The assessment will be similar to that already piloted by Lifeline elsewhere in the region.	April 2007	Service Involvement Officer/Implementation Group User	Within Lifeline Budget
Assessments commence	June 2007	Service Involvement Officer/Implementation Group User	Within Lifeline Budget
Results to be fed back to Adult Treatment Group and action plan produced.	September 2007	Service Representative User	Nil

Objective 2

Support the development of "Trading Places" peer led drop-in

Actions and milestones for objective	By when	By whom	Costs/budget
DSU to regularly attend meetings of Trading Places Steering Group	Fortnightly, ongoing	Development Officer	Nil
Liaise with Cyrenians and other stakeholders re feasibility of extending scheme	By August 2007	ACM	From external funding
Arrange for appropriate support and training to be made available to Volunteers at Trading Places and Lifeline	Ongoing	Training and Development	Within training budget

		Officer	(see grid 2)
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Objective 3
Extend user participation in all relevant strategic and delivery groups.

Actions and milestones for objective	By when	By whom	Costs/budget
Identify Service User Representative for Drug Related Death Group, Harm Reduction Group, Drug Users and Employment Group	June 2007	DSU	Nil

Objective 4
Increase numbers of ex-service users employed in drug or housing projects by at least six in 2007/8 and ten by 2008/9.

Actions and milestones for objective	By when	By whom	Costs/budget
Develop database of ex-service users currently volunteering in Newcastle projects	April 2007	DSU/User Involvement Officer	Nil
Host regular portfolio development events	First in May 2007, then quarterly	Training Officer/City Learning	£1000 (see Grid 2 from training budget)
Quarterly monitoring of numbers entering work with providers	First in June 2007	Adult Treatment Group	Nil

Planning grid 4: Carer involvement

This planning grid should include objectives and action plans in relation to the involvement of carers 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.

Summary of self-assessment (Baseline position narrative with key gaps clearly set out)

Work has taken place in 2006/07 to develop and agree a Carers Strategy Action Plan focusing on carers of people with drug or alcohol problems. The action plan is aligned to Newcastle Carers Strategy and provides a framework for joint working between Safe Newcastle and Newcastle Carers Strategy Group. The plan, which puts meeting carers needs at the heart of a multi-agency approach, has seven key delivery areas:

1. To be fully informed
2. To be recognised and have my own needs, including health needs, taken into account
3. Providing a break
4. Emotional support
5. Training and support to care
6. Financial security
7. Having a voice

Safe Newcastle's work in 07/08 will build on our work in 06/07 and take forward the work outlined in this plan with a particular focus on delivery areas 2, 5 and 7. We also anticipate that staff and carers will become increasingly actively involved in the work of Carers Strategy Action groups in Newcastle.

Planned spend 2006/07	Likely spend 2006/07	Planned spend 2007/08
£40,000	£40,000	£40,000 (same sum as in Grid 3 –costs split between users and carers) £40,000 PROPS (£20000 FROM PTB)

Objective 1

Implement a clear infrastructure so that carers can be involved in Safe Newcastle's work in a systematic way (Having a Voice)

Actions and milestones for objective	By when	By whom	Costs/budget
Provide training (e.g. Stronger Voices, Drugs Strategy) to enable carers to participate	ongoing	Training and Development Officer	Within Budget – see grid 2
Identify and support individual carers to be members of relevant strategic groups	ongoing	DSU	Nil
Implement systems of communication with carers for ad hoc consultation and feedback on what has happened as a result of participating	ongoing	Drug Strategy Partnership Officer/DSU	Nil

Objective 2

Promote membership of Newcastle User, Carer and Family Involvement Forum, particularly amongst underrepresented groups, and enable participation of carers in Regional Carers Forum (Having a Voice)

Actions and milestones for objective	By when	By whom	Costs/budget
Establish database of Forum members, including diversity monitoring information	April 2007	PROPS/Lifeline	Nil
All PROPS current and new clients to receive information about the Forum and the opportunity to participate	Ongoing	PROPS	Nil
Local Forum members to be mailed information about Local and Regional Carers Forum meetings.	Ongoing	PROPS/Lifeline	Within Budget

Objective 3

Maintain support services for carers at PROPS (To be fully informed; To be recognised and have my own needs, including health needs, taken into account; Providing a break; Emotional support; Training and support to care)

Actions and milestones for objective	By when	By whom	Costs/budget
Commission family support work from PROPS	April 2007	ACM	£20k (Carers Grant) £20k (PTB)
Seek additional sources of funding to maintain and develop service levels at PROPS	Ongoing	ACM/ PROPS manager	Nil

Objective 4

Continue to provide training for carers (Training and support to care)

Actions and milestones for objective	By when	By whom	Costs/budget
Deliver and/or arrange programme of training (e.g. Drug awareness, Dealing with overdose, conflict handling, Drugs and the law) in response to carer demand.	Ongoing	PROPS/ Training and Development Officer	Within Training Budget

Objective 5

Provide training for staff in drug treatment agencies and generic carers staff about the carers of people with drug or alcohol problems and their needs (To be recognised and have my own needs, including health needs, taken into account)

Actions and milestones for objective	By when	By whom	Costs/budget
Local staff of carer agencies to finish attending ADFAM course to develop local knowledge and capacity	End Aug 07	PROPS staff	Nil
Develop local training package	End Aug 07	Training and Development Officer	Within training budget
Identify and train carers willing to co-facilitate training	End Aug 07	Training and Development Officer	Nil
Regular sessions to commence	Sept 07	Training and Development Officer/ Carers	Within Training Budget

Objective 6

Guidance about identifying carers, carrying out Carers Needs Assessments and related confidentiality implications to be included in new care coordination documentation. (To be recognised and have my own needs, including health needs, taken into account)

Actions and milestones for objective	By when	By whom	Costs/budget
See Grid 8 objective 1			

Planning grid 5: Harm reduction strategy

This planning grid should include objectives and action plans in relation to the development of a comprehensive harm reduction strategy agreed across all partner organisations. Effective harm reduction initiatives will be delivered across all aspects of a comprehensive drug treatment system, often requiring pathways between primary and secondary care, may have workforce, infrastructure, and user and carer implications.

Summary of self-assessment (Baseline position narrative with key gaps clearly set out)

The Harm Reduction Working Group and Drug Related Death Group have met regularly and have developed a strategy and a number of effective harm reduction interventions. Key links have been developed with the Coroner, Accident and Emergency and Ambulance service. The priorities are to improve information for users, carers, service providers and those returning from institutions. Safe Newcastle recognise the importance of engaging with vulnerable groups in line with needs assessment, ensuring there is ready availability of leaflets and training for service users.

It is recognised that there are inconsistent pathways for those with blood borne viruses and to general healthcare. Specific prescribing protocols are being developed throughout the year.

There are gaps in knowledge and skills re harm reduction for staff, users and carers that could be addressed by developing specific training following the completion of the audit. (see also Grid 2)

The Senior Clinicians Group, Drug Related Death Group, Service Modernisation Project Board (see Grid 8) and User and Carer Involvement Forum (see grid 3 and 4) all have a key role to play in delivering harm reduction interventions

Planned spend 2007/08	Likely spend 2007/08	Planned spend 2007/08
See Grid 7	See Grid 7	See Grid 7 (£372960 for harm reduction, pharmacy and Outlook)

Objective 1

Agree Naloxone policy and guidelines for substance users

Actions and milestones for objective	By when	By whom	Costs/budget
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Senior Clinicians group to draw up guidelines	Aug 07	Senior Clinicians / ACM	Nil
Referred to relevant governance bodies	Sept 07	NTW and PCT	Nil
Agreed Procedures	Jan 08	NTW and PCT	Nil

Objective 2
Further improve drug related death procedures following advice from governance group and regional harm reduction forum

Actions and milestones for objective	By when	By whom	Costs/budget
Report by DRD group presented to governance re: deaths in 2006	April 2007	DRD group / ACM	Nil
Recommendations from group incorporated into DRD plan	May 2007	DRD group / ACM	Nil
In case of contingency funding, consideration given to increasing resources if suggested by ACG	June 2007	ACG	TBA

Objective 3
Ensure non-medical structured treatment provision has access to healthcare assessment and medical pathways (such as BBV ,sexual health and dental care etc)

Actions and milestones for objective	By when	By whom	Costs/budget
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Harm Reduction Group to draw up pathways	Aug 07	HR group	Nil
Guidance given re: healthcare assessments	Sept 07	ACG, ATG	Nil
Health Care Assessments monitored via NDTMS	ongoing	DSU	Nil

Objective 4

Engage with local and regional harm reduction forums to develop common pathways to sub-regional specialist units and prisons

Actions and milestones for objective	By when	By whom	Costs/budget
ACM, Public Health and Harm Reduction Manager to attend Regional Forum	Quarterly	ACG, Lifeline, Public Health	Nil
Agree Best Practice in consultation with colleagues	Ongoing	ditto	Nil

Objective 5

Develop training programme following results of harm reduction training audit

Actions and milestones for objective	By when	By whom	Costs/budget
Harm Reduction audit report to be presented to Adult Treatment Group	May 2007	Training Officer, Harm Reduction service	Nil
Agree training priorities and develop appropriate programme	Ongoing	Adult Treatment Group	Nil
At least 60 staff, users and carers to receive training	By March 2008	Training Officer	In Training Budget 9 see

		grid 2)
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Planning grid 6: Drug-related information and advice, screening and referral to specialist drug services

This planning grid should include objectives and action plans in relation to interventions that provide drug-related information and advice, screening, assessment, and referral to specialist drug treatment services. These will be delivered by services who work with a wide range of clients including drug users, but their sole purpose is not simply substance misuse.

Summary of self-assessment (Baseline position narrative with key gaps clearly set out)

Although work was undertaken in 2006/7 to develop directories of services and specific guides for users and carers these were delayed when checked for Plain English. These will be launched in May 2007 to tie in with "Treatment Works" events.

Training of Tier 1 and community members will continue throughout 2007/8 and Level 2 training will be available for those Tier 1 staff who have more than a basic interest in Drug Awareness. In line with the findings of the needs assessment, considerable emphasis will be placed on training homeless project staff with a roll out of the Drug Management Protocol

Improved marketing of the "Use Drugs Use Us" helpline will take place with targeted circulation of the number in key projects

Peer led projects have an important role in delivering positive messages re treatment and particularly in providing a credible message to vulnerable and underserved groups, in particular , Trading Places Newsletter will contain a regular update of treatment system information.

Planned spend 2006/07	Likely spend 2006/07	Planned spend 2007/08
See Grid 1 & 10	See Grid 1 & 10	See Grid 1 2 & 10 – part of Use Drugs Use Us , training and development Officer time £195,000 is being received from NRF and Northern Rock for Training Centre and Vulnerable Women's outreach – see also Grids 8 and 10 f

Objective 1

Ensure that all members of Homelessness Prevention Network are aware of drug training opportunities and helpline details

Actions and milestones for objective	By when	By whom	Costs/budget
Circulation of literature and Use Drugs Use Us info to all partners in network	April 2007 then later in year	Addaction/DSU	Within existing budget 9 see Grid 10
Awareness and overdose prevention training to be offered to all housing staff	Ongoing	Training and Development Officer	Within existing budget See grid 2
Presentation to Network re treatment system	By December	ACM, Development Officer	Nil

Objective 2

Improve marketing of "Use Drugs Use Us"

Actions and milestones for objective	By when	By whom	Costs/budget
Development of marketing strategy for Helpline	October 2007	Addaction/Safe Newcastle	Nil
Reprinting Use Drugs Use Us material ensuring all material is in main languages	May 2007	Addaction	Within existing budget See grid 10
Stock key sites each month and monitor take up	June 2007 onward	Addaction	Within existing budget See grid 10

Objective 3

Improve publicising of work of drug strategy and success of treatment in Newcastle

Actions and milestones for objective	By when	By whom	Costs/budget
Stage an event to launch service directories for users and carers and use opportunity to publicise effectiveness of treatment system and pathways	June 2007	DSU/Providers	From development budget see grid 1
Participate in Government “ Changing Lives, Making Communities Safer” press campaign	ongoing	Partnership Co-ordinator	Nil
Contribute to Safe Newcastle’s Marketing and Communication Strategy to ensure public and stakeholders are aware of referral routes into treatment	ongoing	Partnership Co-ordinator	Nil

Objective 4

Ensure peer led projects are given appropriate resources to inform peers how to enter treatment or access harm reduction (see also Section 3)

Actions and milestones for objective	By when	By whom	Costs/budget
Undertake audit of materials available in peer led projects	June 2007	User and Carer Involvement Project	Nil
Develop bulletins to publicise projects within diverse communities	June 2007 then quarterly	User and Carer Involvement Project	Within DSU budget
Monitor take up of materials	September 2007 then six monthly	User and Carer Involvement Project and Adult Treatment Group	Nil

Planning grid 7: Open access drug interventions

This planning grid should include objectives and action plans in relation to interventions which provide accessible services for a wide range of drug misusers referred from a variety of sources, including self-referrals. The aim of these interventions is to help drug misusers to engage in treatment without necessarily requiring a high level of commitment to more structured programmes or a complex or lengthy assessment process. Interventions comprise drug-related information and advice, screening, assessment, referral to structured drug treatment, brief psycho-social interventions and harm reduction services including needle exchange, and aftercare.

Summary of self-assessment (Baseline position narrative with key gaps clearly set out)

The Lifeline Harm Reduction Service, Lifeline Outlook and North East Council on Addictions provide the commissioned open access services in Newcastle. What is clear is that in many examples there are care planned interventions taking place within these agencies and therefore the agencies' Service Level Agreements will reflect in 2007/8 that they will be asked to undertake Tier 2 and 3 work. NECA will be working in more community and leisure facilities in 2007/8

In 2006 a highly successful training programme was undertaken with over thirty Tier 2 and 3 workers. It is planned to extend this training to those who did not access this in 2006

The development of pharmacy needle exchanges was delayed due to financial uncertainty in 2006/7. The expansion of pharmacy harm reduction services from its present pilot site is a priority and offers an inroad into areas without specific drug services.

The Needs Assessment has shown that open access services used more by BME communities than structured treatment. The NTA Diversity Toolkit has been used by a number of services to date and this will be extended to all commissioned services during 2007/8

Planned spend 2006/07	Likely spend 2006/07	Planned spend 2007/08
£708,333	£719,938	£745,403 see also Grid 5 (£372960 Lifeline Services (Grid 5) £252620 for NECA day services)

Objective 1

Expand support to pharmacy harm reduction sites

Actions and milestones for objective	By when	By whom	Costs/budget
Develop seven further pharmacy based exchanges mapped against local need	March 2008	DSU/Lifeline	In Lifeline's budget
Ongoing training for pharmacy staff	ongoing	Lifeline/Pharmacy Lead	In training budget
Community development worker to provide support to new pharmacists and visit regularly.	Monthly	Lifeline	In Lifeline budget

Objective 2

Ensure that all Open Access staff are trained in brief intervention and motivational interviewing techniques

Actions and milestones for objective	By when	By whom	Costs/budget
Training Audit to be undertaken to assess existing expertise	April 2007	Training and Development Officer	Nil
Further targeted training to those who didn't attend previous courses	June 2007	Training and Development Officer	Within Existing Budget

Objective 3

Support the development of "Trading Places" as an open access referral route into treatment

Actions and milestones for objective	By when	By whom	Costs/budget
Ensure that workers from other treatment agencies regularly attend drop –in to receive referrals	Ongoing	All providers	Nil
DSU to provide support to volunteers to access sources of funding and training	Ongoing	DSU	Nil

Objective 4
Target interventions to improve access to underserved groups in line with needs assessment

Actions and milestones for objective	By when	By whom	Costs/budget
GAP worker to develop referral routes to support vulnerable women in accessing or sustaining treatment	Ongoing	GAP worker/Development Worker	External funding
Further develop existing community contacts to ensure that services are more accessible to those from BME communities.	Ongoing Report to ACG by September	Social Services Team Manager/ Harm Minimisation Team Manager	Nil
Provide package of targeted interventions to maximise take up amongst those in housing need – see above grids	Ongoing	HPN/DSU and Providers	In existing budgets
Deliver Cognitive Behavioural Therapy package for stimulant users	Ongoing groups.	Newcastle Drug and Alcohol service	In existing NTW budget
All structured treatment and open access projects to undertake diversity needs assessment	By December 2007	All commissioned services	Nil
Develop best practice for transitional arrangements for young people	By July 2007	ACM, Development Officer and DnA	Nil

		Service	
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Planning grid 8: Structured community based drug treatment interventions

This planning grid should include objectives and action plans in relation to interventions providing community based interventions which will include comprehensive drug treatment assessment, care planning and review, community care assessment, care co-ordination for those with complex needs, integrated harm reduction activities, prescribing, structured psychosocial interventions, structured day programmes and liaison services with social care and acute medical and health services.

Summary of self-assessment (Baseline position narrative with key gaps clearly set out)

There was slippage in 2006/7 with the development of care co-ordination as the release of Bridge View Treatment Project Service Manager part-time to oversee the project was delayed. In April 2007 the scoping exercise will be nearly complete and the model will be developed over the next nine months. A linked priority is to develop a common understanding of complexity to ensure that service users enter the service most appropriate to meeting their needs.

In general performance has been encouraging in terms of simplifying access to treatment and waiting times are well within NTA targets. However, there remains a relatively high numbers of unplanned discharges and it is a priority to ensure that an outreach function is developed to encourage unplanned discharges where possible to resume treatment and that all care plans involve awareness raising of the projects available to support service users community integration.

“Another Way” the Hidden Harm Service developed by Children’s and Adult Social Services will launch in April 2007 and aims to reduce the likelihood of families with substance misusing parents being the subject of care proceedings. The capital programme (see grid 9) will enhance this service

Reconfiguration of the Drug Rehabilitation Requirement pathway will result in improved take up of service and the working group overseeing the new arrangements will report into the Adult Commissioning Group.

Planned spend 2006/07

Likely spend 2006/07

Planned spend 2007/08

£2,393,753	£2,398,779	£2,300,975 £785,665 for Bridge View treatment Project £1029220 for Plummer Court £44744 for Midwifery £69996 for DRR (Probation) £99350 SILS £292000 (from NRF)
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Objective 1

Implement agreed project plan for development of care co-ordination

Actions and milestones for objective	By when	By whom	Costs/budget
Project Board to oversee managed transition from present prescribing arrangements	Monthly	JCG Chair, NTW Service Manager, Project Manager (BVTP Service Manager), ACM	Nil
Scoping of care co-ordination models in UK	May 2007	Project Manager	£1000 from Development fund (see also Grid 1)
Development of protocols for transfer of patients, prescribing guidelines, pharmacy guidelines, risk management, safeguarding children and adults.	August 2007 following three month consultation	JCG Chair, NTW Service Manager, Project Manager (BVTP Service Manager), ACM	Nil
Develop common understanding of complexity	August 2007	Project Manager, ACM, Senior Clinicians	Nil
Agreed pathways for non-prescribing treatment	August 2007	Project Manager, ACM	Nil
Workforce and resource implications identified and planned transfer of resources commences	September 2007	JCG Chair, NTW Service	Nil

		Manager, Project Manager (BVTP Service Manager), ACM	
Development of proposed care co-ordination system. Agreement on caseload weighting, governance, recording system and audit procedures.	November 2007	JCG Chair, NTW Service Manager, Project Manager (BVTP Service Manager), ACM	Nil
Protocols in final draft	November 2007	JCG Chair, NTW Service Manager, Project Manager (BVTP Service Manager), ACM	Nil
Care-coordination system agreed, budget and relevant management and case managers identified. Revision of all Service Level Agreements	January 2008	JCG Chair, NTW Service Manager, Project Manager (BVTP Service Manager), ACM	From within existing treatment budget
Revision of Service directory	January 2008	Development Officer	£1000
Launch of Integrated Treatment System	February 2008	Safe Newcastle Board	Nil

Objective 2

Develop outreach function to improve referral into structured treatment and retention for those who have unplanned discharge

Actions and milestones for objective	By when	By whom	Costs/budget
Develop network of all existing health and social care workers offering outreach services to those with problematic drug use	April 2007	Development Officer DSU	Nil
Support a variety of current bids to external funding sources for wider outreach approaches (eg: for sex workers, general substance misuse, homelessness, women and young people)	Ongoing	ACM	Nil
Reconfigure some agencies and DIP providers to develop outreach function.	June 2007	ACM/DIP Manager Adult Treatment Group Adult Commissioning Group	Within existing provision

Objective 3

Establish pilot project for "Another Way" which will provide services to substance misusing parents whose children are affected by their use who may otherwise be registered.

Actions and milestones for objective	By when	By whom	Costs/budget
Recruitment team and undertake induction	April 2007	ACM/Young Peoples Commissioning	£292,000 (NRF)

		Manager	
Commence work with referrals	May 2007	Another Way team	As above
Evaluate interim results and attempt to secure further funding if scheme is successful	November 2007	Steering Group/Commissioners.	Ad above

Objective 4
Improve care planning

Actions and milestones for objective	By when	By whom	Costs/budget
Routine assessment and review for those in structured treatment of housing situation Employment, Training, education and constructive activities referral for mentoring and community support	From April 2007	All providers	Nil
NTA Outcome Monitoring Tool to be utilised in all new commencements	From April 2007	All providers	Nil
Reasons for unplanned discharges to be monitored and sample audit of case files to be arranged. Service Level Agreements revised to ensure compliance.	From April 2007	DSU/All providers	Nil

Planning grid 9: Residential and inpatient drug treatment interventions

This planning grid should include objectives and action plans in relation to residential specialised drug treatment which is care planned and care co-ordinated. These interventions may be aimed at individuals with a high level of presenting need and usually will require a higher level of motivation and commitment from the service user.

Summary of self-assessment (Baseline position narrative with key gaps clearly set out)

The use of Residential Rehabilitation placements has increased in 2006/7 and considerable effort has gone into placing the Drug and Alcohol Social Work Team, who undertake community care assessments, in projects where we are most likely to find those with complex social need.

It is hoped to develop a number of initiatives subject to securing external finances to both increase the number of local residential rehabilitation placements and their ability to deal with underserved groups and also develop a pre-entry resource to allow support for those undertaking a community detoxification programme.

There is a significant problem in monitoring the availability and performance of inpatient detoxification at Freeman Hospital that has resulted in anomalies in reporting. This is to be addressed as a matter of urgency during 2007/8.

Planned spend 2006/07	Likely spend 2006/07	Planned spend 2007/08
£872,733	£871,823	£924,835 includes SILS £99350, Supporting People contribution £127,988 PTB for rehab and mainstream allocation Cross references to Cyrenians Drug worker (Grid 10) (additional £1,300,000 for capital via Gateshead partnership and £84,157 PTB capital)

Objective 1

Support the development of Tier 4 provision in Newcastle

Actions and milestones for objective	By when	By whom	Costs/budget
Support the development of new residential rehabilitation project for women with children in Newcastle. <ul style="list-style-type: none"> - establish a partnership steering group, consisting of all ACMs and Supporting People Managers - To write, present and agree a partnership agreement between Northumberland, Newcastle and Gateshead outlining principles, terms of reference and lead authority 	April 2007 May 2007	Consortium with Gateshead Drug Action Team and Northumberland Drug Action Team NTA Supporting People Drug and Alcohol Social Work Team Successful Providers	Costs to be born through capital grant of £1.3 million, providers financial management and purchasing via Social Work Team of a number of bed spaces.
Involvement in planning of new 12 step residential rehabilitation project in Newcastle	Planning to continue throughout 2007/8	Drug and Alcohol Social work Consortia of workers and stakeholders meeting to take forward plan	None at present

Objective 2

Develop resources to maximise numbers of service users entering residential rehabilitation

Actions and milestones for objective	By when	By whom	Costs/budget
Placement of Social Worker within homelessness projects to undertake community care assessments	Ongoing	Drug and Alcohol Social Worker	None
Continuation of six bed pre-rehab pilot project in new build at Eliot House for homelessness service users who wish to stabilise prior to rehab placement	April 2007	Cyrenians Drug and Alcohol Social Work Team Supporting People	£44,00 in total – involves utilising existing budgets in different manner

Objective 3

Improve care co-ordination of those service users requiring inpatient detoxification and subsequent residential rehabilitation

Actions and milestones for objective	By when	By whom	Costs/budget
Procedures to be agreed by Plummer Court and Drug and Alcohol Social Work Team to expedite detoxification programmes prior to residential placements	May 2007	ACM Drug and Alcohol Social Work Team Drug and Alcohol Service	Nil
Other detoxification regimes to be developed	Throughout 2007/8	Working Group with prescribing	Ant subsequent costs will come from existing

		agencies and Drug and Alcohol Social Work Team	budgets
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Objective 4
Support community based aftercare initiatives for those returning to the community after residential rehabilitation and detoxification

Actions and milestones for objective	By when	By whom	Costs/budget
Designated housing pathways worker to work collaboratively with Drug and Alcohol Social Work Team and other projects offering resettlement services	April 2007	Your Homes Newcastle	Repackaging of existing YHN provision
All service users to be informed of roles of NA and NERAF as preparation of return to the community	April 2007	Narcotics Anonymous and North East Regional Alcohol Forum	Nil

Objective 5
Improve reporting mechanisms and monitoring of inpatient detoxification placements

Actions and milestones for objective	By when	By whom	Costs/budget
Develop agreed reporting system which meets NDTMS requirement	April 2007	Newcastle Drug and Alcohol Service Freeman Hospital ACM	Nil

Planning grid 10: Drug Interventions Programme

This planning grid should include objectives and action plans in relation to the delivery of the Drug Interventions Programme as outlined in Home Office guidance. The planning grid should cover those arrested, referred to and where appropriate, case managed via the CJIT (Criminal Justice Integrated Team) who are engaging offenders in interventions including rapid or dedicated prescribing, and referring into specialist treatment interventions as required (which may be delivered within the CJIT setting). The DIP Main Grant is intended to finance integrated community based drug interventions teams to undertake the case management of these offenders. This team will also seek to sustain treatment gains with the development and delivery of aftercare and holistic packages of support.

Summary of self-assessment (Baseline position narrative with key gaps clearly set out)

During 2006/7 Safe Newcastle has successfully implemented Required Assessments and introduced a single information and case management system for use by DIP providers. Data submissions are now taken directly from MiCase

Four of the six compact targets have been achieved throughout the year with progress being made towards the achievement of the remaining two. 88% of the NTA target for DIP referrals into treatment has been achieved in the first six months of the year.

The DIP IMPACT assessment published by GONE in June 2006 identified a 51% reduction in acquisitive crime committed by DIP managed clients.

The strategic focus for 2007/8 will be to strengthen the rehabilitative pathways for service users and support access to employment, housing and constructive activities (see also grids 2.3.4, 5, 7,8)

Planned spend 2006/07	Likely spend 2006/07	Planned spend 2007/08
£1,390,488	£1,403,436	£1,450,967 £48700 DIP manager £35123 Information Analyst £20363 Administrator £9740 Contribution to Safe Newcastle costs £27,235 training and data systems £518157 Arrest Referral £91471 Restrictions on Bail Staff

		<p>£18450 Restrictions on Bail admin £443571.75 Addaction Atercare and Use drugs Use Us £141470 PPO scheme £33,784 Tyneside Cyrenians Drugs Worker £63550 Cyrenians Training Centre</p> <p>(plus £65000 external funding for GAP project and £135,000 NRF for Training Centre)</p>
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Objective 1

To implement the forthcoming "Further Assessment" measures into pre-sentence practice

Actions and milestones for objective	By when	By whom	Costs/budget
Review and improve the core processes required to support the measures.	April 07	DIP Pre-Sentence Grp	nil
Raise awareness of the measures amongst DIP practitioners, Legal Advisers and local Magistrates	Ongoing	DIP Manager to lead	Nil
Monitor the impact of 'Further Assessment' on treatment services	Ongoing	DIP Data Analyst	nil

Objective 2

To implement the revised DIR monitoring framework

Actions and milestones for objective	By when	By whom	Costs/budget
To cascade the DIR training to all DIP practitioners and managers	April 07	DIP Manager and DIP Data Analyst	In budget
To monitor practice compliance with revised guidelines and procedures	Ongoing	DIP Ops Grp	nil

Objective 3

To develop services to increase service user access to employment, accommodation and constructive activities

Actions and milestones for objective	By when	By whom	Costs/budget
To contribute to whole system planning to improve access for DIP clients to; Housing Sport and Activity Employment, Training, Education Harm Reduction Services (see also Grid 5)	Ongoing	DIP Manager. Adult Treatment Group	To investigate additional funding streams as appropriate. – if successful will be up to £300,000 in 2007/8
To promote the use of the Rent Deposit Scheme by service users	Ongoing	DIP Manager	Nil
To work with partner agencies including LSC and Crisis to develop ETE options for service users	Ongoing	DIP Manager	Within existing budget
To work with De Paul Trust, Trading Places and Lifeline to develop sports programme for service users	Ongoing	DIP Manager/ Sports Development Officer, City Council	NRF bid ongoing – £ 75,000
To ensure that available research re diversity informs above developments and that service users are satisfied with service offered	Service User audit to be completed by August 2007	DIP Manager, OPS Group
GONE	Nil